

STOP LOSS SCHEDULE OF BENEFITS

A. Policyholder: Town of Castle Rock

Policy Number: 16-016370-000

Effective Date of Coverage: January 01, 2024

Policyholder Anniversary Date: January 1st of each year beginning in 2025.

Premium Due Date: Premium is due on the Effective Date of Coverage and the first of each month beginning with February 01, 2024.

Enrollment (at the beginning of the Policy Period):

Employee	226
Employee plus Spouse	72
Employee plus Child	65
Family	174

Retiree Coverage: N/A

B. This Schedule of Benefits applies to the Policy Period: from January 01, 2026 to December 31, 2026.

C. Specific Stop Loss Insurance:

1. Specific Deductible per Covered Unit: \$120,000.00
2. Covered Expenses:
Medical and Prescription Drugs, including drugs dispensed by Rx Card, Mail Order and/or administered by a Prescription Benefit Manager (PBM).
3. Symetra's Reimbursement Percentage:
100% of Covered Expenses in excess of the Specific Deductible.
4. Specific Lifetime Reimbursement Maximum: Unlimited per Covered Unit
Specific Policy Period Reimbursement Maximum: Unlimited per Covered Unit
5. Premium Rates:

Covered Units	All Eligible Employees
Employee	\$220.88
Employee plus Spouse	\$440.01
Employee plus Child	\$389.42
Family	\$660.90
6. Reimbursement Period:
Covered Expenses incurred on or after the Policy Effective Date and paid during the Policy Period with:

Run-in Period beginning: 1/1/2023	Run-in Limit: Unlimited
Run-out Period ending: 12/31/2026	Run-out Limit: \$0

STOP LOSS INSURANCE POLICY

Policy Period: from January 01, 2026 to December 31, 2026

7. Stop Loss Aggregating Specific:
Aggregating Specific Deductible: \$100,000.00

D. Aggregate Stop Loss Insurance:

1. Covered Expenses:
Medical and Prescription Drugs, including drugs dispensed by Rx Card, Mail Order and/or administered by a Prescription Benefit Manager (PBM).
2. Symetra's Reimbursement Percentage:
100% of Covered Expenses in excess of the Aggregate Attachment Point.
3. Aggregate Reimbursement Maximum per Policy Period: \$1,000,000.00
4. Reimbursement Period:
Covered Expenses incurred on or after the Policy Effective Date and paid during the Policy Period with:
Run-in Period beginning: 1/1/2023 Run-in Limit: Unlimited
Run-out Period ending: 12/31/2026 Run-out Limit: \$0
5. Minimum Aggregate Attachment Point:
100% of the first Monthly Aggregate Attachment Point x 12.
6. Monthly Aggregate Attachment Factors:

Covered Units	All Eligible Employees
Employee	\$899.86
Employee plus Spouse	\$1,792.52
Employee plus Child	\$1,586.45
Family	\$2,692.38
7. Aggregate Stop Loss premium: \$5.05
Paid: Per employee per month
8. Net Claim Limit: \$120,000.00 per Covered Unit

E. Endorsements Included:

Stop Loss Rate Cap Endorsement

Subject to the Material Changes provision of this Policy, no Stop Loss Alternate Reimbursement Endorsement will be added at renewal, except at Policyholder's request.

F. Premium Remitters:

Name	Effective Date	Termination Date
<u>Town of Castle Rock</u>	<u>01/01/2024</u>	_____

G. Claims Administrators:

Name	Effective Date	Termination Date
<u>CIGNA HealthCare</u>	<u>01/01/2024</u>	_____

STOP LOSS INSURANCE POLICY

Policy Period: from January 01, 2026 to December 31, 2026

H. Provider Network:

Name	Effective Date	Termination Date
<u>Cigna ASO</u>	<u>01/01/2024</u>	<u></u>

STOP LOSS RATE CAP ENDORSEMENT

Symetra and Town of Castle Rock agree that this endorsement is effective January 01, 2026 for the Policy Period from January 01, 2026 to December 31, 2026.

In consideration for the premium shown in the Stop Loss Schedule of Benefits, the Stop Loss Insurance Policy (the "Policy") will be revised to include this Stop Loss Rate Cap Endorsement.

RATE CAP

The maximum Premium Rate increase at renewal will be capped at 50%, and will be applicable to the total amount of premium for the Policy Period and the amount equal to the Aggregating Specific Deductible or Tiered Aggregating Specific Deductible shown on the Schedule, if any. This cap assumes that there will be no 1) Material Change, 2) change in the Provider Network used by the Policyholder's Employee Benefit Plan, 3) significant change to the Schedule for the renewal Policy Period, or 4) change in Policyholder's broker of record or commission rate for or during the renewal Policy Period (each individually or collectively, "Changes"). If there are Changes, then the renewal Premium Rates will first be calculated based on the cap and the current Policy coverage. Additional adjustments for Changes may then be applied as needed. If there is a change in Policyholder's broker of record, this cap will be ineffective for any renewal Policy Period beginning thereafter.

All other provisions of the Stop Loss Insurance Policy remain unaffected by this Endorsement.

Town of Castle Rock

Symetra Life Insurance Company



By: _____
(Signature of Policyholder)

By: Margaret Meister
President

Title: _____

Registrar: Janet Trayler

Date: _____

Date: November 07, 2025

Instructions to Policyholder: (1) Sign and return to Symetra.
(2) Retain copy with your policy.