BlueCross BlueShield of Illinois

APPLICATION AND POLICY SCHEDULE FOR STOP LOSS COVERAGE For ASO HMO Services

Employer Group Name:	City of Aurora
Employer Group Address:	44 E. Downer Pl.
City:	Aurora **State of Situs:** IL **Zip Code:** 60507
Account Number:	256441
Employer Group Number(s):	B04398
Original Effective Date of Stop Loss Policy	01/01/2025
Current Policy Effective Date:	01/01/2025

Current Policy Period The specifications set forth in this Application are for the Policy Period commencing on 01/01/2025 and ending on 12/31/2025.

The specifications below shall become effective on the first date of the Policy Period specified above and shall continue in full force and effect until the earliest of the following dates: (1) The last day of the Policy Period; (2) The date the Policy terminates; or (3) The date this Application is superseded in whole or in part by a later executed Application.

Is this a Unified* group ("Unified" means the Employer has purchased both Stop Loss coverage for ASO HMO Services and Stop Loss coverage)? ☒ Yes ☐ No
If yes, complete separate Application to the Stop Loss Coverage Policy.

***Unified groups' individual paid Claims will be combined for determination of whether the Individual Stop Loss Deductible is exceeded, as described in the section of the Policy entitled INDIVIDUAL STOP LOSS COVERAGE SETTLEMENT. Likewise, Unified groups' total Paid Claims minus total Individual Stop Loss Claims will be combined for determination of whether the Aggregate Claim Liability is exceeded, as described in the section of the Policy entitled AGGREGATE STOP LOSS COVERAGE SETTLEMENT.**

A. Covered Employees:
Number of Single Coverage Units: 127
Number of Family Coverage Units: 342

B. Individual Stop Loss Coverage:

1. New Coverage ☒ Renewal of Existing Coverage ☐

2. Stop Loss coverage during the Current Policy Period

☒ **12/12**
Coverage for Claims incurred from 01/01/2025 to 12/31/2025 and Claims paid from 01/01/2025 to 12/31/2025.

For new coverage only, if a run-in contract as explained in the Stop Loss Policy e.g. (24/12, 18/12, or 15/12 coverage period) is purchased, claims paid by the Employer Group's prior claim administrator will be settled at the time of the annual stop loss settlement and must be reported by the Employer Group to the Company (Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) by the end of the Employer Group's Current Policy Period or stop loss coverage for these run-in claims will be forfeited.

☐ (Paid Renewal Only) Claim Administrators Claims: Claims incurred on or after the Original Effective Date of Policy and paid during the Policy Period.

3. Covered Expenses includes:

- ☒ Medical Claims paid on a fee-for-service basis only (not including Direct Physician Service Fees, Allocated Physician Service Fees, paid by Employer)
- ☒ Claim Administrator's Provider Access Fees
- ☒ Prescription Drug Claims with: Prime (Preferred PBM) _____
- ☐ For **Hospital Employer Groups only:** Excludes_____% of Home Hospital Medical claims
- ☐ Other (for example Dental/Vision): _____.

4. Individual Stop Loss Provisions

a. Individual Stop Loss Deductible: $325,000
Applies per Covered Person for the Employer Group's Current Policy Period.

b. Aggregating Specific Deductible (if applicable): $55,000

c. Lasered Individuals with Individual Stop Loss Deductible (if applicable):
Individual identifier, alternate Individual Stop Loss Deductible:
N/A

d. Lasered Individuals excluded from Stop Loss Coverage (if applicable):
Individual identifier:
N/A

e. If a run-in contract (24/12, 18/12, or 15/12 coverage period) is purchased, per Item 2. above, run-in claims are covered with a maximum liability of: $N/A per Covered Person.

5. Terminal Liability Option (TLO) (does not apply to Employer Groups with 12/15, 12/18, or 12/24 contracts):
☐ Yes ☒ No

The following applies if the answer to item above is "Yes" (Terminal Liability Option):

Must be elected at Policy inception or renewal. Premium cost is calculated by taking the average enrollment for the last two months of the Current Policy Period multiplied by three times pre-termination Individual Stop Loss rate(s). Premium is due at the time of termination, payable by lump sum within 10 days of receipt of bill. Claims will accumulate and be combined under one Individual Stop Loss Deductible specified in item B.4.a above for the Current Policy Period and Terminal Period. The Settlement for the Final Accounting Period will be described in the section of the Policy entitled SETTLEMENTS.

6. Individual Stop Loss Premium
Monthly Individual Stop Loss Premium shall be equal to the amounts obtained by multiplying the number of Covered Employees for a particular Month by:

$62.84 Composite; or
$_____for each Single Coverage Unit
$_____ for each Family Coverage Unit

The rates shown in this Application reflect a volume-based discount in an amount up to 3% of the Individual Stop-Loss Premium for the Policy Period. If ancillary coverage (BlueCare Dental, Basic Life, Short-Term Disability, Long-Term Disability, Accident, Critical Illness and/or Vision product(s)), the election of which triggered the volume-based discount, lapses during the Policy Period, the Company reserves the right to remove the discount on the Individual Stop-Loss Premium. In such event, the Individual Stop Loss Premium will revert to the non-discounted amount, following sixty (60) days' prior notice to the Employer Group/Policyholder.

C. **Aggregate Stop Loss Coverage**: Yes ☐ No ☒
If yes, complete Items 1. through 5. Below:

1. New Coverage ☐ Renewal of Existing Coverage ☐

2. Stop Loss Coverage during the current Policy Period

☐ Choose an item

Coverage for Claims incurred from _____ to _____ and Claims paid from _____ to _____.

For new coverage only, if a run-in contract as explained in the policy e.g. (24/12, 18/12, or 15/12 coverage period) is purchased, claims paid by the Employer Group's prior claim administrator will be settled at the time of the annual stop loss settlement and must be reported by the Employer Group to the Company (Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) by the end of the Employer Group's Current Policy Period or stop loss coverage for these run-in claims will be forfeited.

☐ (Paid Renewal Only) Claim Administrators Claims: Claims incurred on or after the Original Effective Date of Policy and paid during the Policy Period.

3. Covered Expenses:

☐ Medical Claims paid on a fee-for-service basis only (not including Direct Physician Service Fees, Allocated Physician Service Fees, paid by Employer)
☐ Claim Administrator's Provider Access Fees
☐ Prescription Drug Claims with: Prime (Preferred PBM) _____
☐ For **Hospital Employer Groups only:** Excludes _____% of Home Hospital Medical claims
☐ Other (for example Dental/Vision): _____

4. Aggregate Claim Liability

a. Attachment Factor _____% of the Average Claim Value
b. Aggregate Claim Factors:

Group Number:	_____	_____	_____	_____
Composite; or	$_____	$_____	$_____	$_____
For each Single Coverage Unit	$_____	$_____	$_____	$_____
For each Family Coverage Unit	$_____	$_____	$_____	$_____

c. Minimum Aggregate Point of Attachment: $_____

5. Terminal Liability Option (TLO) (does not apply to Employer Groups with 12/15, 12/18, or 12/24 contracts):
☐ Yes ☐ No

The following applies if the answer to item above is "Yes" (Terminal Liability Option):

Must be elected at Policy inception or renewal. Premium cost is calculated by taking the average enrollment for the last two months multiplied by three times pre-termination Aggregate Stop Loss rate(s). Premium is due at the time of termination, payable by lump sum within 10 days of receipt of bill.

The Final Settlement Point of Attachment shall equal the sum of the Employer's Aggregate Claim Liability amount for the Policy Period plus 15% of the Aggregate Claim Factor multiplied by 12, and then multiplied by the average enrollment for the last two (2) months of the Current Policy Period immediately preceding termination. Furthermore, for the Final Settlement Period, the Minimum Aggregate Point of Attachment shall be the Minimum Aggregate Point of Attachment in item C.4.c. above increased by 15%. The Settlement for the Final Accounting Period will be described in the section of the Policy entitled SETTLEMENTS.

6. Aggregate Stop Loss Premium:
☐ Monthly Premium
Monthly Aggregate Stop Loss Premium shall be equal to the amounts obtained by multiplying the number of Covered Employees for a particular Month by:

$_____ Composite; or
$_____ for each Single Coverage Unit
$_____ for each Family Coverage Unit

☐ Annual Premium (Due on the first day of the Current Policy Period): $_____

The rates shown in this Application reflect a volume-based discount in an amount up to 3% of the Aggregate Stop-Loss Premium for the Policy Period. If ancillary coverage (BlueCare Dental, Basic Life, Short-Term Disability, Long-Term Disability, Accident, Critical Illness and/or Vision product(s)), the election of which triggered the volume-based discount, lapses during the Policy Period, the Company reserves the right to remove the discount on the Aggregate Stop-Loss Premium. In such event, the Aggregate Stop Loss Premium will revert to the non-discounted amount, following sixty (60) days' prior notice to the Employer Group/Policyholder.

D. Additional Provisions (if elected):

1. Retirees Covered (select if included):
Pre-65: ☒ or Post-65: ☐

2. Home Hospital Employer Groups Only: Home Hospital Provider Number(s) subject to exclusion percentage per Item B.3. & C.3.: ____________________

3. Monthly Aggregate Accommodation: ☐ Yes ☒ No

4. Additional information: ____________________

Fraud Notice: Any person who knowingly, with intent to injure, defraud or deceive any insurance company submits an application containing any false, incomplete, or misleading information, may be subject to prosecution and may be found guilty of a felony under state law and subject to punishment, including fines and/or imprisonment. Submission of false information in connection with this application may also constitute a crime under federal laws. All appropriate legal remedies will be pursued in the event of insurance fraud, including prosecution under Federal Mail or Wire Fraud statutes, and/ or the Federal Racketeer Influenced and Corrupt Organizations Act. Any false statements made herein may be reported to state and federal tax and regulatory authorities as is appropriate.

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The undersigned person represents that he/she is authorized and responsible for purchasing Stop Loss Coverage on behalf of the Employer Group. It is understood that the actual terms and conditions of coverage are those contained in this Application and the Stop Loss Coverage Policy into which this Application shall be incorporated at the time of acceptance by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"). Upon acceptance, HCSC shall issue a Stop Loss Coverage Policy to the Employer Group. Upon acceptance of this Application and issuance of the Stop Loss Coverage Policy, the Employer Group shall be referred to as the "Policyholder".

Heather Cole
Sales Representative

Signature of Authorized Purchaser

Chief Human Resources Officer
Title of Authorized Purchaser

Date