RxReins
The Prescription for Stop Loss Solutions

Aggregate Stop Loss Proposal

Issue Date: March 25, 2020
Exp. Date: May 1, 2020
Underwriter: Jessica Rademan

Producer

Name:	Shawn Seilback
Company:	Pennjerdel Insurance Consultants, Inc.
Address:	400 Middletown Blvd., Suite 106
City:	Langhorne
State:	PA Zip: 19047
Telephone:	215-750-1035
Email:	sseilback@pennjerdel.com

Employer

Name:	Unite Here Cafeteria Workers
Address:	
City:	Sparks Glencoe
State:	MD Zip:

Minimum Employer Contribution
Employee 75% Dependent 75%
Minimum Employee Participation
Employee 75% Dependent 75%
Minimum Group Size **1,425** **Employees**

Benefit:	Prescription Drugs		
Carrier:	Companion Life Insurance Company		
PBM:	Benecard PBF		
Contract Length:	12 Months		
Contract Period:	July 1, 2020	Through	July 1, 2021
Contract Basis:	12/12		
Incurred	July 1, 2020	Through	July 1, 2021
Paid	July 1, 2020	Through	July 1, 2021

Aggregate Coverage

Monthly Attachment Factors:		**No. of Employees**	**Option A**	**Option B**	**Option C**
All Plans	Employee Only	1191	74.00	70.25	66.75
	Employee + Child(ren)	165	145.00	137.25	130.25
	Employee + Spouse	109	148.50	141.00	133.25
	Employee + Family	116	230.25	218.50	207.00
Minimum Aggregate Attachment Point (MAAP)			**1,859,454.00**	**1,764,348.00**	**1,674,321.00**
Maximum Annual Benefit Amount			**1,000,000.00**	**1,000,000.00**	**1,000,000.00**
Maximum Eligible Claim Expense/Individual			**200,000.00**	**200,000.00**	**200,000.00**

Aggregate Premium:				
Premium (PEPM)	1581	3.00	5.50	8.50
Premium % of MAAP		3.05%	5.86%	9.51%
Estimated Annual Premium		56,916.00	104,346.00	161,262.00
Minimum Annual Premium		54,000.00	99,000.00	153,000.00
Semi Annual Premium		27,000.00	49,500.00	76,500.00

Licensed Agent Initials _____

235 E. Broadway, Suite 960 Long Beach, CA 90802 www.rxreins.com
Toll Free: 888-RxReins (888) 797-3467 Fax: 760-262-3178

Applicant Initials _____

Producer Name: Shawn Seilback
Producer Company: Pennjerdel Insurance Consultants, Inc.
Employer Name: Unite Here Cafeteria Workers

Plan Design

Mandatory Generic (DAW)	☐ YES	☑ NO
Mandatory Mail Maintenance	☑ YES	☐ NO
Step Therapy	☑ YES	☐ NO
Closed Formulary	☐ YES	☑ NO
Over-the-Counter (OTC)	☐ YES	☑ NO

Deductible: None
Max. Benefit: None
M.O.O.P.: None

Plan #1: All Plans

Retail Copays		**Mail Order Copays**	
Generic	$ 5.00	Generic	$ 5.00
P Brand	$ 5.00	P Brand	$ 5.00
Maximum Day Supply	30	Maximum Day Supply	90

Aggregate Covered/Excluded Drugs - Appendix A

This Aggregate Stop Loss Proposal covers self-administered, outpatient drugs that are dispensed at a retail or mail order pharmacy and processed by a PBM.

Covered Drugs	**Excluded Drugs**
Federal Legend Drugs	
State Restricted Drugs	
Compound Medications	
Bee Sting Kits	
Over the counter medications	
Insulin and Diabetic Supplies	
Anti-Anxiety Agents	
Anti-Acne Agents	
Prenatal Vitamins	
Anti-Obesity	
Vitamins - All	
Drugs or Devices prescribed solely for the treatment of Sexual Dysfunction	

ACA Medication Included:

Tobacco cessation
Contraceptives (all types)
Supplementation with folic acid
Aspirin (men ages 45-79 / women ages 55 to 79)
Folic acid supplements for women who may become pregnant
Fluoride chemoprevention supplements for children without fluoride in their water source
Generic statins (men and women ages 40 to 75)
Iron Supplementation (children aged 6 to 12 months or are at increased risk for an iron deficiency)

Specialty Drugs

Specialty drugs are high-cost out-patient injectable, oral, or inhaled drugs for the on going treatment of a chronic condition.

Covered Drugs	**Excluded Drugs**
Self Administered Injectables	Hemophilia Factors
Oral Chemo-Therapy/Cancer Agents and Drugs	
Fertility Agents	
Growth Hormones	
Fentanyl Citrate	
Oxycontin	
HIV/AIDS Medications	

The Aggregate Stop Loss Insurance will reimburse 100% of all eligible Rx claims incurred and paid during the Contract period stated above in excess of the Minimum/Annual Aggregate Attachment Point up to the Maximum Annual Benefit Amount.

Licensed Agent Initials _____

235 E. Broadway, Suite 960 Long Beach, CA 90802 www.rxreins.com
Toll Free: 888-RxReins (888) 797-3467 Fax: 760-262-3178

Applicant Initials _____

Producer Name: Shawn Seilback
Producer Company: Pennjerdel Insurance Consultants, Inc.
Employer Name: Unite Here Cafeteria Workers

Mandatory Mail Maintenance

Underwriter assumes that this program includes a Mandatory Mail Maintenance incentive; wherein after three refills the fourth prescription and all subsequent prescriptions for the same medication will be charged two times the copay of the original prescription at a participating pharmacy.

Step Therapy Provision

Underwriter assumes that this program includes a step therapy incentive formulary arrangement; wherein drug therapy will begin utilizing the lowest cost drug medically appropriate [either Generic or P Brand] before migrating to the more expensive NP Brand alternative.

Additional Exclusions

- Experimental drugs and medicines, even though a charge is made to the Covered Person.
- Any drug not approved by the Food and Drug Administration.
- Drugs for "Off Label" use.
- A drug or medicine labeled: "Caution- limited by federal law to investigational use".
- A drug or medicine that is to be taken by the covered person, in whole or in part, while hospital confined. This includes being confined in any institution that has a facility for the dispensing of drugs and medicines on its premises. Prescription Drugs and Biological that cannot be self-administered and are furnished as part of a Physician's professional service, such as antibiotics, joint injections and chemotherapy.
- Home infusion therapies
- Medication for which the cost is recoverable under any Worker's Compensation or Occupational Disease Law or Any state or governmental agency, or medication Furnished by any other drug or medical service for which no charge is made to the member.
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order.

PBM Clinical Guidelines and Compliance

Any approvals in which the PBM does not have the appropriate supporting documentation from the prescribing physician and/or does not follow their clinical guidelines set forth at the time of policy implementation may be ineligible for reimbursement under the Stop Loss Contract.

Terms of Acceptance

The terms of this proposal have been accepted on behalf of: **Unite Here Cafeteria Workers**

in accordance with Option _____.

Signed Licensed Agent _____ ***Date*** _____

Print Licensed Agent Name Shawn Seilback, Pres., Pennjerdel

Signed for the Applicant/Policyholder _____ ***Date*** _____

Print Name and Title _____ _____

Each page of this proposal must be initialed by the applicant/policyholder and licensed agent on record

This proposal will be a part of the Contract if accepted by the Company or its authorized representatives and is contingent upon receipt and approval of the (a) signed Application (b) deposit premium and (c) Plan Document prior to the issuance of the Stop Loss Insurance Policy

Licensed Agent Initials _____

235 E. Broadway, Suite 960 Long Beach, CA 90802 www.rxreins.com
Toll Free: 888-RxReins (888) 797-3467 Fax: 760-262-3178

Applicant Initials _____

From: Shawn Seilback <sseilback@pennjerdel.com>
Sent: Thursday, April 09, 2020 2:50 PM
To: Alicia Cochran
Cc: kbrogan@wwdlaw.com; Lmi1229@aol.com; Kristen Barshinger
Subject: Excess Prescription Drug Quote Options
Attachments: Rx Excess Quotes 4-8-2020.pdf

Hi Alicia,

Attached please find three excess Rx options. Based upon your claims, I would recommend Option A as the premium for Option B or C is awfully high for the small reduction in the Minimum Aggregate Attachment Point (MAAP) and the excess coverage of $1,000,000 is the same for all 3 options..

For Option A, the premium to be paid at inception would either be $54,000 which is the annual amount or $27,000 if you chose to pay this semi-annually. We would need to receive your monthly enrollment and monthly claims by the 10th of each month so we can provide this information to the carrier no later than the 15th of each month. Should you hit the MAAP, the excess insurance would kick in and pay up to $1,000,000. The maximum amount of claim expense/individual that counts toward your MAAP is $200,000.

These quote options are good only until May 1, 2020 with an effective date of July 1, 2020. If you're unable to make a decision prior to May 1 so that I would have the signed attached Aggregate Stop Loss Proposal prior to that date or the carrier would need monthly claim and enrollment information for the months thus far in 2020 to revise their proposal.

Kindly let me know if any of you have any questions. I hope this finds you all safe & well in this extraordinary pandemic.

Shawn

Shawn R Seilback, President
Pennjerdel Insurance Consultants, Inc.
400 Middletown Blvd., Suite 106
Langhorne, PA 19047
Phone: 215-750-1035 Fax: 215-750-1385
sseilback@pennjerdel.com