



**Reinsurance Proposals
SPECIFIC ONLY**

Effective October 1, 2013

Transplant Carved Out \$100K Specific with \$110K Aggregating Specific

		ING Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM CURRENT		HM Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM RECOMMENDED		ING Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM		IAT Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM		AETNA Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM	
	#	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium
Specific		\$100,000 (24/12)		\$100,000 (24/12)		\$100,000 (36/12)		\$100,000 (24/12)		\$100,000 (24/12)	
Single	167	\$41.70	\$6,963.90	\$52.72	\$8,804.24	\$45.07	\$7,526.69	\$76.22	\$12,728.74	\$46.31	\$7,733.77
Family	204	\$106.03	\$21,630.12	\$122.22	\$24,932.88	\$114.30	\$23,317.20	\$146.27	\$29,839.08	\$122.44	\$24,977.76
Monthly Fixed Costs			\$28,594.02		\$33,737.12		\$30,843.89		\$42,567.82		\$32,711.53
Annual Fixed Costs			\$343,128.24		\$404,845.44		\$370,126.68		\$510,813.84		\$392,538.36
% Increase					17.99%		7.87%		48.87%		14.40%
FIRM QUOTE?				FIRM		FIRM		FIRM		FIRM	
Lasers:		Claimant #3 lasered at \$300,000 Claimant #21A lasered at \$550,000		Claimant #21A lasered at \$350,000 Claimant #27A lasered at \$125,000 Claimant #3 lasered at \$150,000		Claimant #21A lasered at \$400,000 Claimant #27A lasered at \$250,000 Claimant #3 lasered at \$250,000		Claimant #21A lasered at \$450,000 Claimant #27A lasered at \$200,000 Claimant #3 lasered at \$150,000		Claimant #21A lasered at \$400,000 Claimant #27A lasered at \$175,000 Claimant #3 lasered at \$250,000	
Specific Includes:		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card	
Annual Maximum:		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Aggregating Specific Deductible:		\$110,000		\$110,000		\$110,000		\$110,000		\$110,000	
Run-In/Out Limit:		N/A		N/A		N/A		N/A		N/A	



**Reinsurance Proposals
SPECIFIC ONLY
Effective October 1, 2013
Transplant Included \$100K Specific with \$110 Aggregating Specific**

		ING Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM CURRENT		ING Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM		Aetna Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM		IAT Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM		HM Provider Network: Aetna Aggregating Spec Deductible: \$110K Unlimited LTM	
	#	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium	Rate	Premium
Specific			\$100,000 (24/12)		\$100,000 (36/12)		\$100,000 (24/12)		\$100,000 (24/12)		\$100,000 (24/12)
Single	167	\$41.70	\$6,963.90	\$48.41	\$8,084.47	\$48.75	\$8,141.25	\$79.16	\$13,219.72	\$55.00	\$9,185.00
Family	204	\$106.03	\$21,630.12	\$122.78	\$25,047.12	\$128.88	\$26,291.52	\$152.07	\$31,022.28	\$127.39	\$25,987.56
Monthly Fixed Costs			\$28,594.02		\$33,131.59		\$34,432.77		\$44,242.00		\$35,172.56
Annual Fixed Costs			\$343,128.24		\$397,579.08		\$413,193.24		\$530,904.00		\$422,070.72
% Increase					15.87%		20.42%		54.72%		23.01%
FIRM QUOTE?				FIRM		FIRM		FIRM		FIRM	
Lasers:		Claimant #3 lasered at \$300,000 Claimant #21A lasered at \$550,000		Claimant #21A lasered at \$400,000 Claimant #27A lasered at \$250,000 Claimant #3 lasered at \$250,000		Claimant #21A lasered at \$400,000 Claimant #27A lasered at \$175,000 Claimant #3 lasered at \$250,000		Claimant #21 lasered at \$450,000 Claimant #27A lasered at \$200,000 Claimant #3 lasered at \$150,000		Claimant #21A lasered at \$350,000 Claimant #27A lasered at \$125,000 Claimant #3 lasered at \$150,000	
Specific Includes:		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card		Medical/Rx Card	
Annual Maximum:		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Aggregating Specific Deductible:		\$110,000		\$110,000		\$110,000		\$110,000		\$110,000	
Run-In/Out Limit:		N/A		N/A		N/A		N/A		N/A	

Should COE elect the specific contract with
Aetna, access fee will reduce from \$15.25
PEPM to \$13.00 PEPM