## HAMPSHIRE COUNTY GROUP INSURANCE TRUST

## Executive Committee Meeting Notice and Agenda June 26, 2025 9:00 A.M. ZOOM Meeting

Call to Order	RC
Stop Loss FY 26 (vote)	JS
Other Last Minute Items	JS
Adjournment	RC

## Meeting Schedule

Insurance Advisory Committee – July 16, 2025,10:00 a.m. ZOOM Executive Committee – August 27, 2025, 9:00 a.m. ZOOM Executive Committee – September 24, 2025, 9:00 a.m. ZOOM

Joseph Shea is inviting you to a scheduled Zoom meeting.

Topic: Executive Committee - Stop Loss

Time: Jun 26, 2025 09:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

https://us02web.zoom.us/j/81097096241?pwd = X1PD68EnQbBaIY1SILhGQweczpWfrr.

1

Meeting ID: 810 9709 6241

Passcode: 799376

One tap mobile

- +13052241968,,81097096241#,,,,\*799376# US
- +13092053325,,81097096241#,,,,\*799376# US

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Dial by your location

- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 301 715 8592 US (Washington DC)
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US

Meeting ID: 810 9709 6241

Passcode: 799376

Find your local number: https://us02web.zoom.us/u/kf3lamMI2

		Cu	rrent P	lan'	Year		
Effective Date		7/1/2024	CIIC F	idil	.cai		
Deductible			00.00	- Δσο	Sner?	\$	
Carrier		Unum	00.00		opec.	<u> </u>	
Carrier		Citatii		•			
Below is based on Month		Feb			April	Ma	av
Premium YTD (Gross)				\$	1,820,134.07	\$	2,001,398.71
(0.000)				7	2,020,20	<b>Y</b>	2,001,000.72
Claims Reimbursed/Will b	e			\$	638,252.05	\$	1,264,000.00
Loss Ratio		#DIV/0!			35%		63%
Renewal Increase for this							
plan year		2% increase, move	e up de	duct	ible to \$400K		
Nata							
Notes							
Claimants over 100%		Claimant Name		\$\$ A	Amount	Diagnosis, Notes	
Claimants over 100%	1			\$	759,545.77	Diagnosis, Notes	
		J		\$	752,311.99		
	3	ي ع		\$	720,629.98		
	4			\$	513,865.58		
	5	T r		\$	453,196.94		
	6	- h		\$	445,741.02		
	7			\$	418,194.28		
	8			т.	0,_00		
	9						
	10						
	11						
	12						
	13						
	14						
	15						
Claimants over 50%		Claimant Name			Amount	Diagnosis, Notes	
	1	.t		\$	372,676.76		
		K′ :R		\$	334,690.44		
	3			\$	305,068.54		
	4			\$	293,796.06		
	5	,		\$	286,751.91		
	6		-	\$	283,091.99		
	7	, i		\$	282,966.69		
	8		JLLI-I		263,802.34		
	10			\$ ¢	261,546.30 260,320.30		
	11	this		\$ \$			
	12			\$	243,048.55 236,427.77		
	13	n		\$ \$	230,936.04		
	14	t k		۶ \$	220,241.63		
	15			\$	218,763.62		
	16			\$	216,752.28		
	17	TTI		\$	208,792.14		
	18			\$	208,535.94		
	19	ŝ		\$	202,546.64		
				7			

June 2-2 M.

		r Plan Year 1	
Effective Date	7/1/2023		
Deductible		0.00 Agg Spec?	\$ -
Carrier	Unum		
Below is based on Month	n Year end	RO thru Jan	Addtl Run out?
Premium YTD (Gross)	\$ 2,139,466		
Fremium Frb (Gross)	\$ 2,133,400	2,155,400	7.50 Ç
Claims Reimbursed/Will b	be \$ 1,409,067	7.17 \$ 2,144,220	0.58 \$ -
Loss Ratio			90% #DIV/0!
Renewal Increase for this	3		
plan year	10% increase, move	up to \$350K	
Notes	\$700K in run out		
Claimants over 100%	Claimant Name	\$\$ Amount	Diagnosis, Notes
Claimants over 100%	1 l'	\$ 1,025,909	
	2	\$ 986,995	
	3/	\$ 781,802	
	4	\$ 471,335	
	5 )n	\$ 458,884	
	6 Cy	\$ 454,517	
	7 Γ y	\$ 410,776	5.31
	8		
	9		
	10		
	11		
	12		
	13		
	14		
al t	15		
Claimants over 50%	Claimant Name	<b>\$\$ Amount</b> \$ 348,873	Diagnosis, Notes
	2 J	\$ 326,104	
	3 ""	\$ 316,951	
	4 .je	\$ 291,007	
	5 [	\$ 279,660	
	6 ner	\$ 277,592	
	7 I	\$ 263,126	5.85
	71	\$ 263,126 \$ 254,813	5.85 3.23
	7 I	\$ 263,126 \$ 254,813 \$ 254,806	5.85 3.23 5.76
	7 I 8 uch 9 :	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086	5.85 3.23 5.76 5.95
	7 I	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492	5.85 3.23 5.76 6.95
	7   8 (ich 9 : 10 11 nel	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850	5.85 5.76 5.95 5.97
	7 I 8 tich 9: I 10 11 tel 12:	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836	5.85 5.76 5.95 5.97 2.71
	7   6   11   12   13   14   15   2	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678	5.85 5.76 5.95 5.97 2.71
	7   8   11ch   9   10   11   12   13   14   15   27   16   63	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029	5.85 5.23 5.76 5.95 5.97 2.71 5.14 6.48 6.33
	7   8   tich 9 : 10   11   tel 12 ! 13   14   15   2r   16   6   1	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006	5.85 5.23 5.76 5.95 5.97 2.71 5.14 6.48 8.33
	7   8   11ch   9   10   11   11   12   13   14   15   27   16   23   1   15   16   17   16   17   17   18   17   18   18   19   19   19   19   19   19	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 203,622	5.85 5.23 5.76 5.95 5.97 5.71 5.14 6.48 8.33 5.54
	7   8   11ch   9   10   11   11   12   13   14   15   27   16   23   1   15   16   17   17   18   19   10   10   10   10   10   10   10	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 203,622 \$ 201,897	5.85 5.23 5.76 6.95 5.97 7.71 5.14 6.48 6.33 5.54 5.52
	7   8   11ch   9   10   11   11   12   13   14   15   17   16   17   17   18   19   19   10   10   10   10   10   10	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 203,622 \$ 201,897 \$ 195,184	5.85 5.23 5.76 6.95 6.97 7.71 5.14 6.48 6.33 5.54 6.52 6.41 6.55 6.12
	7   8   tich 9 : 10   11   tel 12 : 13   14   15   2r   16   17   16   17   17   17   17   17	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 203,622 \$ 201,897 \$ 195,184 \$ 194,597	5.85 5.23 5.76 5.97 7.71 5.14 6.48 5.33 5.54 6.52 6.41 6.55 6.12
	7   8   tich 9 : 10   11   tel 12 : 13   14   15   2r   16   2 : 1   18   19   20 : 1   21   22 : 1	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 203,622 \$ 195,184 \$ 194,597 \$ 191,582	5.85 5.23 5.76 5.97 7.71 5.14 6.48 5.33 5.54 6.52 6.41 6.55 6.12 6.37
	7   8   tich 9 : 10   11   tel 12 ! 13   14   15   2r   16   2 ! 1   15   19   0   20 ! 1   22   23	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 201,897 \$ 195,184 \$ 194,597 \$ 191,582 I \$ 184,763	5.85 5.23 5.76 5.97 7.71 5.14 6.48 5.33 9.54 6.52 6.41 7.55 6.12 7.37 7.86 6.26
	7   8   tich 9 : 10   11   tel 12 ! 13   14   15   2r   16   2 : 1   15   19   0   20 ! 1   21   22   23   24   Jl   D	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 203,622 \$ 201,897 \$ 195,184 \$ 194,597 \$ 191,582 I \$ 184,763 \$ 182,995	5.85 5.23 5.76 5.97 7.71 5.14 6.48 5.33 5.54 6.52 6.41 7.55 7.12 7.37 7.86 6.26
	7   8   tich 9 : 10   11   tel 12 ! 13   14   15   2r   16   2	\$ 263,126 \$ 254,813 \$ 254,806 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,029 \$ 205,006 \$ 203,622 \$ 201,897 \$ 195,184 \$ 194,597 \$ 191,582 I \$ 184,763 \$ 182,995 \$ 182,981	5.85 5.23 5.76 5.97 7.71 5.14 6.48 6.33 5.54 6.52 6.41 7.55 6.12 7.37 7.86 6.26 6.43
	7   8   tich 9 : 10   11   tel 12 ! 13   14   15   3r   16   17   18   19   10   20 ! 17   21   22   23   24 Ji   D   25   26   Г	\$ 263,126 \$ 254,813 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,006 \$ 203,622 \$ 201,897 \$ 195,184 \$ 194,597 \$ 191,582 \$ 184,763 \$ 182,995 \$ 182,981 \$ 181,255	5.85 5.23 5.76 5.97 7.71 0.14 6.48 6.33 0.54 6.52 0.41 0.55 6.12 6.37 6.86 6.26 6.43 6.47
	7   8   11ch   9   10   11   11   12   13   14   15   16   17   16   17   17   17   17   17	\$ 263,126 \$ 254,813 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,006 \$ 203,622 \$ 201,897 \$ 195,184 \$ 194,597 \$ 191,582 \$ 182,995 \$ 182,995 \$ 181,255 \$ 178,608	5.85 5.23 5.76 5.97 5.71 5.14 6.48 6.33 5.54 6.52 6.41 6.55 6.12 6.37 6.86 6.26 6.43 6.47 6.70 6.18
	7   8   tich 9 : 10   11   tel 12 ! 13   14   15   3r   16   17   18   19   10   20 ! 17   21   22   23   24 Ji   D   25   26   Г	\$ 263,126 \$ 254,813 \$ 254,678 \$ 253,086 \$ 236,492 \$ 227,850 \$ 225,836 \$ 208,678 \$ 205,006 \$ 203,622 \$ 201,897 \$ 195,184 \$ 194,597 \$ 191,582 \$ 184,763 \$ 182,995 \$ 182,981 \$ 181,255	5.85 5.23 5.76 5.97 5.71 5.14 6.48 6.33 5.54 6.52 6.41 7.55 6.12 7.37 7.86 7.86 7.86 7.86 7.87 7.88 7.89



	Prior P	lan Year 2	
Effective Date	7/1/2022	A STATE OF THE STA	
Deductible	\$ 300,000.0	O Agg Spec?	\$ -
Carrier	Unum		
Below is based on Month	Year end	Run out?	Addtl Run out?
Premium YTD (Gross)	\$ 1,934,903.3	6 \$ 1,934,903.36	-
Claims Reimbursed/Will I	be \$ 808,644.0	1 \$ 3,173,536.35	\$/
oss Ratio	42	1649	#DIV/0!
Renewal Increase for this	5		
olan year	got a -15% moved fror	n \$275K to \$300K	<u> </u>
letes	CNAA alaimant nannad	un in Nov of run out	\$1.9M. \$2.2M in run out
Notes	Sivia cialmant popped	up in Nov of run out	\$1.9M. \$2.2M III full out
Claimants over 100%	Claimant Name	\$\$ Amount	Diagnosis, Notes
	1 /	\$ 1,890,307.20	
	2 Jano	\$ 1,016,667.13	
	3	\$ 724,999.52	
	,	\$ 408,804.64	
	5	\$ 401,130.21	
	6	\$ 397,116.69	
	7	\$ 387,599.96	
	8 15	\$ 346,911.00	
	9	,,	
	10		
	11		
	12		
	13		
	14		
	15		
Claimants over 50%	Claimant Name	\$\$ Amount	Diagnosis, Notes
	1	\$ 295,785.87	
	2	\$ 291,886.08	
	3 Ch	\$ 277,154.77	
	4	\$ 256,811.76	
	5 d	\$ 254,467.67	
	6, s	\$ 240,161.00	
	7 - 'or	\$ 237,237.00	
	8 er	\$ 232,093.98	
		\$ 227,745.02	
	10 °	\$ 220,448.50	
	11 C	\$ 208,236.58	
	12 (	\$ 199,760.72	
	1'	\$ 189,368.02	
	1/	\$ 187,928.97	
	15 ird	\$ 182,849.01	
	1 NO	\$ 176,356.69	
	17 DS	\$ 174,167.27	
	18	\$ 169,774.90	
	19 5111	\$ 169,234.52	
	20 Ja ა	\$ 163,531.19	
	<i>τ</i>	\$ 158,227.16	2 10, 2



Mindi Smith

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GROUP:

Hampshire County Group Insurance Trust

July 1, 2025

SPECIFIC STOP LOSS		Current		Renewal		Option 1		Option 2		BROKER QUOTE		BROKER QUOTE
CARRIER:		Unum		Amynta Group		ULLICO		BCBS MA				
Carrier Rating:		Α				Α						
TPA: PPO Network: UR Vendor; PBM:		BCBS MA BCBS MA BCBS MA CVS with CanaRx		BCBS MA BCBS MA BCBS MA CVS with CanaRx		BCBS MA BCBS MA BCBS MA CVS with CanaRx		BCBS MA BCBS MA BCBS MA CVS with CanaRx		BCBS MA BCBS MA BCBS MA TBD		BCBS MA BCBS MA BCBS MA TBD
Specific Benefits Included: Plan Lifetime Maximum: Specific Lifetime Maximum Reimbursement:		Medical & Rx Unlimited Unlimited		Medical & Rx Unlimited Unlimited		Medical & Rx Unlimited Unlimited		Medical & Rx Unlimited Unlimited		Medical & Rx Unlimited Unlimited		Medical & Rx Unlimited Unlimited
Individual Specific Deductible: Specific Contract:		\$ 400,000 12/24	3	400,000 12/24	\$	400,000 12/24	\$	400,000 12/18	•	12/24	3	12/24
Laser (		N/A		contingent \$1M SCT		N/A		TBD		TBD		TBD
Laser (Ji		N/A	\$	925,000	\$	750,000	)	TBD		TBD		TBD
Laser (*		N/A	\$	925,000		N/A		TBD		TBD		TBD
Laser (J		N/A	\$	765,000	co	ontingent \$875K If remains on Plan		TBD		TBD		TBD
Laser		N/A		TBD		contingent \$955K If treatment resumes		TBD		TBD		TBD
Laser (		N/A		TBD	\$	750,000	)	TBD		TBD		TBD
1719 2362 4081	EE Only Family Composite	\$ 60.18	\$	38.82 78.78 61.95	\$	65.72	\$ \$	29.00 87.22 62.70	\$	27.73 72.66 53.73	\$	31.1° 62.3° 49.1°
Monthly Specific Premium Annual Specific Premium		\$ 181,871.25 \$ 2,182,455.00	\$	252,809.94 3,033,719.28	\$	200,904.47	\$	255,864.64		219,290.79 2,631,489.48	\$	200,630.69 2,407,568.29
% Difference			4	39%		10%		41%		21%		10%
TOTAL REINSURANCE EXPENSE	ASSESSED HARVASTANIA							VAIDAN-#-20000ATMATERIAL #1000#10040ATMATERIAL	demonstra		NA COLOR	Particular de develour de la composition (de
Annual Fixed Premium % Difference		\$ 2,182,455.00	\$	3,033,719.28 39%	\$	2,410,853.64 10%	\$	3,070,375.68 41%	\$	2,631,489.48 21%	\$	2,407,568.2 10%
Maximum Cost Liability % Difference		\$ 2,182,455.00	\$	4,448,719.28 104%	\$	3,110,853.64 43%	\$	3,070,375.68 41%	\$	2,631,489.48 21%	\$	2,407,568.28 10%
Amwins Gene Therapy Solutions											500 9996	
	PEPM Fee:		\$	4.75 232,617.00		4.75 232,617.00						
Annual Fixed Premium (includes GTS) % Difference		\$ 2,182,455.00	\$			2,643,470.64 21%						
Maximum Cost Liability (includes GTS) % Difference		\$ 2,182,455.00	\$	4,681,336.28 114%	\$	3,343,470.64 53%						
Plan Mirroring		Included		Pending Review of PD		Pending Review of PD			TO HAVE			
Amwins Gene Therapy Solutions 15		Not included		Additional \$4.75 PEPM Illustrated Above		Additional \$4.75 PEPM Illustrated Above						
Rx Patient Assistance Programs		CanaRx		CanaRx		CanaRx		CanaRx				277.700
Disclosure Status					-	FIRM Through 7/02/2025						

Commissions:

0.00%

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of remuneration.

For legal terms and disclosures, please visit www.stealthpartnergroup.com/terms-and-conditions

While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warrantiles reporting the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warrantiles on whether the selected stop-loss carrier agrees to or validates the program. Intest like stop-loss carrier agrees to or validates the program. Finally, Stealth Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of.

Amwins Gene Therapy Solutions 15 -First Dollar Coverage: Luxturna, Zülgensma, Spinraza, Zynteglo, Casgevy, Skysona, Roctavian, Hemgenix, Bedyex, Elevidys, Lyfgenia, Lemneldy, Abecma, Carrykti, and Rethymic "Please review the attached Gene Therapy document for additional information "This program is not commissionable"





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GROUP:

Hampshire County Group Insurance Trust

EFFECTIVE DATE:

July 1, 2025

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2	BROKER QUOTE	BROKER QUOTE
CARRIER:		Unum	Amynta Group	ULLICO	BCBS MA		
Carrier Rating: TPA: 1PPO Network: IRV Vendor: PBM: Specific Benefits Included: Plan Lifetime Maximum: Specific Lifetime Maximum Reimbursement: Individual Specific Deductible:		A BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited Unlimited \$ 400,000	BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited Unlimited \$ 425,000	A BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited Unlimited \$ 425,000	BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited Unlimited \$	BCBS MA BCBS MA BCBS MA TBD Medical & Rx Unlimited Unlimited	BCBS MA BCBS MA BCBS MA TBD Medical & Rx Unlimited Unlimited \$
Specific Contract:		12/24	12/24	12/24	12/18	12/24	12/24
Aggregating Specific							\$ 150,000
Laser		N/A	contingent \$1M SCT	N/A	TBD	TBD	TBD
Laser (J		N/A	\$ 925,000	\$ 750,000	TBD	TBD	TBD
Laser (7		N/A	\$ 925,000	N/A	TBD	TBD	TBD
Laser (.		N/A	\$ 765,000	contingent \$875K If remains on Plan contingent \$955K If	TBD	TBD	TBD
Laser		N/A	TBD	treatment resumes	TBD	TBD	TBD
Laser (I		N/A	TBD	\$ 750,000	TBD	TBD	TBD
1719 2362 4081	EE Only Family Composite	\$ 60.18	\$ 36.96 \$ 73.28 \$ 57.98	\$ 24.96 \$ 60.97 \$ 45.80	\$ 81.88	\$ 67.06	\$ 28.14 \$ 52.37 \$ 42.16
Monthly Specific Premium Annual Specific Premium	Composite	\$ 181,871.25		\$ 186,917.38	\$ 239,968.27	\$ 202,402.12	\$ 172,070.60 \$ 2,064,847.20
% Difference			30%	3%	32%	11%	-5%
TOTAL REINSURANCE EXPENSE							
Annual Fixed Premium % Difference		\$ 2,182,455.00	\$ 2,839,459.20 30%	\$ 2,243,008.56 3%	\$ 2,879,619.24 32%	\$ 2,428,825.44 11%	\$ 2,064,847.26 -5%
Maximum Cost Liability % Difference		\$ 2,182,455.00	\$ 4,179,459.20 92%	\$ 2,893,008.56 33%	\$ 2,879,619.24 32%	\$ 2,428,825.44 11%	\$ 2,214,847.26 1%
Amwins Gene Therapy Solutions							
	PEPM Fee: Annual Fee:		\$ 4.75 \$ 232.617.00	\$ 4.75 \$ 232,617,00			
Annual Fixed Premium (includes GTS) % Difference		\$ 2,182,455.00	\$ 3,072,076.20 41%	\$ 2,475,625.56 13%			
Maximum Cost Liability (includes GTS) % Difference		\$ 2,182,455.00	\$ 4,412,076.20 102%	\$ 3,125,625.56 43%			
Plan Mirroring		Included	Pending Review of PD	Pending Review of PD			
Amwins Gene Therapy Solutions 15		Not Included	Additional \$4.75 PEPM Illustrated Above	Additional \$4.75 PEPM Illustrated Above			
Rx Patient Assistance Programs		CanaRx	CanaRx	CanaRx	CanaRx		
Disclosure Status				FIRM Through 7/02/2025			

Commissions:

0.079

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of remuneration.

For legal terms and disclosures, please visit www.stealthpartnergroup.com/terms-and-conditions

While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warranties regarding the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warranties on whether the selected stop-loss carrier will accept or reimburse such a program, unless the stop-loss carrier agrees to or validates the program. Finally, Steath Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of.

Amwins Gene Therapy Solutions 15 -First Dollar Coverage: Luxtuma, Zolgensma, Spinraza, Zynteglo, Casgevy, Skysona, Roctavian, Hemgenik, Bedvez, Elevidys, Lyfgenia, Lenneldy, Abcma, Canyist, and Rethymic

\*This program is not commissionable

\*This program is not commissionable





Mindi Smith

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GROUP:

Hampshire County Group Insurance Trust

EFFECTIVE DATE:

July 1, 2025

SPECIFIC STOP LOSS	Current		Renewal		Option 1		Option 2
CARRIER:	Unum		Amynta Group		ULLICO		BCBS MA
Carrier Rating:	A		DODO MA		A DODG MA		DODG MA
TPA: PPO Network: UR Vendor: PBM: Specific Benefits Included: Plan Lifetime Maximum:	BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited		BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited		BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited		BCBS MA BCBS MA BCBS MA CVS with CanaRx Medical & Rx Unlimited
Specific Lifetime Maximum Reimbursement:	Unlimited		Unlimited		Unlimited		Unlimited
Individual Specific Deductible:	\$ 400,000	\$	450,000	\$	450,000	\$	450,000
Specific Contract:	12/24		12/24		12/24		12/18
Laser ( )	N/A		contingent \$1M SCT		N/A		TBD
Laser	N/A	\$	925,000	\$	750,000		TBD
Laser (	N/A	\$	925,000		N/A		TBD
Laser	N/A	\$	765,000	CC	ontingent \$875K If remains on Plan		TBD
	IWA	- P	765,000		contingent \$955K If	-	IBU
Laser (f.	N/A		TBD		treatment resumes		TBD
Laser (	N/A		TBD	\$	750,000		TBD
1719 EE Only 2362 Family	23.11 60.18	\$	35.27 68.32	\$	23.50 56.67	\$	25.15
4081 Composite	44.57	\$	54.40	\$	42.70	\$	76.27 54.74
Monthly Specific Premium Annual Specific Premium	\$ 181,871.25 2,182,455.00	\$	222,000.97 2,664,011.64	\$	174,251.04 2,091,012.48	\$	223,382.59 2,680,591.08
% Difference			22%	100000	-4%		23%
TOTAL REINSURANCE EXPENSE				10500		1000000000	
Annual Fixed Premium % <i>Difference</i>	\$ 2,182,455.00	\$	2,664,011.64 22%	\$	2,091,012.48 -4%	\$	2,680,591.08 23%
Maximum Cost Liability % Difference	\$ 2,182,455.00	\$	3,929,011.64 80%	\$	2,691,012.48 23%	\$	2,680,591.08 23%
				2000		a de la constanti	
Amwins Gene Therapy Solutions							
PEPM Fee Annual Fee		\$	4.75 232,617.00	\$	4.75 232,617.00		
Annual Fixed Premium (includes GTS) % Difference	\$ 2,182,455.00	\$	2,896,628.64 33%	\$	2,323,629.48		
Maximum Cost Liability (includes GTS) % Difference	\$ 2,182,455.00	\$	4,161,628.64 91%	\$	2,923,629.48 34%		
Ole Minerale							
Plan Mirroring  Amwins Gene Therapy Solutions 15	Included  Not Included		Pending Review of PD Additional \$4.75 PEPM		Pending Review of PD Additional \$4.75 PEPM		
Rx Patient Assistance Programs	CanaRx		Illustrated Above CanaRx		Illustrated Above CanaRx		CanaRx

Commissions:

0

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of remuneration.

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While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warranties regarding the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warranties on whether the selected stop-loss carrier will accept or reimburse such a program, unless the stop-loss carrier agrees to or validates the program. Finally, Stealth Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of.

Amwins Gene Therapy Solutions 15 - First Dollar Coverage: Luxturna, Zolgensma, Spinraza, Zynteglo, Casgevy, Skysona, Roctavlan, Hemgenix, Beqvez, Elevidys, Lyfgenia, Lenneldy, Abecma, Carvykti, and Rethymic

\*Please review the attached Gene Therapy document for additional information

\*This program is not commissionable





Mindi Smith Stealth Partner Group, an Amwins Company 100 Front Street, Suite 610 Worcester, MA 01608 T:(203)-258-3889

mindi.smith@amwins.com GROUP:

Hampshire County Group Insurance Trust

FEFECTIVE DATE:

July 1, 2025

ODEOLEIO GEODI OCC	Current	Renewal	Option 1	Option 2
SPECIFIC STOP LOSS CARRIER:	Current			
Carrier Rating:	Unum A	Amynta Group	ULLICO A	BCBS MA
TPA:	BCBS MA	BCBS MA	BCBS MA	BCBS MA
PPO Network:	BCBS MA	BCBS MA	BCBS MA	BCBS MA
UR Vendor:	BCBS MA CVS with CanaRx	BCBS MA CVS with CanaRx	BCBS MA CVS with CanaRx	BCBS MA CVS with CanaRx
PBM: Specific Benefits Included:	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Plan Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:	\$ 400,000	\$ 500,000	\$ 500,000	\$ 500,000
Specific Contract:	12/24	12/24	12/24	12/18
Laser (	N/A	contingent \$1M SCT	N/A	TBD
Laser ( t)	N/A	\$ 925,000	\$ 750,000	TBD
I amount	.,,,			
Laser' )	N/A	\$ 925,000	N/A	TBD
Laser ( n)			contingent \$875K If remains	
2000 (	N/A	\$ 765,000	on Plan	TBD
Laser ;)	N/A	TBD	contingent \$955K If treatment resumes	TBD
Laser (i d)	N/A	TBD	\$ 750,000	TBD
1719 EE Only	\$ 23.11	\$ 32.62	\$ 21.09	\$ 21.91
2362 Family		\$ 60.16		\$ 66.63
4081 Composite Monthly Specific Premium	\$ 44.57 \$ 181,871.25	\$ 48.56 \$ 198,171.70		\$ 47.79 \$ 195,043.35
Annual Specific Premium	\$ 2,182,455.00	\$ 2,378,060.40		\$ 2,340,520.20
% Difference		9%	-16%	7%
TOTAL REINSURANCE EXPENSE				
Annual Fixed Premium	\$ 2,182,455.00	\$ 2,378,060.40		
% Difference Maximum Cost Liability	\$ 2,182,455.00	9% \$ 3,493,060,40	-16% \$ 2,331,836.84	7% \$ 2,340,520.20
% Difference	2,102,433.00	60%	7%	7%
Amwins Gene Therapy Solutions				
PEPM Fee:		\$ 4.75		
Annual Fee:	6 0.400.455.00	\$ 232,617.00		
Annual Fixed Premium (includes GTS) % Difference	\$ 2,182,455.00	20%	-5%	
Maximum Cost Liability (includes GTS) % Difference	\$ 2,182,455.00	\$ 3,725,677,40 71%	\$ 2,564,453.84 18%	
		Pending Review of PD	Pending Review of PD	
Plan Mirroring	Included			
Plan Mirroring Amwins Gene Therapy Solutions 15	Included Not Included	Additional \$4.75 PEPM Illustrated Above	Additional \$4.75 PEPM Illustrated Above	
		Additional \$4.75 PEPM		CanaRx

Commissions:

0.0%

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of

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While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warranties regarding the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warranties on whether the selected stop-loss carrier will accept or reimburse such a program, unless the stop-loss carrier agrees to or validates the program. Finally, Stealth Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of. Amwins Gene Therapy Solutions 15 -First Dollar Coverage: Luxturna, Zolgensma, Spinraza, Zynteglo, Casgevy, Skysona, Roctavian, Hemgenix, Beqvez, Elevidys, Lyfgenia, Lenmeldy, Abecma, Carvykti, and Rethymic \*Please review the attached Gene Therapy document for additional information \*This program is not commissionable



Proposal For:

HCGIT

Rate Effective Date:

July 01, 2025

\*\*\*Cells in gray are values that can be manually plugged into the exibit and formulas will account for them

		IN FORCE POLICY	OPTION	OPTION	OPTION
			1	1.1	2
	5100				
					Needs info on one person
			Disclosure needs March and April	Disclosure needs March and April	
roposal Status		UNUM	claims	claims	
nderwriter		AccuRisk Solutions, LLC	Excess re Sirius With AHS block	Excess re Sirius With AHS block	Arbor Fidelity with AHS Block
dministrator		BLUE CROSS	BLUE CROSS	BLUE CROSS	BLUE CROSS
etwork		BLUE CROSS TBD	BLUE CROSS TBD	BLUE CROSS TBD	BLUE CROSS TBD
BM efund model		IBD	IBD	IBD	180
arollment					
Employee	1,709	1,709	1,709	1,709	1,709
Employee/Spouse	0	0	0	0	0
Employee/Child(ren)	0	0	0	0	0
Employee/Dependent	0	0	0	0	0
Family	2,366	2,366	2,366	2,366	2,366
otal Enrollment	4,075	4,075	4,075	4,075	4,075
PECIFIC					
SPECIFIC Terms					
Specific Contract Basis		12/24	12/24	12/24	12/24
Specific Deductible		\$400,000	\$400,000	\$425,000	\$400,000
Aggregating Specific Deductible		00/	00/	09/	201
Commission % Included 1-commission%included		0% 1.00	0% 1.00	0% 1.00	0% 1.00
Benefits Covered Under Specific		Medical,RX SAAO	[MEDICAL, PRESCRIPTION]	[MEDICAL, PRESCRIPTION]	[MEDICAL, PRESCRIPTION]
					MEDICAL, RX
Benefits Covered Under Specific		MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	
Benefits Covered Under Specific No New Laser		MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	WEDICAL, KX
Benefits Covered Under Specific  No New Laser  Terminal Liability Included		MEDICAL, RX	MEDICAL, RX	WEDICAL, RX	MEDICAL, KA
No New Laser		MEDICAL, RX	MEDICAL, RX	MEDICAL, KX	MEDICAL, KA
No New Laser Terminal Liability Included		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	MEDICAL, KA
No New Laser Terminal Liability Included Terminal Liability Timeframe Specific Liability		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	TBD
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1		MEDICAL, RX	MEDICAL, KX	WEULAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3		MEDICAL, RX	MEDICAL, KX	WEULAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1 Laser 2 Laser 3 Laser 4		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9		MEDICAL, RX	MEDICAL, KX	WEDICAL, KX	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8		\$0.00	\$0.00	\$0.00	
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability					TBD
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability					TBD
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability					TBD \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability  Premium  Specific Premium Rates		\$0.00	\$0.00	\$0.00	TBD
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1 Laser 2 Laser 3 Laser 4 Laser 5 Laser 6 Laser 7 Laser 8 Laser 9 Laser 10  Additional Laser Liability  Premium  Specific Premium Rates Employee Employee/Spouse		\$0.00 \$23.11 \$23.11 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00	\$0.00 \$30.30 \$30.30 \$30.30 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser 1 Laser 2 Laser 3 Laser 4 Laser 5 Laser 6 Laser 7 Laser 8 Laser 9 Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee Employee/Spouse Employee/Spouse Employee/Spouse		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser 1 Laser 2 Laser 3 Laser 4 Laser 5 Laser 6 Laser 7 Laser 8 Laser 9 Laser 10  Additional Laser Liability  Premium  Specific Premium Rates Employee Employee/Spouse Employee/Spouse Employee/Child(ren)		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee  Employee/Spouse  Employee/Spouse  Employee/Child(ren)  Employee/Child(ren)		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00	\$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee  Employee/Spouse  Employee/Child(ren)  Employee/Child(ren)  Employee/Dependent		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1 Laser 2 Laser 3 Laser 4 Laser 5 Laser 6 Laser 7 Laser 8 Laser 9 Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee  Employee  Employee/Spouse  Employee/Spouse  Employee/Child(ren)  Employee/Dependent  Employee/Dependent  Employee/Dependent		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$27.73 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1 Laser 2 Laser 3 Laser 4 Laser 5 Laser 6 Laser 7 Laser 8 Laser 9 Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee  Employee  Employee/Spouse  Employee/Spouse  Employee/Child(ren)  Employee/Child(ren)  Employee/Dependent  Employee/Dependent  Employee/Dependent  Employee/Dependent  Employee/Dependent		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee Employee Employee/Spouse Employee/Spouse Employee/Child(ren) Employee/Dependent Employee/Dependent Family Family		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.18 \$60.18	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$72.66 \$72.66	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$67.06 \$67.06	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$59.62 \$59.62
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1 Laser 2 Laser 3 Laser 4 Laser 5 Laser 6 Laser 7 Laser 8 Laser 9 Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee Employee/Spouse Employee/Spouse Employee/Child(ren) Employee/Dependent Employee/Dependent Employee/Dependent Employee/Dependent Employee/Dependent Employee/Dependent Employee/Dependent Employee/Dependent		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$67.06 \$67.06 \$67.06 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$59.62 \$59.62 \$0.00
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser 1 Laser 2 Laser 3 Laser 4 Laser 5 Laser 6 Laser 7 Laser 8 Laser 9 Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee Employee/Spouse Employee/Spouse Employee/Child(ren) Employee/Dependent		\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$60.18 \$60.18 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$72.66 \$72.66 \$0.00	\$0.00 \$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$67.06 \$67.06	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$59.62 \$59.62
No New Laser Terminal Liability Included Terminal Liability Timeframe  Specific Liability  Laser Liability  Laser 1  Laser 2  Laser 3  Laser 4  Laser 5  Laser 6  Laser 7  Laser 8  Laser 9  Laser 10  Additional Laser Liability  Premium  Specific Premium Rates  Employee  Employee  Employee/Spouse  Employee/Spouse  Employee/Spouse  Employee/Child(ren)  Employee/Dependent  Employee/Dependent	re	\$0.00 \$23.11 \$23.11 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$60.18 \$60.18 \$0.00 \$0.00	\$0.00 \$27.73 \$27.73 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$72.66 \$72.66 \$72.66 \$0.00 \$0.00	\$25.60 \$25.60 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$67.06 \$67.06 \$0.00 \$0.00	\$0.00 \$30.30 \$30.30 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$59.62 \$59.62 \$0.00 \$0.00