SCHEDULE FOR STOP LOSS INSURANCE

Policyholder			
Full Legal Group Name of Policyholder (to appear on Policy	lssue Date: 10,	/18/2023	
City of Ann Arbor	Policy Period		
	From: 1/1/202	4 To: 12/31/2024	
Group Number	Policy Number		
2100011-01 A. SPECIFIC STOP LOSS [X] YES, INCL	UDED ESL-30386	ICILIDED	
1. Benefit Period PAID	[]140,140111	ICLOSES	
Incurred From Through	·h		
N/A 12/31/			
Paid From Throug	;h		
1/1/2024 12/31/	2024		
Run-In Limit, if applicable \$0.00			
2. Eligible Expenses under Specific Stop Los	s		
X Medical			
X Prescription Drugs			
Other			
3. Specific Deductible Per Covered Person,	Per Policy Period \$350,000 ex	cept for the following Covered Person(s):	
Covered Person(s) Name	Amount	Laser Condition (if applicable)	
N/A	N/A	N/A	
4. Aggregating Specific Deductible, Per Pol	Aggregating Specific Deductible, Per Policy Period \$165,000		
5. Specific Percentage Reimbursable Per Co	Specific Percentage Reimbursable Per Covered Person, Per Policy Period 100%		
6. Maximum Specific Reimbursement Per G	Maximum Specific Reimbursement Per Covered Person, Per Policy Period Unlimited		
7. Specific Stop Loss Coverage Rate(s) Per I	Month Per:		
Employee	\$0.00		
Employee plus Spouse (or plus one)	\$0.00		
Employee plus Child(ren)	\$0.00		
Family	\$0.00		
Faililly	*****		
Composite	\$35.2	7	

29.745A 1 (06/19)

Special Considerations: Limits for Specific Stop Loss, Per Policy Period:

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.

At the renewal on 1/1/2025, no new claimants will be lasered and specific rates will increase no more than 40% 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.

The Actively at Work provision and the Dependent non-confinement/non-disabled provision and pre-existing conditions will be waived.

В.	AGGREGATE STOP LOSS [] YES, INCLUDED [X]	NO, NOT INC	CLUDED
1.	Benefit Period		
	Incurred From Through		
	Paid From Through		
	Run-In Limit, if applicable \$0.00		
2.	Eligible Expenses under Aggregate Stop Loss		
	Medical		
	Prescription Drugs		
	Dental Vision	Other	
3.	Aggregate Percentage Reimbursable, Per Policy Perio	od 0	9%
4.	Maximum Aggregate Benefit Per Policy Period	\$	60.00
5.	Minimum Annual Aggregate Deductible, Per Policy Pe	eriod \$	60.00
6.	Loss Limit Per Covered Person, Per Policy Period	\$	50.00
7.	Monthly Aggregate Factor(s) Per Covered Person:		
	Employee	\$	\$0.00
	Employee plus Spouse (or plus one)	\$	\$0.00
	Employee plus Child(ren)	\$	\$0.00
	Family	\$	\$0.00
	Composite	\$	\$0.00
	Other	\$	\$0.00

29.745A 2 (06/19)

8.	Monthly Aggregate Rate(s) Per:			
	Employee	\$0.00		
	Employee plus Spouse (or plus one)	\$0.00		
	Employee plus Child(ren)	\$0.00		
	Family	\$0.00		
	Composite	\$0.00		
	Other	\$0.00		
9.	9. Special Considerations: Limits for Aggregate Stop Loss, Per Policy Period: N/A			
C. C	COVERED PERSONS			
EMPLO	DYEES	X Covered	Not Covered	
DEPEN	NDENTS	X Covered	Not Covered	
COBRA	A BENEFICIARIES	X Covered	Not Covered	
RETIRE	EES			
Under age 65		X Covered	Not Covered	
Age 65 And Over (must be Medicare Primary)		X Covered	Not Covered	
D. E	INDORSEMENTS			
NON	JE	CHANGE ENDORSEMENT		
TERN	X OTHER Family Deductible, Experience Refund, Pla ERMINAL LIABILITY Mirroring and Independent Dispute Resolution Exte Endorsements		The state of the s	

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)			
City of Ann Arbor			
Address	City	State	Zip Code
301 E. Huron Street	Ann Arbor	MI	48107
			·
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.

FOR THE CITY OF ANN ARBOR

By	
By Christopher Taylor, Mayor	
By Jacqueline Beaudry, City Clerk	
Jacqueline Beaudry, City Clerk	
Approved as to substance:	
Approved as to substance.	
Ву	
Milton Dohoney Jr., City Administrato	r
Approved as to form and content	
By	
By Atleen Kaur, City Attorney	
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