

Analysis of Madison County Reinsurance Quotes									
	Annual Specific Deductible	Aggregating Specific Deductible	Quoted rate Per Month Single	Quoted rate Per Month Family	Estimated Annual Premium	Commission Rate	Single Coverage	Family Coverage	
Current Reinsurance Carrier									
Tru Service/American Fidelity Assurance Co.	\$ 100,000.00	90,000.00	\$ 33.98	\$ 81.02	\$ 238,579.00	5%	237	146	
Quotes for Reinsurance for 10/1/16-09/30/17									
Excess Risk Reinsurance, Inc.	\$ 100,000.00	\$ 90,000.00	\$ 28.80	\$ 72.00	\$ 205,114.00	0%	226	147	
Tru Service/American Fidelity Assurance Co.	\$ 100,000.00	\$ 90,000.00	\$ 30.54	\$ 72.07	\$ 209,963.00	0%	226	147	
Beacon Risk Strategies, LLC	\$ 100,000.00	\$ 90,000.00	\$ 33.01	\$ 82.88	\$ 235,723.00	0%	226	147	
BCS Insurance Company	\$ 100,000.00	\$ 90,000.00	\$ 47.67	\$ 95.10	\$ 297,037.00	0%	226	147	

P.O. Box 1170, 605 Renaissance Way, Ridgeland, MS 39157
Phone 601.427.0235 Fax 601.427.0245
www.excessriskms.com

Insured Madison County BOS
Producer 0
Contact Loretta Phillips
Carrier IRONSHORE INDEMNITY

Effective Date 10/1/2016
Proposal Expires 10/6/2016
Proposal Date 8/10/2016
Underwriter Dausman & Elizabeth Book

Third Party Administrator: BCBS MS; PPO Network: BCBS MS

SPECIFIC STOP LOSS COVERAGE

	<u>Option 1</u>
	MEDICAL, Rx
	DRUGS
Coverages	
Contract Basis	24/12
Individual Specific Deductible	\$100,000
Specific Maximum Per Contract Period	UNLIMITED
Aggregating Specific Deductible	\$90,000
Monthly Premium Rates	
	<u>Enrollment</u>
Single	226
Family	147
	\$28.80
	\$72.00
Estimated Contract Premium	\$205,114
Commission Included	0.0%

AGGREGATE STOP LOSS COVERAGE

NO AGGREGATE STOP LOSS COVERAGE IS PROVIDED.

Coverages
Contract Basis
Maximum Aggregate Reimbursement
Individual Claim Limit
Aggregate Corridor

Monthly Aggregate Factors

	<u>Enrollment</u>
Single	226
Family	147

Minimum Annual Aggregate Attachment Point
Aggregate Run-In Is Limited To

Aggregate Premium Rate

	<u>Enrollment</u>
	373

Estimated Annual Aggregate Premium
Commission Included

ESTMATED ANNUAL COSTS

Estimated Annual Specific Premium	\$205,114
Estimated Annual Aggregate Premium	N/A
Minimum Annual Aggregate Attachment Point	N/A
Estimated Maximum Costs	\$205,114



American Fidelity Assurance Company

Stop Loss Proposal

Presented by TRU Services, LLC

Group	Madison County Board of Supervisors Canton, MS	Proposal No	1
Underwriter	Rob Wilson	Valid Thru	10/11/2016
Producer	Blue Cross Blue Shield of Mississippi	Effective	10/01/2016
Administrator	Blue Cross Blue Shield of Mississippi	Expiration	09/30/2017

INDIVIDUAL EXCESS LOSS COVERAGE

	<u>Option 1</u>
Annual Specific Deductible per Individual	100,000
Aggregating Specific Deductible	90,000
Quoted Rate Per Month	<u>Enrollment</u>
Single	226 30.54
Family	147 72.07
Estimated Annual Premium	209,963
Annual Maximum	Unlimited
Lifetime Maximum	Unlimited
Reimbursement Percentage	100.00%
Contract Type	Paid
Coverages	Medical, Rx Card
Quoted Rate(s) includes Commissions of	5.00%



Beacon Risk Strategies, LLC

180 Nickerson Street, Suite 304 Seattle, WA 98109 Telephone: (206) 298-0092 Facsimile: (206) 267-1274

Issuing Carrier	Companion Life Insurance Company				31031
Underwriter	Phil Bennett	Proposal	07/13/2016	Valid Thru	09/30/2016
Group	Madison County BOS (2016) Canton, M	Effective	10/01/2016	Expiration	09/30/2017

INDIVIDUAL EXCESS LOSS COVERAGE

		<u>Option 1</u>	
Coverages		Medical, Rx Card	
Contract Type			24/12
Annual Specific Deductible per Individual			100,000
Aggregating Specific Deductible	\$		90,000
Contract Period Maximum Reimbursement			Unlimited
Maximum Lifetime Reimbursement			Unlimited
Rate Per Month	<u>Enrollment</u>		
Single	221	\$	33.01
Family	143	\$	82.88
Estimated Monthly Premium		\$	19,147
Estimated Annual Premium		\$	229,765
Rate(s) includes Commissions of			0.00%

AGGREGATE EXCESS LOSS COVERAGE

		<u>Option 1</u>	
Coverages		Medical, Rx Card	
Contract Type			24/12
Loss Limit per Individual	\$		100,000
Maximum Annual Reimbursement	\$		1,000,000
Rate Per Month	<u>Enrollment</u>		
Composite	364	\$	4.14
Combined Gross Monthly Rate		\$	4.14
Estimated Annual Premium		\$	18,084
Rate(s) includes Commissions of			0.00%
Annual Aggregate Deductible	\$		3,874,993
Minimum Aggregate Deductible	\$		3,874,993
Run In / Out Limited To	\$		658,749
Monthly Aggregate Claim Factors	<u>Enrollment</u>		
<u>Medical, Rx Card</u>			
Single	221	\$	576.39
Family	143	\$	1,367.37

BCS Insurance Company

2 Mid America Plaza, Suite 200 Oakbrook Terrace, IL 60181

QUOTATION FOR EXCESS LOSS COVERAGE

PROPOSED INSURED
Madison County BOS
146 West Center Street
Canton MS, 39046

PRODUCER
Blue Cross & Blue Shield of Mississippi
Pete Hawkins
3545 Lakeland Drive East
Jackson MS, 39208-9799

Policy Period: 10/01/2016 - 09/30/2017

Proposal No: 1

Illustrative Rate Indication

SPECIFIC EXCESS LOSS COVERAGE

Coverages	Option 1	
	Medical, Rx Card, Rx Same As Any Other	
Liability Basis		24/12
Specific Retention per Person	\$	100,000
Annual Maximum Amount		Unlimited
Rate(s) includes Commissions of		0.00%
Aggr Spec Fixed Annual Liability	\$	90,000
Rate Per Month	<u>Enrollment</u>	
Single	221 \$	47.67
Family	143 \$	95.10
Composite	364 \$	66.30

AGGREGATE EXCESS LOSS COVERAGE

Coverages	Medical, Rx Card, Rx Same As Any Other	
	Liability Basis	
Corridor		125%
Loss Limit per Person	\$	100,000
Indemnity Limit	\$	1,000,000
Rate(s) includes Commissions of		0.00%
Run In / Out Limited To	\$	0
Monthly Aggregate Attach Factors	<u>Enrollment</u>	
<u>Medical, Rx Card</u>		
Composite	364 \$	869.38
Rate Per Month	<u>Enrollment</u>	
Composite	364 \$	4.11

COST ANALYSIS

Estimated Annual Specific Premium	\$	289,612
Estimated Annual Aggregate Premium	\$	17,952
Estimated Annual Total Premium	\$	307,564
Estimated Annual Attachment Point	\$	3,797,452
Minimum Annual Attachment Point	\$	3,607,579