

EXHIBIT A
TO
ADDENDUM AND ASSUMPTION AGREEMENT
OSBC Self Funded Group Inside the Internal Stop Loss Pool
Coshocton City Schools
Group Number: 736598 County: Coshocton
Coverage Period Effective May 1, 2022 through April 30, 2023

FEES, PREMIUMS AND CHARGES
Page 1 of 2

<u>Administrative Fees (Medical Mutual Services):</u>				
<i>(Per Participant per Month)</i>				
	Level I	Medical	\$32.00	
	Level I	Drug Card	\$2.10	
		APM Fee	<u>\$1.00</u>	
		Total Drug	\$3.10	
<u>Chronic Condition Management Fee:</u>				
<i>(Per Participant per Month)</i>				
		Medical	\$2.50	
<u>Prescription Drug Rebates:</u>				
		Per Brand Retail Script	\$143.95	
		Per Brand Retail 90 Script	\$346.75	
		Per Brand Mail Order Script	\$384.20	
		Per Brand Specialty Script	\$1,700.00	
<u>Fees Paid by The District, Administered by OSBC:</u>				
Consortium Management Fee:		Medical	\$22.00	
<i>(Per Participant per Month)</i>				
MHS Processing Fee:		Medical	\$2.00	
<i>(Per Participant per Month)</i>				
OSBC Reserve Contribution (Risk Charge):	PAID	through	9/1/2012	
Risk Charge Fees May 1, 2022 through April 30, 2023			<u>Single</u>	<u>Family</u>
<i>(Per Participant per Month)</i>		Level I	Medical	N/A
	Level I	Drug	NA	NA
<u>Expected Average Enrollment:</u>				
		Medical	<u>37</u>	<u>138</u>
		Drug	37	138

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Page 2 of 2

Stop Loss Claims Covered:

Incurred	Anytime	through	April 30, 2023
Paid	May 1, 2022	through	April 30, 2023

Specific Stop Loss Coverage, Administered by OSBC:

Specific Stop Loss at The District Level	
Specific Stop Loss Threshold:	\$100,000
Covered Lines of Business:	Medical and Drug
Reimbursement Maximum:	Unlimited
Specific Stop Loss Rate	\$196.00
(Per Participant per Month)	

Aggregate Stop Loss Coverage, Administered by OSBC:

Aggregate Stop Loss at The District Level	115% with \$100,000 SSL			
Covered Lines of Business:	Medical and Drug			
Aggregate Stop Loss Premiums			<u>Single</u>	<u>Family</u>
(Per Participant per Month)	Level I	Medical	\$9.73	\$9.73
	Level I	Drug	\$2.27	\$2.27
Aggregate Maximum Limit of Reimbursement Liability			\$2,000,000	
Minimum Threshold			\$4,405,538	

The District Monthly Attachment Rates:

(Per Participant per Month)	Level I	Medical	<u>Single</u>	<u>Family</u>
	Level I	Drug	\$933.68	\$2,240.87
			\$173.92	\$417.36

IN WITNESS WHEREOF, this Exhibit A to the Addendum and Assumption Agreement has been executed by the undersigned on the date set forth below, and shall be effective as of the date of execution.

ACCEPTED AND AGREED:
Coshocton City Schools

Signature
Print Name
Title
Date