



American Fidelity Assurance Company

Stop Loss Proposal

Presented by TRU Services, LLC

Group Madison County Board of Supervisors

Proposal No 2

PROPOSAL QUALIFICATIONS AND CONTINGENCIES

- This proposal is subject to standard policy provisions, limitations, and exclusions, as well as the terms and contingencies outlined in this proposal.
- The actively-at-work for employee and non-confinement for dependent provision has been Waived.
- The PPO network is considered to be BCBSMS / Blue Card Network. If this is not the case, an adjustment to the quoted rates may be necessary.
- Any additional groups that are added regardless of group size, must be reviewed and approved before they can be accepted under the Stop Loss. Either a Disclosure Statement on the group or Proof of Good Health Questionnaire on each individual must be completed and submitted for review prior to the effective date of coverage of the addition.
- This proposal is based on an aggregating specific deductible option. Each claimant must satisfy the group's specific deductible. Then the employer must retain an additional risk corridor, equal to the aggregating specific deductible, prior to any specific reimbursements are paid.
- This proposal assumes duplication of the current level of benefits, maintaining the current percentage of employees covered under each Plan if applicable, and that the underlying Plan includes pre-certification/pre-authorization requirement. If you have amended or restated your Plan Document, we require formal executed amendments for any plan changes enacted, including such changes as a result of Health Care Reform. Please outline the changes anticipated so that we can determine if there is any pricing impact.
- This proposal is based on the following disclosed claimants:
1. ~~Ernest, Richard Flood, Jr. - a Colson, Paul Gifford, III~~

Although we do not require a disclosure statement to be completed on a TRU Services, LLC renewal account, it is expected that any potential claim situation has been disclosed to us throughout the policy period and/or during the renewal process. This proposal assumes that there are no other individuals who should be reported due to trigger diagnosis, wait-listed for or history of organ/tissue transplant, open pre-certification, open LCM, disabled, etc. Failure to disclose known individuals may result in an adjustment to the reimbursement otherwise due the Plan Sponsor.

- The Plan Document of Record is considered to be: Madison County BOS Plan Type C615 Revised Effective 10/1/13 BCBS 21702A (approved by TRU 6/1/2014) to be used in conjunction with Madison County LOA Provision 02-2005. If this is not the case, please submit all updated Plan Document(s), Amendments and/or updated Leave Policies for review and approval.
- The "paid" contract indicated on the rate page is actually a 96/12 contract.
- This proposal assumes that Margaret Tolbert is Medicare Primary. In the event information is provided that proves this incorrect, we reserve the right to set a higher specific deductible in the amount of \$450,000 on Ms. Tolbert retroactively from the effective date.
- As an exception for BCBSMS, we will agree to firm our renewal based on 10 months of experience. However, if after we have firmed our proposal, we are asked to revise our proposal or react to competition, our revised proposal will be subject to receipt and review of updated experience through 11 months.



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Group	Madison County Board of Supervisors Canton, MS	Proposal No	2
Underwriter	Rob Wilson	Valid Thru	10/11/2014
Producer	Jaudon & Associates, LLC d.b.a. The Integrity Group	Effective	10/01/2014
Administrator	Blue Cross Blue Shield of Mississippi	Expiration	09/30/2015

INDIVIDUAL EXCESS LOSS COVERAGE

	<u>Option 1</u>	
Annual Specific Deductible per Individual		100,000
Aggregating Specific Deductible		100,000
Quoted Rate Per Month	<u>Enrollment</u>	
Single	230	33.98
Family	141	81.02
Estimated Annual Premium		230,863
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%