**Southwest Florida Water Management District**

**ITN 003-19 Stop Loss Insurance**

**EXHIBIT II**

**Stop Loss Insurance Rate Sheet**

**Option 1: $1750,000 ISL (Monthly Rates/Factors)**

|  |  |  |
| --- | --- | --- |
| **Individual Stop Loss Rates** | BlueOptions 3559 Changing to Cigna OAP | BlueOptions 05180/05181Changing to Cigna HDHP |
| Employee Only |  |  |
| Employee + Family |  |  |
| **Aggregate Stop Loss Rates:** | BlueOptions 3559 Changing to Cigna OAP | BlueOptions 05180/05181Changing to Cigna HDHP |
| Composite Rate |  |  |
| **Attachment Factor****(Includes 125% corridor)** | BlueOptions 3559 Changing to Cigna OAP | BlueOptions 05180/05181Changing to Cigna HDHP |
| Employee Only |  |  |
| Employee + Family |  |  |

**Option 1: $200,000 ISL (Monthly Rates/Factors)**

|  |  |  |
| --- | --- | --- |
| **Individual Stop Loss Rates** | BlueOptions 3559Changing to Cigna OAP | BlueOptions 05180/05181Changing to Cigna HDHP |
| Employee Only |  |  |
| Employee + Family |  |  |
| **Aggregate Stop Loss Rates:** | BlueOptions 3559Changing to Cigna OAP | BlueOptions 05180/05181Changing to Cigna HDHP |
| Composite Rate |  |  |
| **Attachment Factor****(Includes 125% corridor)** | BlueOptions 3559Changing to Cigna OAP | BlueOptions 05180/05181Changing to Cigna HDHP |
| Employee Only |  |  |
| Employee + Family |  |  |

Are proposed rates contingent on updated claims experience? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If so, please provide details on time period needed for sufficient claims experience.