

Symetra Life Insurance Company

777 108th Ave NE, Suite 1200
Bellevue, WA 98004-5135

Proposal for Insurance

General Information

Employer's Name: **El Dorado County, Renewal 2008**
City, State, Zip: **Placerville, California 95677**
Third Party Administrator: **Blue Cross of CA**
Proposed Effective Date: **August 01, 2008**
Coverage Period: **August 01, 2008 through July 31, 2009**
Best's Rating*: **A**

Agent's Name: **AON CONSULTING & INSURANCE SVS**

Prepared By: **Mary Nowak** Date: **June 03, 2008**

* An 'A' rating (Excellent) from A.M. Best Company is the third highest of 16 possible ratings. This rating reflects claims paying ability but is not a guarantee of future performance.

Offer expires if not accepted by August 01, 2008.

Individual Excess Loss Insurance -- Preliminary

Reimbursement Percentage: **100%** Lifetime Maximum (per person): **\$2,000,000**
 Covered Expenses: **Medical Services including Prescription Drugs defined as Rx Card and Mail Order**

Commissions Payable on Individual Premium:	0.00%			
Individual (Specific) Deductible:		\$175,000		\$200,000
Claims Basis:		PAID TLO**		PAID TLO**
Enroll/Rates (Composite):				
Single	1204	\$81.69	1204	\$66.37
Family	561	\$47.49	561	\$38.17
	643	\$111.53	643	\$90.97
Estimated Total Premium:		\$1,180,268.16		\$958,884.96

Aggregate Excess Loss Insurance -- Preliminary

Reimbursement Percentage: **100%** Maximum Reimbursement: **\$1,000,000**
 Covered Expenses: **As defined below**
 Aggregate Corridor (Margin): **125%**
 Commissions Payable on Aggregate Premium: **0.00%**

Medical Services including Prescription Drugs defined as Rx Card and Mail Order

Enroll/Monthly Factors (Composite):	1204	\$1,207.99	1204	\$1,227.31
Single	561	\$634.93	561	\$645.09
Family	643	\$1,707.96	643	\$1,735.30
Estimated Minimum Agg Deductible:		\$17,453,040		\$17,732,175

Total Aggregate Attachment & Premium -- Preliminary

Medical Services including Prescription Drugs defined as Rx Card and Mail Order

Individual (Specific) Deductible:	\$175,000	\$200,000
Claims Basis:	PAID TLO**	PAID TLO**
Total Expected Claims:	\$13,962,432	\$14,185,740
Estimated Minimum Agg Deductible:	\$17,453,040	\$17,732,175
Premium Rate PEPM:	\$2.14	\$2.29
Estimated Total Premium:	\$30,918.72	\$33,085.92

Total Fixed Cost

Monthly Premium Rate per Emp	\$83.83	\$68.66
Est Total Premium	\$1,211,186.88	\$991,970.88

** TLO denotes Terminal Liability Option.

Note: Claims incurred but unpaid at contract termination will not be covered unless aggregate and/or specific Terminal Liability Option has been purchased.

NOTE: Please refer to page 3 for renewal qualifications.

**** The 3 month Terminal Aggregate Factors are as follows:**

\$175,000 Specific Deductible: Single \$1,904.79 Family \$5,123.88
\$200,000 Specific Deductible: Single \$1,935.27 Family \$5,205.90