

**CITY OF RAPID CITY  
HEALTHCARE PLAN RENEWAL  
JULY 1, 2000  
(Medical Plan Only)**

Revised 6/7/00

	<i>Current Enrollment</i>			<b>Percent</b>
		<b>Current</b>	<b>Renewal</b>	<b>Change</b>
		<b>Pacific</b>	<b>Pacific</b>	
		<b>Mutual</b>	<b>Mutual</b>	
Single	333			
Family	<u>330</u>			
Total	<u>663</u>			
<b>STOP-LOSS CARRIER</b>				
<b>Specific Stop-Loss Limit</b>		<u>\$100,000</u>	<u>\$100,000</u>	
Type of Contract		PAID	PAID	
Specific Premium				
Single per month		\$6.57	\$7.95	
Family per month		\$14.30	\$17.30	
<b>Annualized Specific Premium</b>		<b>\$82,882</b>	<b>\$100,276</b>	<b>20.99%</b>
Corridor Liability (Note 1)		\$59,280	\$65,000	<b>9.65%</b>
Annualized Premium and Corridor Liability		\$142,162	\$165,276	<b>16.26%</b>
Aggregate Stop-Loss Limit				
Type of Contract		PAID	PAID	
Aggregate Accumulation Factors				
Single per Month		\$421.54	\$425.76	
Family per month		\$421.54	\$425.76	
Annualized Aggregate <i>Run-in Limit</i>		\$3,353,772	\$3,387,347	<b>1.00%</b>
Aggregate Premium				
Employee Per Month		\$2.01	\$2.31	
<b>Annualized Premium</b>		<b>\$15,992</b>	<b>\$18,378</b>	<b>14.93%</b>
Conversion Premium				
Employee Per Month		\$0.50	\$0.50	
<b>Annualized Premium</b>		<b>\$3,978</b>	<b>\$3,978</b>	<b>0.00%</b>
Claims Administration-FAA				
Employee Per Month		\$5.50	\$5.50	
<b>Annualized Administration</b>		<b>\$43,758</b>	<b>\$43,758</b>	<b>0.00%</b>
Network Access Fee				
Employee Per Month		\$2.75	\$2.75	
<b>Annualized Administration</b>		<b>\$21,879</b>	<b>\$21,879</b>	<b>0.00%</b>
Utilization Review Intracorp				
Employee Per Month		\$1.65	\$1.65	
<b>Annualized Review Fee</b>		<b>\$13,127</b>	<b>\$13,127</b>	<b>0.00%</b>
<b>Annualized Fixed Costs</b>		<b>\$181,616</b>	<b>\$201,397</b>	<b>10.89%</b>
<b>Anticipated Costs</b>				
Annualized Fixed Costs		\$181,616	\$201,397	
Expected Claim Costs		\$2,742,298	\$2,774,877	
<b>Total Anticipated Costs</b>		<b>\$2,923,913</b>	<b>\$2,976,274</b>	<b>1.79%</b>
<b>Maximum Costs</b>				
Annualized Fixed Costs		\$181,616	\$201,397	
Maximum Claims Costs		\$3,413,052	\$3,452,347	
<b>Total Maximum Costs</b>		<b>\$3,594,668</b>	<b>\$3,653,744</b>	<b>1.64%</b>

**Note 1:** The "Corridor Liability" is an additional liability assumed in lieu of paying a similar amount of premium.

**Note 2:** This renewal proposal does not consider the benefit modifications being considered at this date, which will not impact this renewal unless net claim costs to the City increase because of the change.

# RENEWAL AMENDMENT



TPA: First American Administrators

PLAN SPONSOR: City Of Rapid City

AGREEMENT NO: 74567

RENEWAL DATE: July 1, 2000

**A. SELECTED COVERAGES:** (To be completed by TPA)

Specific Deductible: \$100,000

Aggregate Coverages:  None

Medical

Dental

Prescription Card Service

Vision

Weekly Disability

Specific Corridor Option:  No  Yes \$65,000

Life/AD&D/Dependent Life:  No  Yes Rates: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Conversion:  No  Yes Rate: \$ .50

**B. ACCEPTED RATES:**

	Specific	Aggregate	Aggregate Factors			TLO Factors		
	Gross Rates	Gross Rates	Medical	Dental	Rx	Medical	Dental	Rx
Employee	\$7.95							
Dependent	\$9.35							
Composite		\$2.31	\$425.76					

**ELECTRONIC REIMBURSEMENT (ACH)**

Initial Submission

Revision

BANK NAME AND BRANCH ADDRESS:

ACCOUNT NUMBER:

CHECKING

SAVINGS

ABA NUMBER:

FOR DEPOSIT TO CHECKING ACCOUNT:

FOR DEPOSIT TO SAVINGS ACCOUNT:

PLEASE ATTACH VOIDED CHECK

PLEASE ATTACH DEPOSIT SLIP AND PROVIDE

PHONE NUMBER OF BANK: ( )

By completing the electronic reimbursement information, Pacific Life is authorized to **credit** the account at the banking institution mentioned above. This authorization is to remain in force until revoked in writing IN SUCH TIME as to afford Pacific Life reasonable opportunity to act on it.

Authorized Plan Sponsor \_\_\_\_\_ Date \_\_\_\_\_

TPA Signature *[Signature]* Date June 8, 2000

**This completed and signed form must be received by Pacific Risk Management Services within 5 days of the renewal date. Failure to comply may result in loss of coverage, or a change in the renewal offer. Please return to:**

Peggy Greve  
Pacific Risk Management Services  
P.O. Box 2890  
Newport Beach, CA 92658-9010