

**City of Orlando**  
**2015 Stop Loss Proposal Financial Comparison**

	Amwins (MGU)			HCC	Symetra	UHC	Voya
	ACE American	Everest	SSLICNY				
Covered Benefits	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Reimb %	100%	100%	100%	100%	100%	100%	100%
Contract Basis	24/12	24/12	24/12	24/12	PAID	PAID	24/12
<b>Deductible</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>	<b>\$600,000</b>
Agg Deductible	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000	\$150,000
Composite Rate	\$9.39	\$13.62	\$8.72	\$8.10	\$6.35	\$10.09	\$8.08
Annual Premium	\$516,750	\$749,536	\$479,879	\$445,759	\$349,453	\$555,273	\$444,659
Including Agg Ded	\$666,750	\$899,536	\$629,879	\$595,759	\$499,453	\$705,273	\$594,659
% Increase	11.9%	51.0%	5.7%	0.0%	-16.2%	18.4%	-0.2%
<b>Deductible</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>	<b>\$650,000</b>
Agg Deductible	\$150,000	\$150,000	\$150,000	\$125,000	\$150,000		\$150,000
Composite Rate	\$7.84	\$12.07	\$7.72	\$6.90	\$5.65		\$7.63
Annual Premium	\$431,451	\$664,236	\$424,847	\$379,721	\$310,931		\$419,894
Including Agg Ded	\$581,451	\$814,236	\$574,847	\$504,721	\$460,931		\$569,894
% Increase	-2.4%	36.7%	-3.5%	-15.3%	-22.6%		-4.3%
<b>Deductible</b>	<b>\$750,000</b>	<b>\$750,000</b>	<b>\$750,000</b>	<b>\$750,000</b>	<b>\$750,000</b>	<b>\$750,000</b>	<b>\$750,000</b>
Agg Deductible	\$150,000	\$150,000	\$150,000	\$90,000	\$100,000	\$100,000	\$0
Composite Rate	\$5.41	\$9.93	\$5.80	\$5.05	\$5.16	\$6.70	\$9.20
Annual Premium	\$297,723	\$546,468	\$319,186	\$277,912	\$283,965	\$368,714	\$506,294
Including Agg Ded	\$447,723	\$696,468	\$469,186	\$367,912	\$383,965	\$468,714	\$506,294
% Increase	-24.8%	16.9%	-21.2%	-38.2%	-35.6%	-21.3%	-15.0%
<b>Deductible</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>
Agg Deductible		\$150,000		\$0	\$0	\$50,000	\$0
Composite Rate		\$7.04		\$3.27	\$4.29	\$2.89	\$5.85
Annual Premium		\$387,425		\$179,955	\$236,087	\$159,042	\$321,937
Including Agg Ded		\$537,425		\$179,955	\$236,087	\$209,042	\$321,937
% Increase		-9.8%		-69.8%	-60.4%	-64.9%	-46.0%
Additional Notes				Current rate	Credit of \$19,261 (\$ .35 PSPM toward UHC external stop loss reporting fees)	Spec Ded for #1 claimant is \$1 m. Step down ded applies.	