

UnitedHealthcare

Medical Proposed Rates with Alternate Plan Designs

Customer Name: City of North Royalton
Effective Date: January 1, 2011

* The numbers below are on an illustrative basis. Rates are subject to Underwriting approval.

	Option 1	Option 2
Plan Name	7ME-P Mod (Base / Emb Ded)	7EF-P Mod (Base / Emb Ded)
Product	Choice Plus *	Choice Plus *
Option	OPTION 1	OPTION 2
Plan Offering	0	0
Multiple Option with HRA or HSA	Option(s) <Enter #(s)>	Option(s) <Enter #(s)>
	No	No
Benefits*	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	\$10 Per Visit	\$15 Per Visit
Other Copays (IP/ER/UC)	N/A/\$50/\$25	N/A/\$50/\$35
Deductible	N/A	\$200/400
Coinsurance	100%	100%
Out-of-Pocket	N/A	N/A
Pharmacy	\$5/10	\$10/15
	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$200/400	\$200/400
Coinsurance	80%	70%
Out of Pocket	\$1000/2000	\$2000/4000
Enrollment		
Employee	2	30
	0	0
	0	0
Employee + Family	7	138
Total	9	168
Rates		
	Proposed	Proposed
Employee	\$488.55	\$460.77
	\$0.00	\$0.00
	\$0.00	\$0.00
Employee + Family	\$1,343.50	\$1,267.11
Monthly Premium	\$10,382	\$188,685
Annual Premium	\$124,579	\$2,264,216

*High level benefit summary. Please see your plan summary for more detailed benefit description.

Medical Quote Assumptions

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The rates quoted here are based on the following assumptions. Changes to these assumptions may result in an adjustment to rates or revocation of the quote.

Medical Quote Assumptions

- Rates are guaranteed for 12 months for the contract period of 1/1/11 through 12/31/11.
- UnitedHealthcare is the only carrier offered.
- UnitedHealthcare reserves the right to adjust the rates if the enrollment at issue varies by +/- 10% from the submitted census.
- Employer contributes a minimum of 97% toward the employee only rates and 97% toward the dependent rates.
- Requires a minimum participation level of 75%.
- COBRA continuees make up 10% or less of covered employees.
- Quote is subject to final underwriting which may have conditions. Additional paperwork and/or information may be required.
- All New Business Quotations that were originally submitted to UHC without detailed claim, premium and membership information are contingent upon the receipt and review of the incumbent carrier's renewal rates on the incumbent carrier's letterhead.
- All HRA Quotations assume that the HRA funding will NOT exceed 50% of the deductible, if the HRA funding is greater than 50% of the deductible, an additional load may be required.
- This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any previous offers that may have been extended are hereby null and void.
- Quote includes Simply Engaged 2.0

UnitedHealthcare reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.

This quote includes 4.00% commissions.

Agents may receive commissions and other compensation for selling the products in this proposal, and this cost may be directly or indirectly reflected in the premium or fees. Agent compensation is subject to disclosure on Form 5500 for customers governed by ERISA. It is our policy to exclude from bonus payments any case in which the agent is receiving a consulting fee from a customer. Contact your agent if you have questions on their compensation for the products in this proposal.

Medicare Part D regulations require employers to provide creditable coverage notification to Medicare eligible participants of their prescription drug plan as well as to Centers for Medicare & Medicaid Services (CMS) at least once a year at specified times. Please contact your Strategic Account Executive for information on the support and services we can provide employers to help them meet these requirements.