

GROUP: City of Las Vegas
EFFECTIVE DATE: January 1, 2009

Stop-Loss Specific Premium	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9	Option 10
CARRIER:	AIG	AIG	AIG	AIG	AIG	Transamerica	Transamerica	SunLife	SunLife	SunLife	SunLife	CIGNA
Carrier Rating:	A	A	A	A	A	A+	A+	A++	A++	A++	A++	A
TPA:	Fiserv	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA
PPO Network:	Beechstreet	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA
UR Vendor:	UMR	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA	CIGNA
Benefits Included:	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Lifetime Max	\$ 2,000,000	\$ 2,000,000	\$ 5,000,000	\$ 2,000,000	\$ 5,000,000	\$ 2,000,000	\$ 5,000,000	\$ 2,000,000	\$ 5,000,000	\$ 2,000,000	\$ 5,000,000	\$ 2,000,000
Specific Deductible:	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000	\$ 250,000
Specific Contract:	12/15	12/15	12/15	12/12 TLO	12/12 TLO	12/15	12/15	12/15	12/15	12/12 TLO	12/12 TLO	12/12 TLO
832 Single Premium	\$ 10.14	\$ 11.91	\$ 12.72	\$ 10.98	\$ 11.80	\$ 14.31	\$ 14.49	\$ 26.46	\$ 27.26	\$ 24.28	\$ 25.01	\$ 27.25
739 Family Premium	\$ 32.30	\$ 37.58	\$ 40.16	\$ 34.68	\$ 37.23	\$ 36.06	\$ 36.52	\$ 26.46	\$ 27.26	\$ 24.28	\$ 25.01	\$ 27.25
1571 Composite	\$ 20.56	\$ 23.99	\$ 25.63	\$ 22.13	\$ 23.76	\$ 24.54	\$ 24.85	\$ 26.46	\$ 27.26	\$ 24.28	\$ 25.01	\$ 27.25
Monthly Specific Premium	\$ 32,306.18	\$ 37,680.74	\$ 40,261.28	\$ 34,763.88	\$ 37,330.57	\$ 38,554.26	\$ 39,043.96	\$ 41,568.66	\$ 42,825.46	\$ 38,143.88	\$ 39,290.71	\$ 42,809.75
Annual Specific Premium	\$ 387,674.16	\$ 452,168.88	\$ 483,135.36	\$ 417,166.56	\$ 447,966.84	\$ 462,651.12	\$ 468,527.52	\$ 498,823.92	\$ 513,905.52	\$ 457,726.56	\$ 471,488.52	\$ 513,717.00
% Difference		16.64%	24.62%	7.61%	15.55%	19.34%	20.86%	28.67%	32.56%	18.07%	21.62%	32.51%
Lasers:	<i>Claimant #1 \$325K, Claimant #2 \$350K Transplant only</i>	<i>Firm Offer - Claimant #2 \$350K transplant only, Claimant #3 \$600K with \$2M LTM will not agree to LTM increase</i>	<i>Firm Offer - Claimant #2 \$350K transplant only, Claimant #3 \$600K with \$2M LTM will not agree to LTM increase</i>	<i>Firm Offer - Claimant #2 \$350K transplant only, Claimant #3 \$600K with \$2M LTM will not agree to LTM increase</i>	<i>Firm Offer - Claimant #2 \$350K transplant only, Claimant #3 \$600K with \$2M LTM will not agree to LTM increase</i>	<i>Firm Offer, Claimant #2 \$600K, Claimant #4 \$350K, Claimant #3 \$600K & \$2M LTM</i>	<i>Firm Offer, Claimant #2 \$600K, Claimant #4 \$350K, Claimant #3 \$600K & \$2M LTM</i>	<i>Firm Offer</i>	<i>Firm Offer</i>	<i>Firm Offer</i>	<i>Firm Offer</i>	<i>Claimant #5 \$500K</i>
TOTAL REINSURANCE EXPENSE												
Annual Fixed Premium	\$ 387,674.16	\$ 452,168.88	\$ 483,135.36	\$ 417,166.56	\$ 447,966.84	\$ 462,651.12	\$ 468,527.52	\$ 498,823.92	\$ 513,905.52	\$ 457,726.56	\$ 471,488.52	\$ 513,717.00
% Difference		16.64%	24.62%	7.61%	15.55%	19.34%	20.86%	28.67%	32.56%	18.07%	21.62%	32.51%
Maximum Cost Liability	\$ 387,674.16	\$ 452,168.88	\$ 483,135.36	\$ 417,166.56	\$ 447,966.84	\$ 462,651.12	\$ 468,527.52	\$ 498,823.92	\$ 513,905.52	\$ 457,726.56	\$ 471,488.52	\$ 513,717.00
% Difference		16.64%	24.62%	7.61%	15.55%	19.34%	20.86%	28.67%	32.56%	18.07%	21.62%	32.51%

Please note that contingencies do apply only with a formal proposal in BenefitMall's quote format. These numbers are "ILLUSTRATIVE" only.