



**REVISED**  
**SCHEDULE FOR STOP LOSS INSURANCE**

<b>Policyholder</b>		
Full Legal Group Name of Policyholder (to appear on Policy) <b>City of Ann Arbor</b>	Issue Date: <b>12/2/2022</b>	
Group Number <b>2100011-01</b>	Policy Period From: <b>1/1/2023</b> To: <b>12/31/2023</b>	
	Policy Number <b>ESL-30386</b>	
<b>A. SPECIFIC STOP LOSS</b>	<b>[X] YES, INCLUDED</b>	<b>[ ] NO, NOT INCLUDED</b>
<b>1. Benefit Period PAID</b>		
Incurred From <b>N/A</b>	Through <b>12/31/2023</b>	
Paid From <b>1/1/2023</b>	Through <b>12/31/2023</b>	
<b>Run-In Limit, if applicable \$0.00</b>		
<b>2. Eligible Expenses under Specific Stop Loss</b>		
<input checked="" type="checkbox"/> Medical		
<input checked="" type="checkbox"/> Prescription Drugs		
<input type="checkbox"/> Other		
<b>3. Specific Deductible Per Covered Person, Per Policy Period \$350,000</b>	except for the following Covered Person(s):	
Covered Person(s) Name	Amount	Laser Condition (if applicable)
N/A	N/A	N/A
<b>4. Aggregating Specific Deductible, Per Policy Period</b>	<b>\$165,000</b>	
<b>5. Specific Percentage Reimbursable Per Covered Person, Per Policy Period</b>	<b>100%</b>	
<b>6. Maximum Specific Reimbursement Per Covered Person, Per Policy Period</b>	<b>Unlimited</b>	
<b>7. Specific Stop Loss Coverage Rate(s) Per Month Per:</b>		
Employee	<b>\$0.00</b>	
Employee plus Spouse (or plus one)	<b>\$0.00</b>	
Employee plus Child(ren)	<b>\$0.00</b>	
Family	<b>\$0.00</b>	
Composite	<b>\$33.68</b>	
Other	<b>\$0.00</b>	

8.	<p><b>Special Considerations: Limits for Specific Stop Loss, Per Policy Period:</b></p> <p>The network is BC and/or BS network.  The claims administrator is BCBS of Michigan.  PBM is BCBSM / OptumRx.  Retirees are covered under stop loss. Both retirees under age 65 are covered and retirees age 65 and over are covered. Retirees age 65 and over must be Medicare primary except for Public Safety Grandfathered members and those over age 65 without Medicare Part A and/or Part B, grandfathered by the City as approved by BCBS of Michigan.  NNL Option: At the renewal on 1/1/2024, no new claimants will be lasered and specific rates will increase no more than 50% assuming the same contract type and specific deductibles.  An Experience Refund option is included however this stop loss coverage must continue for a subsequent policy period and be in force at the time of the refund. BCS will then pay the policyholder 25% of the net positive profits but not to exceed 15% of the Specific Stop Loss Premiums not including broker commissions.  City of Ann Arbor is on a Family Specific Deductible.</p>
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<b>B.</b>	<b>AGGREGATE STOP LOSS</b>	<input type="checkbox"/> YES, INCLUDED	<input checked="" type="checkbox"/> NO, NOT INCLUDED
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1.	<b>Benefit Period</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Incurred From</td> <td style="width: 40%; text-align: center;">Through</td> </tr> <tr> <td>Paid From</td> <td style="text-align: center;">Through</td> </tr> </table> <p><b>Run-In Limit, if applicable \$0.00</b></p>	Incurred From	Through	Paid From	Through		
Incurred From	Through							
Paid From	Through							
2.	<b>Eligible Expenses under Aggregate Stop Loss</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Medical</td> <td style="width: 33%;"><input type="checkbox"/> Prescription Drugs</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/> Vision</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Medical	<input type="checkbox"/> Prescription Drugs		<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Other
<input type="checkbox"/> Medical	<input type="checkbox"/> Prescription Drugs							
<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Other						
3.	<b>Aggregate Percentage Reimbursable, Per Policy Period</b>	<b>0%</b>						
4.	<b>Maximum Aggregate Benefit Per Policy Period</b>	<b>\$0.00</b>						
5.	<b>Minimum Annual Aggregate Deductible, Per Policy Period</b>	<b>\$0.00</b>						
6.	<b>Loss Limit Per Covered Person, Per Policy Period</b>	<b>\$0.00</b>						
7.	<b>Monthly Aggregate Factor(s) Per Covered Person:</b>							
	Employee	<b>\$0.00</b>						
	Employee plus Spouse (or plus one)	<b>\$0.00</b>						
	Employee plus Child(ren)	<b>\$0.00</b>						
	Family	<b>\$0.00</b>						
	Composite	<b>\$0.00</b>						
	Other	<b>\$0.00</b>						

<b>8.</b>	<b>Monthly Aggregate Rate(s) Per:</b>
Employee	<b>\$0.00</b>
Employee plus Spouse (or plus one)	<b>\$0.00</b>
Employee plus Child(ren)	<b>\$0.00</b>
Family	<b>\$0.00</b>
Composite	<b>\$0.00</b>
Other	<b>\$0.00</b>

**9. Special Considerations: Limits for Aggregate Stop Loss, Per Policy Period:**  
N/A

**C. COVERED PERSONS**

EMPLOYEES	<input checked="" type="checkbox"/> Covered	Not Covered
DEPENDENTS	<input checked="" type="checkbox"/> Covered	Not Covered
COBRA BENEFICIARIES	<input checked="" type="checkbox"/> Covered	Not Covered
RETIREES		
Under age 65	<input checked="" type="checkbox"/> Covered	Not Covered
Age 65 And Over (must be Medicare Primary)	<input checked="" type="checkbox"/> Covered	Not Covered

**D. ENDORSEMENTS**

NONE	CHANGE ENDORSEMENT
TERMINAL LIABILITY	<input checked="" type="checkbox"/> OTHER <b><u>Experience Refund, Family Specific Deductible</u></b>

By signing below, the Policyholder agrees to all the above terms and conditions, and binds the Stop Loss Policy to which this Schedule will be affixed. The Company reserves the right to revise coverage terms and conditions if this Schedule is not signed by the Policyholder’s authorized representative and returned to the Company within thirty (30) days of the Schedule’s “Issue Date.” In connection with making this Application, and as a condition of obtaining the coverage the Stop Loss Policy provides or would provide, the Policyholder authorizes and permits the Company to request, access and obtain, and will use its best efforts to make reasonably available to the Company or its authorized agent, detailed claims information, clinical information, and claims and clinical data, beyond the Complete Claims History (as defined in the Application), to facilitate the performance of detailed claims analyses.

Full Legal Name of Group (to appear on Policy) <b>City of Ann Arbor</b>			
Address <b>301 E. Huron St.</b>	City <b>Ann Arbor</b>	State <b>MI</b>	Zip Code <b>48107</b>

Please see next page.

\_\_\_\_\_  
Signature of Policyholder’s Authorized Representative                      Date                      Title

If the terms of a signed Proposal and a signed Schedule conflict, the terms of the signed Schedule shall govern.

BCS Schedule for Stop Loss Insurance  
January 1, 2023 - December 31, 2023

FOR THE CITY OF ANN ARBOR

By \_\_\_\_\_  
Christopher Taylor, Mayor

By \_\_\_\_\_  
Jacqueline Beaudry, City Clerk

Approved as to substance:

By \_\_\_\_\_  
Milton Dohoney Jr., City Administrator

Approved as to form and content

By \_\_\_\_\_  
Atleen Kaur, City Attorney