



Hazel Hawkins  
MEMORIAL HOSPITAL

**SPECIAL MEETING OF THE BOARD OF DIRECTORS  
SAN BENITO HEALTH CARE DISTRICT  
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA  
THURSDAY, JUNE 29, 2023  
10:00 A.M.  
SUPPORT SERVICES BUILDING, 2<sup>ND</sup>-FLOOR, GREAT ROOM**

**Mission Statement** - The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

**Vision Statement** - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

*San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians and the community.*

**AGENDA**

**Presented By:**

**1. Call to Order / Roll Call**

(Hernandez)

**2. Recommendation for Board Action**

(Robinson)

A. Consider Recommendation for Approval of Sun Life Stop Loss Coverage Quote with a Contract Term of One (1) Year and Annual Fixed Premium of \$1,820,114.50 \*\*\*

- Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call

**3. Board Resolution**

(Robinson)

A. Consider Resolution No. 2023-29 Authorizing Execution and Delivery of a Promissory Note, Loan and Security Agreement, and Certain Actions in Connection with A Loan Under the Distressed Hospital Loan Program \*\*\*

- Report
- Board Questions
- Public Comment
- Motion/Second
- Action/Board Vote-Roll Call

**4. Adjournment**

(Hernandez)

**\*\*\* To Be Distributed At or Before Meeting**

GROUP:

EFFECTIVE DATE: July 1, 2023

	Current	Renewal 1 - Initial	Renewal 1 - Firm/Final (R1 - 4% Commission)	Renewal 1 - Firm/Final (R1 - BEL)
<b>SPECIFIC STOP LOSS CARRIER:</b>	Swiss Re	Swiss Re	Swiss Re	Swiss Re
<b>Carrier Rating:</b>	A+	A+	A+	A+
<b>TPA:</b>	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)
<b>PPO Network:</b>	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS
<b>UR Vendor / CM Vendor:</b>				
<b>PBM:</b>	BRMS Pre-Certification Magellan RX	BRMS Pre-Certification Magellan RX	BRMS Pre-Certification Magellan RX	BRMS Pre-Certification Magellan RX
<b>Specific Benefits Included:</b>	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
<b>Plan Lifetime Maximum:</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Specific Lifetime Maximum Reimbursement:</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Individual Specific Deductible:</b>	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000
<b>Specific Contract:</b>	12/15	12/15 Gapless	12/15 Gapless	12/15 Gapless
<b>Aggregating Specific:</b>	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000
<b>Lasers</b>	<b>Contingent Laser:</b> \$700k If the prescription Rx claims for increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse	<b>Contingent Laser:</b> \$700k If the prescription Rx claims for increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse	<b>\$1,250,000</b> <b>\$400k IF clmt is treated for breast cancer</b> <b>\$250k IF clmt requires add'l cancer treatment</b> <b>\$700k IF the prescription Rx clms increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this clmt's eligible expense before the policy would reimburse</b> <b>this quote assumes is no longer on the plan</b>	<b>\$1,250,000</b> <b>\$400k IF clmt is treated for breast cancer</b> <b>\$250k IF clmt requires add'l cancer treatment</b> <b>\$700k IF the prescription Rx clms increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this clmt's eligible expense before the policy would reimburse</b> <b>this quote assumes is no longer on the plan</b>
132	EE Only \$ 133.02	\$ 154.55	\$ 137.04	\$ 134.35
392	Family \$ 341.27	\$ 403.78	\$ 358.03	\$ 351.01
524	Composite \$ 288.81	\$ 341.00	\$ 302.36	\$ 296.43
<b>Monthly Specific Premium</b>	\$ 151,336.48	\$ 178,682.36	\$ 158,437.04	\$ 155,330.83
<b>Annual Specific Premium</b>	\$ 1,816,037.76	\$ 2,144,188.32	\$ 1,901,244.48	\$ 1,863,970.00
<b>% Difference</b>		18.07%	4.69%	2.64%
<b>Annual Fixed Premium</b>	\$ 1,816,037.76	\$ 2,144,188.32	\$ 1,901,244.48	\$ 1,863,970.00
<b>% Difference</b>		18.07%	4.69%	2.64%
<b>Maximum Cost Liability</b>	\$ 2,121,037.76	\$ 2,449,188.32	\$ 2,206,244.48	\$ 2,168,970.00
<b>Laser Liability</b>	\$ 535,000	\$ 535,000	\$ 1,940,000	\$ 1,940,000
<b>Max Cost Liability with Lasers &amp; Fees</b>	\$ 2,656,037.76	\$ 2,984,188.32	\$ 4,146,244.48	\$ 4,108,970.00
<b>% Difference</b>		12.35%	56.11%	54.70%
<b>Specific Advance/Expedited Reimbursement</b>	Included	Included	Included	Included
<b>Domestic Reimbursement</b>	50%	50%	50%	50%
<b>No New Laser / Rate Cap</b>	Not Included	Not Included	Not Included	Not Included
<b>Plan Mirroring</b>	Included	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD
<b>Disclosure Status</b>		Pending review of claims through 03.31.23	FIRM until 5/19/23	FIRM until 5/19/23
				4% Commission has been back end loaded

Retirees: NO

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."

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.

Rates based on provision of claims through

3/31/2023

GROUP:

EFFECTIVE DATE: July 1, 2023

SPECIFIC STOP LOSS CARRIER: Carrier Rating: TPA: PPO Network: UR Vendor / CM Vendor: PBM: Specific Benefits Included: Plan Lifetime Maximum: Specific Lifetime Maximum Reimbursement: Individual Specific Deductible: Specific Contract: Aggregating Specific:	Current	Renewal 1	Option 1 (R1 - LAR, 4% Comm)	Option 2 (R1 - LAR, BEL)	Option 3 (R1 - NNL, 4% Comm)	Option 4 (R1 - NNL, BEL)	
	Swiss Re A+	Swiss Re A+	Sun Life A+	Sun Life A+	Sun Life A+	Sun Life A+	
Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	
Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	
BRMS Pre-Certification Magellan RX Medical & Rx Unlimited Unlimited	BRMS Pre-Certification Magellan RX Medical & Rx Unlimited Unlimited	BRMS Pre-Certification Magellan RX Medical & Rx Unlimited Unlimited	BRMS Pre-Certification Magellan RX Medical & Rx Unlimited Unlimited	BRMS Pre-Certification Magellan RX Medical & Rx Unlimited Unlimited	BRMS Pre-Certification Magellan RX Medical & Rx Unlimited Unlimited	BRMS Pre-Certification Magellan RX Medical & Rx Unlimited Unlimited	
\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	\$ 165,000	
12/15	12/15 Gapless	12/15	12/15	12/15	12/15	12/15	
\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000	
<b>Lasers</b>	<b>Contigent Laser:</b> \$700k If the prescription Rx claims for increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse	<b>Contigent Laser:</b> \$700k If the prescription Rx claims for increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse	None	None	None	None	
132	EE Only	\$ 133.02	\$ 154.55	\$ 120.03	\$ 119.01	\$ 126.68	\$ 125.66
392	Family	\$ 341.27	\$ 403.78	\$ 349.82	\$ 346.85	\$ 369.19	\$ 366.21
524	Composite	\$ 288.81	\$ 341.00	\$ 291.93	\$ 289.46	\$ 308.10	\$ 305.61
Monthly Specific Premium	\$ 151,336.48	\$ 178,682.36	\$ 152,973.40	\$ 151,676.21	\$ 161,444.24	\$ 160,140.29	
Annual Specific Premium	\$ 1,816,037.76	\$ 2,144,188.32	\$ 1,835,680.80	\$ 1,820,114.50	\$ 1,937,330.88	\$ 1,921,683.50	
% Difference		18.07%	1.08%	0.22%	6.68%	5.82%	
Annual Fixed Premium	\$ 1,816,037.76	\$ 2,144,188.32	\$ 1,835,680.80	\$ 1,820,114.50	\$ 1,937,330.88	\$ 1,921,683.50	
% Difference		18.07%	1.08%	0.22%	6.68%	5.82%	
Maximum Cost Liability	\$ 2,121,037.76	\$ 2,449,188.32	\$ 2,140,680.80	\$ 2,125,114.50	\$ 2,242,330.88	\$ 2,226,683.50	
Laser Liability	\$335,000	\$535,000	\$0	\$0	\$0	\$0	
Max Cost Liability with Lasers & Fees	\$ 2,656,037.76	\$ 2,984,188.32	\$ 2,140,680.80	\$ 2,125,114.50	\$ 2,242,330.88	\$ 2,226,683.50	
% Difference		12.35%	-19.40%	-19.99%	-15.58%	-16.17%	
Specific Advance/Expedited Reimbursement	Included	Included	Included	Included	Included	Included	
Domestic Reimbursement	50%	50%	50%	50%	50%	50%	
No New Laser / Rate Cap	Not Included	Not Included	Not Included	Not Included	Includes No New Lasers at Renewal / 50% Rate Cap	Includes No New Lasers at Renewal / 50% Rate Cap	
Plan Mirroring	Included	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD	
Disclosure Status		Pending review of claims through 03.31.23	FIRM until 5/19/23	FIRM until 5/19/23	FIRM until 5/19/23	FIRM until 5/19/23	
	Includes 4% Commission	Includes 4% Commission	Includes 4% Commission	4% Commission has been back end loaded	Includes 4% Commission	4% Commission has been back end loaded	

Retirees: NO

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EFFECTIVE DATE: July 1, 2023

	Current	Renewal 2	Renewal 2 - Firm/Final (R1 - 4% Commission)	Renewal 2 - Firm/Final (R1 - BEL)
<b>SPECIFIC STOP LOSS CARRIER:</b>	Swiss Re	Swiss Re	Swiss Re	Swiss Re
<b>Carrier Rating:</b>	A+	A+	A+	A+
<b>TPA:</b>	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)
<b>PPO Network:</b>	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS
<b>UR Vendor / CM Vendor:</b>	BRMS Pre-Certification	BRMS Pre-Certification	BRMS Pre-Certification	BRMS Pre-Certification
<b>PBM:</b>	Magellan RX	Magellan RX	Magellan RX	Magellan RX
<b>Specific Benefits Included:</b>	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
<b>Plan Lifetime Maximum:</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Specific Lifetime Maximum Reimbursement:</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Individual Specific Deductible:</b>	\$ 165,000	\$ 175,000	\$ 175,000	\$ 175,000
<b>Specific Contract:</b>	12/15	12/15 Gapless	12/15 Gapless	12/15 Gapless
<b>Aggregating Specific:</b>	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000
<b>Lasers</b>	<p><b>Contingent Laser:</b>                      ■: \$700k                      If the prescription Rx claims for ■ increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse</p>	<p><b>Contingent Laser:</b>                      ■: \$700k                      If the prescription Rx claims for ■ increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse</p>	<p>■ \$1,250,000                      ■: \$400k IF clmt is treated for breast cancer                      ■: \$250k IF clmt requires add'l cancer treatment                      ■: \$700k IF the prescription Rx clms increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this clmt's eligible expense before the policy would reimburse                      ■ this quote assumes ■ is no longer on the plan</p>	<p>■ \$1,250,000                      ■: \$400k IF clmt is treated for breast cancer                      ■: \$250k IF clmt requires add'l cancer treatment                      ■: \$700k IF the prescription Rx clms increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this clmt's eligible expense before the policy would reimburse                      ■ this quote assumes ■ is no longer on the plan</p>
132 EE Only	\$ 133.02	\$ 148.81	\$ 132.11	\$ 129.49
392 Family	\$ 341.27	\$ 391.16	\$ 347.25	\$ 340.36
524 Composite	\$ 288.81	\$ 330.11	\$ 293.05	\$ 287.24
<b>Monthly Specific Premium</b>	\$ 151,336.48	\$ 172,977.64	\$ 153,560.52	\$ 150,515.54
<b>Annual Specific Premium</b>	\$ 1,816,037.76	\$ 2,075,731.68	\$ 1,842,726.24	\$ 1,806,186.50
<b>% Difference</b>		14.30%	1.47%	-0.54%
<b>Annual Fixed Premium</b>	\$ 1,816,037.76	\$ 2,075,731.68	\$ 1,842,726.24	\$ 1,806,186.50
<b>% Difference</b>		14.30%	1.47%	-0.54%
<b>Maximum Cost Liability</b>	\$ 2,121,037.76	\$ 2,380,731.68	\$ 2,147,726.24	\$ 2,111,186.50
<b>Laser Liability</b>	\$ 535,000	\$ 525,000	\$ 1,900,000	\$ 1,900,000
<b>Max Cost Liability with Lasers &amp; Fees</b>	\$ 2,656,037.76	\$ 2,905,731.68	\$ 4,047,726.24	\$ 4,011,186.50
<b>% Difference</b>		9.40%	52.40%	51.02%
<b>Specific Advance/Expedited Reimbursement</b>	Included	Included	Included	Included
<b>Domestic Reimbursement</b>	50%	50%	50%	50%
<b>No New Laser / Rate Cap</b>	Not Included	Not Included	Not Included	Not Included
<b>Plan Mirroring</b>	Included	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD
<b>Disclosure Status</b>	N/A	Pending review of claims through 03.31.23	FIRM until 5/19/23	FIRM until 5/19/23

Includes 4% Commission Includes 4% Commission Includes 4% Commission 4% Commission has been back end loaded

Retirees: NO

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Rates based on provision of claims through

3/31/2023

	Current	Renewal 2	Option 5 (R1 - LAR, 4% Comm)	Option 6 (R1 - LAR, BEL)	Option 7 (R1 - NNL, 4% Comm)	Option 8 (R1 - NNL, BEL)
<b>SPECIFIC STOP LOSS CARRIER:</b>	Swiss Re	Swiss Re	Sun Life	Sun Life	Sun Life	Sun Life
<b>Carrier Rating:</b>	A+	A+	A+	A+	A+	A+
<b>TPA:</b>	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)	Benefit & Risk Mgmt (BRMS)
<b>PPO Network:</b>	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS	Anthem MCS w First Health Wrap for OOS
<b>UR Vendor / CM Vendor:</b>	BRMS Pre-Certification	BRMS Pre-Certification	BRMS Pre-Certification	BRMS Pre-Certification	BRMS Pre-Certification	BRMS Pre-Certification
<b>PBM:</b>	Magellan RX	Magellan RX	Magellan RX	Magellan RX	Magellan RX	Magellan RX
<b>Specific Benefits Included:</b>	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
<b>Plan Lifetime Maximum:</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Specific Lifetime Maximum Reimbursement:</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Individual Specific Deductible:</b>	\$ 165,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000
<b>Specific Contract:</b>	12/15	12/15 Gapless	12/15	12/15	12/15	12/15
<b>Aggregating Specific:</b>	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000	\$ 305,000
<b>Lasers</b>	<b>Contigent Laser:</b> \$700k If the prescription Rx claims for increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse	<b>Contigent Laser:</b> \$700k If the prescription Rx claims for increase to more than \$20k for a 30 day supply, a separate retention of \$700k will apply to this claimant's eligible expense before the policy would reimburse	None	None	None	None
132	EE Only \$ 133.02	\$ 148.81	\$ 112.56	\$ 111.55	\$ 118.84	\$ 117.83
392	Family \$ 341.27	\$ 391.16	\$ 331.53	\$ 328.57	\$ 350.03	\$ 347.06
524	Composite \$ 288.81	\$ 330.11	\$ 276.37	\$ 273.90	\$ 291.79	\$ 289.32
<b>Monthly Specific Premium</b>	\$ 151,336.48	\$ 172,977.64	\$ 144,817.68	\$ 143,525.46	\$ 152,898.64	\$ 151,602.50
<b>Annual Specific Premium</b>	\$ 1,816,037.76	\$ 2,075,731.68	\$ 1,737,812.16	\$ 1,722,305.50	\$ 1,834,783.68	\$ 1,819,230.00
<b>% Difference</b>		14.30%	-4.31%	-5.16%	1.03%	0.18%
<b>Annual Fixed Premium</b>	\$ 1,816,037.76	\$ 2,075,731.68	\$ 1,737,812.16	\$ 1,722,305.50	\$ 1,834,783.68	\$ 1,819,230.00
<b>% Difference</b>		14.30%	-4.31%	-5.16%	1.03%	0.18%
<b>Maximum Cost Liability</b>	\$ 2,121,037.76	\$ 2,380,731.68	\$ 2,042,812.16	\$ 2,027,305.50	\$ 2,139,783.68	\$ 2,124,230.00
<b>Laser Liability</b>	\$535,000	\$525,000	\$0	\$0	\$0	\$0
<b>Max Cost Liability with Lasers &amp; Fees</b>	\$ 2,656,037.76	\$ 2,905,731.68	\$ 2,042,812.16	\$ 2,027,305.50	\$ 2,139,783.68	\$ 2,124,230.00
<b>% Difference</b>		9.40%	-23.09%	-23.67%	-19.44%	-20.02%
<b>Specific Advance/Expedited Reimbursement</b>	Included	Included	Included	Included	Included	Included
<b>Domestic Reimbursement</b>	50%	50%	50%	50%	50%	50%
<b>No New Laser / Rate Cap</b>	Not Included	Not Included	Not Included	Not Included	Includes No New Lasers at Renewal / 50% Rate Cap	Includes No New Lasers at Renewal / 50% Rate Cap
<b>Plan Mirroring</b>	Included	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD	Included - pending review of final SPD
<b>Disclosure Status</b>	N/A	Pending review of claims through 03.31.23	FIRM until 5/19/23	FIRM until 5/19/23	FIRM until 5/19/23	FIRM until 5/19/23
	Includes 4% Commission	Includes 4% Commission	Includes 4% Commission	4% Commission has been back end loaded	Includes 4% Commission	4% Commission has been back end loaded

Retirees: NO

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An Amwins Company

Stealth Partner Group  
 940 Adams Street  
 Benicia, CA 94510

Michele Tarantino  
 M: (415) 246-5754  
 michele.tarantino@amwins.com

San Benito Hospital District Health Plan (dba  
 Hazel Hawkins Memorial Hospital)

**Prepared For:**

**Effective Date:**

7/1/2023

Carrier:	Rating	Marketed	Quoted	Declined	Comments
Berkshire Hathaway	A++	X		Declined	Ongoing Claims
Pan American	A	X		Declined	Uncompetitive (+51%)
HCC	A++	X		Declined	Size of Hospital
Companion	A+	X	Quoted		Uncompetitive against illustrated rates
Sun Life	A+	X	Quoted		
Swiss Re Corporate Solutions (Incumbent)	A+	X	Quoted		
Symetra	A	X		Declined	Uncompetitive (+90%)

## 1 Plan sponsor information

Full legal name of plan sponsor	Policy number (office use only)	
Address	Policy effective date (mm/dd/yyyy)	
City	State	Zip code

## 2 Subsidiaries, affiliates, divisions, and locations

Please list all subsidiaries, affiliates, divisions, and locations to be covered under the Stop-Loss policy.

1.
2.
3.
4.
5.
6.
7.
8.

## 3 Requested coverage

Please select the coverage(s) being applied for.

**Specific Benefit**

Specific Benefit Deductible \$	<input type="checkbox"/> Individual
	<input type="checkbox"/> Family
Aggregating Specific Deductible (if applicable) \$	
Specific Benefit <b>annual</b> maximum eligible expenses per Covered Person \$	OR <input type="checkbox"/> No maximum
Specific Benefit <b>lifetime</b> maximum eligible expenses per Covered Person \$	OR <input type="checkbox"/> No maximum

**4 Proposed benefits: rates, covered lives, and aggregate deductible factors**

Specific Benefit enrollment:	Rate	Lives

Total:

Specific Covered Benefits: Check all that apply.

Medical  Prescription Drug Plan

Rx Carve Out Claim Servicing:

Elect  Decline

Rx Carve Out Claim Servicing with FTP:

Elect  Decline

**5 Claims basis**

Contract basis		Specific Benefit	Aggregate Benefit
12/12	Incurred and paid	<input type="checkbox"/>	<input type="checkbox"/>
15/12	3 month run-in	<input type="checkbox"/>	<input type="checkbox"/>
18/12	6 month run-in	<input type="checkbox"/>	<input type="checkbox"/>
24/12	12 month run-in	<input type="checkbox"/>	<input type="checkbox"/>
12/15	3 month run-out	<input type="checkbox"/>	<input type="checkbox"/>
12/18	6 month run-out	<input type="checkbox"/>	<input type="checkbox"/>
12/24	12 month run-out	<input type="checkbox"/>	<input type="checkbox"/>
Incurred		<input type="checkbox"/>	N/A
Paid		N/A	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>
Terminal Liability Option:		<input type="checkbox"/>	<input type="checkbox"/>

3 months  Other:

**6 For employers that are providers of medical services (e.g. hospitals, clinics, etc.)**

The Related Provider Reimbursement Percentage applied to Eligible Claims Expenses for Related Provider Services will be \_\_\_\_\_ % for the Specific Benefit and \_\_\_\_\_ % for the Aggregate Benefit.

**7 Retiree information**

- Specific Benefit: Is retiree coverage included? .....  Yes  No
- Aggregate Benefit: Is retiree coverage included? .....  Yes  No

**8 Additional benefits (Must be approved by underwriting)**

The following benefits are available to enhance your Stop-Loss coverage.

Clinical Trials Benefit Provision  Elect  Decline      No New Special Conditions Rider at Renewal  Elect  Decline      Experience Rated Refund  Elect  Decline



## 9 Certification and signature

Please return this form and all additional required documentation to Sun Life Assurance Company of Canada.

This application does not bind coverage. The applicant agrees to provide Sun Life Assurance Company of Canada with a current census of all plan participants, a disclosure of all special risks on the Special Risk Questionnaire and a complete Plan document prior to the effective date specified in section 1. Upon approval of this application, Sun Life Assurance Company of Canada will issue a Stop-Loss insurance policy with insurance coverage to become effective on the effective date. This application will be attached to and made a part of the Stop-Loss policy.

The policy will be void if the applicant makes a false statement in the application with actual intent to deceive or the false statement materially affects the acceptance of the risk assumed by Sun Life Assurance Company of Canada.

I have read or had read to me the completed application and understand that any false statements or misrepresentation made, may result in a loss of coverage under the Stop-Loss policy.

Name of authorized representative of plan sponsor		Title	
Signature of authorized representative X		Today's date	
Signature of agent/broker X			
Print name of agent/broker			
Florida agent/broker license ID number		Amount paid with this application	
Countersigned by licensed resident agent (when required by law) X		\$	

## Contact us

**By mail**

Sun Life Assurance Company of Canada  
P.O. Box 9106  
Wellesley Hills, MA 02481

**By fax**

781-304-5383



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET

RESOLUTION NO. 2023-29

OF THE BOARD OF DIRECTORS OF  
SAN BENITO HEALTH CARE DISTRICT

AUTHORIZING EXECUTION AND DELIVERY OF A PROMISSORY NOTE,  
LOAN AND SECURITY AGREEMENT, AND CERTAIN ACTIONS IN  
CONNECTION THEREWITH FOR A LOAN UNDER  
THE DISTRESSED HOSPITAL LOAN PROGRAM

**RECITALS**

WHEREAS, the San Benito Health Care District (the “District”) is a local health care district organized under the terms of the Local Health Care District Law (Health and Safety Code of the State of California, Division 23, Sections 32000-32492), pursuant to Section 32104 of the California Health and Safety Code;

WHEREAS, the District operates certain health care facilities in the County of San Benito, California, including Hazel Hawkins Memorial Hospital, a full service, 25-bed not-for-profit hospital, as defined in Section 129381 of the Health and Safety Code;

WHEREAS, the District does not belong to an integrated health care system with more than two separately licensed hospital facilities;

WHEREAS, District has determined that it is in its best interest to borrow an aggregate amount not to exceed \$10,000,000.00 from the California Health Facilities Financing Authority (the “Lender”) under the Distressed Hospital Loan Program, with that loan to be funded with the proceeds in the Distressed Hospital Loan Program Fund; and

WHEREAS, the District intends to use the loan in order to prevent the closure of the hospital.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE DISTRICT AS FOLLOWS:

Section 1. The foregoing Recitals are true, correct and a substantive part of this Resolution.

Section 2. The District Board of Directors hereby approves the submission of an application for a loan from the Distressed Hospital Loan Program.

Section 3. Mary Casillas, Interim Chief Executive Officer or designee (“Authorized Officer”) is hereby authorized and directed, for and on behalf of the District, to do any and all things and to execute and deliver any and all documents that the Authorized Officer deems

necessary or advisable to consummate the borrowing of moneys from the Lender and otherwise to effectuate the purposes of this Resolution and the transactions contemplated hereby.

Section 4. The proposed form of Loan and Security Agreement (the “Agreement”), which contains the terms of the loan, is hereby approved. The loan shall be in a principal amount not to exceed \$10,000,000.00, shall not bear interest, and shall mature 72 months from the date of the executed Loan and Security Agreement between the District and the Lender. The Authorized Officer is hereby authorized and directed, for and on behalf of the District, to execute the Agreement in substantially that form, which includes the Loan Funds Disbursement Certification, as well as the redirection of up to twenty percent (20%) of Medi-Cal reimbursements (checkwrite payments) to Lender in the event of default in accordance with Health and Safety Code Section 129384, with those changes therein as the Authorized Officer(s) may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.

Section 5. The proposed form of Promissory Note (the “Note”) as evidence of the District’s obligation to repay the loan is hereby approved. The Authorized Officer is hereby authorized and directed, for and on behalf of the District, to execute the Note in substantially said form, with those changes therein as the Authorized Officer(s) may require or approve, that approval to be conclusively evidenced by the execution and delivery thereof.

PASSED AND ADOPTED at a special meeting of the Board of Directors of the San Benito Health Care District held on the 29th day of June 2023.

AYES: \_\_\_\_

NOS: \_\_\_\_

ABSENCES: \_\_\_\_

ABSENT: \_\_\_\_

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Jeri Hernandez  
President of the Board of Directors

ATTEST:

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Rick Shelton  
Treasurer of the Board of Directors

SECRETARY'S CERTIFICATE

\_\_\_\_\_, Secretary of the San Benito Health Care District, hereby certifies that the foregoing is a full, true and correct copy of a resolution duly adopted at a special meeting of the Board of Directors of the San Benito Health Care District duly and regularly held at the special meeting place thereof on the 29<sup>th</sup> day of June, 2023, of which meeting all of the members of said Board of Directors had due notice and at which the required quorum was present and voting and the required majority approved said resolution by the following vote at said meeting:

Ayes:  
Noes:  
Absent:

I further certify that I have carefully compared the same with the original minutes of said meeting on file and of record in my office; that said resolution is a full, true and correct copy of the original resolution adopted at said meeting and entered in said minutes; and that said resolution has not been amended, modified or rescinded since the date of its adoption, and is now in full force and effect.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Secretary