

**CITY OF ROUND ROCK** Stop Loss Exhibit

Effective Date: 1/1/2026-12/31/2026

Firm Offer

This document may contain protected health information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.

**Individual Stop Loss**ISL Total Quoted Subscribers  
**ISL Rate PEPM**  
ISL Deductible  
ISL Liability Limit (per individual)  
ISL Contract BasisISL Includes Early Retirees  
ISL Includes Medicare Retirees  
ISL Includes RX  
Lasered Claimants\*\*

Current ISL	ISL Proposed Option 1	ISL Proposed Option 2	ISL Proposed Option 3
1,007	1,050	1,050	1,050
\$161.41	\$193.69	\$185.17	\$175.50
\$200,000	\$200,000	\$225,000	\$250,000
Unlimited	Unlimited	Unlimited	Unlimited
P12	P12	P12	P12
Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No
Current ASL	ASL Proposed Option 1	ASL Proposed Option 2	ASL Proposed Option 3
1,007	1,050	1,050	1,050
\$3.80	\$4.30	\$4.32	\$4.35
125%	125%	125%	125%
\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
P12	P12	P12	P12
No	No	No	No
No	No	No	No
Yes	Yes	Yes	Yes
No	No	No	No
Yes	Yes	Yes	Yes
<b>Total Stop Loss Premium PEPM</b>	<b>\$165.21</b>	<b>\$197.99</b>	<b>\$189.49</b>
<b>Monthly Stop Loss Premium Cost</b>	<b>\$166,363</b>	<b>\$207,889</b>	<b>\$198,964</b>
<b>Annual Stop Loss Premium</b>	<b>\$1,996,361</b>	<b>\$2,494,671</b>	<b>\$2,387,568</b>
Expected Claims PEPM	\$1,162.76	\$1,455.98	\$1,462.66
<b>Composite Attachment Factor PEPM (illustrative)</b>	<b>\$1,453.45</b>	<b>\$1,819.98</b>	<b>\$1,828.33</b>
<b>Projected Monthly Aggregate Liability</b>	<b>\$1,463,624</b>	<b>\$1,910,974</b>	<b>\$1,919,741</b>
<b>Projected Annual Aggregate Attachment Point</b>	<b>\$17,563,490</b>	<b>\$22,931,685</b>	<b>\$23,036,895</b>
<b>Monthly Maximum Stop Loss Liability</b>	<b>\$1,629,988</b>	<b>\$2,118,863</b>	<b>\$2,118,705</b>
<b>Annual Maximum Stop Loss Liability</b>	<b>\$19,559,851</b>	<b>\$25,426,356</b>	<b>\$25,424,463</b>

Stop Loss Rating Assumptions

- The stop loss attachment points and premium rates provided by UnitedHealthcare in this quotation will be effective from 1/1/2026-12/31/2026.
- Our quotation is based on claims with dates of loss on or after when CITY OF ROUND ROCK enrolled with UHC and paid on or after the effective date of 1/1/2026.
- Aggregate Stop Loss applies to medical claims after the effective date of the stop loss policy, before the policy year end. Paid claim accumulations are based on cashed claim drafts.
  
- Aggregate Stop Loss applies to medical and pharmacy claims, i.e. Healthcare dollars only. The pharmacy plan must be administered by UnitedHealthcare.
- UnitedHealthcare will be the exclusive health care administrator.
- Participation of at least 75 percent of the eligible enrollees is required.
- COBRA enrollees do not make up more than five percent of the total covered population.
- The benefits or service requirements requested and/or quoted do not change prior to or after the effective date.
- Changes in federal, state or other applicable legislation or regulation do not require changes to this proposal.
- Stop loss protection benefits are based on the proposed plan of benefits. CITY OF ROUND ROCK will provide UnitedHealthcare® with a copy of the plan document when finalized. UnitedHealthcare® reserves the right to change the rates for the stop loss policy if the plan of benefits in the finalized plan document differs from the proposed plan of benefits.
  
- Individual Stop Loss claims will accumulate toward the stop loss on an issued basis.
- Under aggregate stop loss, the minimum annual aggregate attachment point will be 95% of the monthly aggregate attachment point for the first month of the policy period times 12.
  
- The offer of Aggregate Stop Loss is contingent upon the purchase of Individual Stop Loss from UnitedHealthcare
- The claims of an individual who has been excluded from individual coverage will not accumulate toward the aggregate attachment point.
- Individual claims above the individual stop loss level will not accumulate toward satisfaction of the aggregate attachment point.If individual stop Loss is not in-force, claims above \$200,000 will not accumulate toward the satisfaction of the aggregate attachment point.
  
- The aggregate stop loss maximum benefit is \$1,000,000 per policy period.
- Aggregate Stop Loss Factors are administered on a composite basis. Any attachment points quoted by product or sub-group in this proposal will be used to establish a composite attachment point on the basis of the final enrollment levels.
  
- This proposal is contingent upon the review of claims information (including large claims) updated within 120 days of the effective date.
- UnitedHealthcare may pay the selling broker for the promotion, sale, and renewal of the products and services offered in this proposal. In addition to our standard compensation, we may make additional cash payments or reimbursements to selling brokers in recognition of their marketing and distribution activities, persistency levels, and volume of business.

For New York situs business, we may pay reduced compensation where fewer services are offered and increased compensation where more services are provided. Producers must comply with the specific compensation disclosure requirements of New York Regulation 194.

General Exclusions Provisions

UnitedHealthcare will not reimburse Policyholder for any of the following:

- Any payment which does not strictly comply with the terms and conditions of the Plan Document;
- Any payment for claims that are not covered as part of the underlying plan design (i.e. FSA, HRA & HSA dollars are excluded).
- Any payment or expense caused by or resulting from war, declared or undeclared or international armed conflict;
- Any payment for litigation costs and expenses, extra-contractual damages, compensatory damages, interest, exemplary and punitive damages or liabilities, including but not limited to those resulting from negligence, intentional wrongs, fraud, bad faith or strict liability on the part of the Policyholder, Plan, Administrator or any agent or representative of the Policyholder, plan or Administrator;
  
- Any payment for occupational accidents or illnesses which are also eligible expenses covered by Workers' Compensation or Occupational Disease law, or similar legislation, whether or not coverage under such law is actually in force.
  
- Any payment associated with benefits not covered by the underlying employee benefit plan, which are nevertheless paid by the employer.

UnitedHealthcare reserves the right to revise this quotation under the following circumstances:

- An award is not made on or before 11/04/2025.
- If the number of covered medical employees varies by more than ten percent from our quoted level of 1050
- The average contract size, defined as the total number of enrolled members divided by the total number of enrolled employees, varies by ten percent or more from the assumed average contract size of 2.22
  
- The actual enrollment by product varies by ten percent or more from the following:

Product	Subscribers
EPO	599
Choice + PD	451

If CITY OF ROUND ROCK elects to purchase integrated Dental, Vision, or Short Term Disability coverage with UnitedHealthcare, additional claim savings may apply.



# CITY OF ROUND ROCK | 2026 ASO Expense Summary Exhibit

	Proposed Option 1	Proposed Option 2	Proposed Option 3
Subscribers	1050	1050	1050
Members	2328	2328	2328
<b>Administration</b>			
<b>Composite Administration Fee - PEPM</b>	<b>\$12.31</b>	<b>\$12.31</b>	<b>\$12.31</b>
Monthly Fees	\$12,926	\$12,926	\$12,926
Annual Fees	\$155,106	\$155,106	\$155,106
Credits	(\$30,000)	(\$30,000)	(\$30,000)
<b>Annual Net Administration</b>	<b>\$125,106</b>	<b>\$125,106</b>	<b>\$125,106</b>
<b>Stop Loss</b>			
ISL Deductible	<b>\$200,000</b>	<b>\$225,000</b>	<b>\$250,000</b>
ISL Rate - PEPM	\$193.69	\$185.17	\$175.50
ASL Corridor	<b>125%</b>	<b>125%</b>	<b>125%</b>
ASL Rate - PEPM	<u>\$4.30</u>	<u>\$4.32</u>	<u>\$4.35</u>
Total Stop Loss Rates - PEPM	\$197.99	\$189.49	\$179.85
Monthly Premium	\$207,889	\$198,964	\$188,844
<b>Annual Premium</b>	<b>\$2,494,671</b>	<b>\$2,387,568</b>	<b>\$2,266,130</b>
<b>Claims</b>			
Expected Claims - PEPM	\$1,455.98	\$1,462.66	\$1,471.22
Attachment Point - PEPM	\$1,819.98	\$1,828.33	\$1,839.03
Total Expected - Monthly	\$1,528,779	\$1,535,793	\$1,544,781
Total Expected - Annual	\$18,345,348	\$18,429,516	\$18,537,372
Total Maximum - Monthly	\$1,910,974	\$1,919,741.25	\$1,930,976.25
Total Maximum - Annual	\$22,931,685	\$23,036,895.00	\$23,171,715.00
<b>Total Cost Summary</b>			
<b>Expected Annual</b>	<b>\$20,965,125</b>	<b>\$20,942,190</b>	<b>\$20,928,608</b>
<b>Expected Maximum</b>	<b>\$25,551,462</b>	<b>\$25,549,569</b>	<b>\$25,562,951</b>

## Imprest Balance

	Current Req. Deposit	Required Medical Deposit*
<b>Imprest Balance</b>	\$330,000	\$367,000
<b>Option</b>	Weekly ACH	Weekly ACH
<b>Frequency</b>	5	5

\* If additional lines are sold (ancillary, HRA, FSA, etc.), additional imprest amounts could be needed