

Proposal Summary

Employees	TRU Rates	Monthly Premium	ERR Rates	Monthly Premium	BCS Rates	Monthly Premium	Beacon Rates	Monthly Premium
214	\$30.93	\$6,619.02	\$29.69	\$6,353.66	\$89.20	\$19,088.80	\$50.81	\$10,873.34
148	\$73.54	\$10,883.92	\$74.23	\$10,986.04	\$89.20	\$13,201.60	\$133.89	\$19,815.72
	Sub-Total	\$17,502.94		\$17,339.70		\$32,290.40		\$30,689.06
	Annual Premium	<u>\$210,035.28</u>		<u>\$208,076.40</u>		<u>\$387,484.80</u>		<u>\$368,268.72</u>



American Fidelity Assurance Company

Stop Loss Proposal

Presented by TRU Services, LLC

Group	Madison County Board of Supervisors Canton, MS	Proposal No	6
Underwriter	Rob Wilson	Valid Thru	10/11/2013
Producer	Jaudon & Associates, LLC d.b.a. The Integrity Group	Expiration	09/30/2014
Administrator	Blue Cross Blue Shield of Mississippi	Proposal Effective	08/14/2013 10/01/2013

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	214	30.93
Family	148	73.54
Estimated Annual Premium		210,024
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%



A Division of Ironshore Insurance Services
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 Phone 601.427.0235 Fax 601.427.0245
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Insured	Madison County	Effective Date	10/1/2013
Producer	Integrity Group	Proposal Expires	10/6/2013
Contact	Debbie Jaudon	Proposal Date	8/15/2013
Carrier	Ironshore Indemnity	Underwriter	David Dausman

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

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SPECIFIC STOP LOSS COVERAGE

	<u>Option 1</u> MEDICAL, Rx DRUGS	<u>Option 2</u> MEDICAL, Rx DRUGS
Coverages		
Contract Basis	24/12	24/12
Individual Specific Deductible	\$75,000	\$100,000
Specific Maximum Per Contract Period	\$2,000,000	\$2,000,000
Aggregating Specific Deductible	\$75,000	\$90,000

Monthly Premium Rates

	<u>Enrollment</u>		
Single	216	\$42.97	\$29.69
Family	155	\$107.43	\$74.23
Estimated Contract Premium		\$311,198	\$215,024
Commission Included		5.0%	5.0%

AGGREGATE STOP LOSS COVERAGE

	MEDICAL, Rx DRUGS	MEDICAL, Rx DRUGS
Coverages		
Contract Basis	24/12	24/12
Maximum Aggregate Reimbursement	\$1,000,000	\$1,000,000
Individual Claim Limit	\$75,000	\$100,000
Aggregate Corridor	125%	125%

Monthly Aggregate Factors

	<u>Enrollment</u>		
Single	216	\$516.53	\$533.13
Family	155	\$1,291.33	\$1,332.83
Minimum Annual Aggregate Attachment Point		\$3,740,720	\$3,860,937

Aggregate Premium Rate

	<u>Enrollment</u>		
	371	\$3.92	\$3.92
Estimated Annual Aggregate Premium		\$17,452	\$17,452
Commission Included		5.0%	5.0%

ESTIMATED ANNUAL COSTS

Estimated Annual Specific Premium	\$311,198	\$215,024
Estimated Annual Aggregate Premium	\$17,452	\$17,452
Minimum Annual Aggregate Attachment Point	\$3,740,720	\$3,860,937
Estimated Maximum Costs	\$4,069,370	\$4,093,413