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Brett Feldman
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7/29/2019

Loretta Phillips
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Re: Madison County

Attached is Excess Risk's proposal for Madison County effective 10/1/2019. ERR's quote assumptions are outlined below. Detailed contingencies are found in the Conditions and Assumptions of this quote.

Rates in this proposal assumes 0% Specific commissions.

This proposal assumes that UMR will act as Third Party Administrator with network access through UHC Choice Plus Options.

Reports Needed for Disclosure:

- Updated Specific 50% reports as of 8/1/2019.
- Reports detailing open, pending, and held claims as of 8/1/2019.
- Pre-cert and/or case management reports, as applicable, for claimants at or above 50% of the Specific or for potential catastrophic claimants who have not reached 50% as of 8/1/2019.

This proposal may be contingent on the receipt and review of additional information for certain large claimants. Further, the proposal may include individuals who require higher Specific lasers or special contingencies. Please refer to the proposal Conditions and Assumptions for full details and requested information.

If you have any questions or if I can be of assistance, please contact me at the number above. As always, thank you for this opportunity.

Brett Feldman

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Insured	Madison County	Effective Date	10/1/2019
Producer	0	Proposal Expires	10/6/2019
Contact	Loretta Phillips	Proposal Date	7/29/2019
Carrier	IRONSHORE INDEMNITY	Underwriter	Brett Feldman

Third Party Administrator: UMR; PPO Network: UHC Choice Plus Options

SPECIFIC STOP LOSS COVERAGE

	<u>Option 1</u>
	MEDICAL, Rx
Coverages	DRUGS
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	234	\$35.40
Family	143	\$88.50
Estimated Contract Premium		\$251,269
Commission Included		0.0%

AGGREGATE STOP LOSS COVERAGE

Coverages
Contract Basis
Maximum Aggregate Reimbursement
Individual Claim Limit
Aggregate Corridor

Monthly Aggregate Factors

	<u>Enrollment</u>
Single	234
Family	143

Minimum Annual Aggregate Attachment Point

Aggregate Premium Rate

	<u>Enrollment</u>
	377
Estimated Annual Aggregate Premium	
Commission Included	

ESTIMATED ANNUAL COSTS

Estimated Annual Specific Premium		\$251,269
Estimated Annual Aggregate Premium	N/A	
Minimum Annual Aggregate Attachment Point	N/A	
Estimated Maximum Costs		\$251,269

Madison County

PROPOSAL CONDITIONS AND ASSUMPTIONS

This proposal is based on the information provided and is subject to the conditions and assumptions contained herein.

- The proposal assumes that UMR will act as Third Party Administrator with network access through UHC Choice Plus Options.
- The Employer will provide a Plan Document acceptable to Excess Risk within twenty-one (21) days of the effective date of any stop loss coverage quoted in the proposal.
- No stop loss coverage will be effective until Excess Risk confirms acceptance in writing to the Employer or its representative requesting the proposal.

A signed Disclosure Statement must be completed and submitted for the Underwriter's review prior to final acceptance of the risk by ERR. Final acceptance is contingent on receipt and approval of the Disclosure Statement which should detail the following: 1) Any covered person who has incurred claims in excess of 50% of the requested Specific deductible; 2) Any known claimants under Case Management review; and, 3) Any claims pending for COBRA continuees or retirees, COB, subrogation, or for any other reasons in the last 12 months.

This proposal is a tentative quote and is based on the information submitted. The rates, factors, and premium are subject to change based on the receipt and review of claims experience and open claimants for a period of up to one month prior to the proposed effective date. Further, Excess Risk reserves the right to adjust the premium rates and/or attachment factors or make appropriate changes in the Policy terms if there is any inaccuracy in the data provided or a substantial change in the Plan design or census prior to the actual effective date or at any time during the Policy period. Rates and factors are subject to re-calculation in the event there is a 10% change in the final enrollment when compared to the initial quoted enrollment.

Any sale subject to contingencies is null and void if such contingencies are not satisfied within twenty-one (21) days of the proposed effective date.

SPECIAL CONDITIONS

This proposal is based on the Employer's current benefit plan and contribution structure unless otherwise noted.

The final rates and factors are contingent on the receipt and review of the following information and reports. **Excess Risk reserves the right to modify the premium rates, factors, or terms of the Policy based on the information received.**

- Specific 50% reports as of: 8/1/2019. (Including diagnosis, prognosis, and case management reports for each claimant listed as well as any known potentially catastrophic claimants not at 50%.)
Monthly paid claims as of: 8/1/2019. (Including Single and Family enrollment counts.)

Madison County

SPECIAL CONDITIONS, continued

Updated medical information is required for: 1) Any member who has incurred expenses at or above 50% of the quoted Specific deductible; 2) Any known members under Case Management review; 3) Any member who has not reached 50% of the Specific but is a potential catastrophic claimant that could reasonably be expected to meet or exceed 50% of the Specific deductible in the upcoming Policy period.

Updated medical information or current case management notes are required for the following members:

The following members have special Policy terms and/or higher lasered Specific deductible levels. ERR can consider revising the terms of the lasered Specific deductibles after receipt and review of updated medical information for that

- Laser on a 12/12 contract.
- Laser at \$250,000.00
- Laser at \$350,000.00
- Laser at \$225,000.00
- Conditional laser of \$360,000.00
- Conditional laser of \$740,000.00

FINAL CONTINGENCIES WILL BE DETERMINED ON RECEIPT AND REVIEW OF UPDATED MEDICAL INFORMATION AND SIGNED AND COMPLETED DISCLOSURE STATEMENT.