

Stop Loss

Insurance Services

An AmWINS Group Company

GROUP NAME: *Blount County Government*

Effective Date: 01/01/2018

Employees:	1,762	Single:	833	Retirees:	included, pre-65 only
		Family:	929	Cobra:	included
		CURRENT	RENEWAL	OPTION	OPTION
		HM Life Ins Co of NY	HM Life Ins Co of NY	PartnerRe America Ins Co	Amalgamated Life Ins Co
CARRIER:					
AM Best Rating:	A-	A-		A	A
Specific Stop Loss:					
Covered Benefits:	Medical & Rx Card	Medical & Rx Card	Medical & Rx Card	Medical & Rx Card	Medical & Rx Card
Individual Deductible:	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Aggregating Specific Corridor:	\$ 115,000	\$ 115,000	\$ 115,000	\$ 115,000	\$ 115,000
Annual Max Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Max Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Contract Basis:	66/12	78/12	24/12	24/12	24/12
Run-in limitation:	see policy	\$ -	\$ -	\$ 45,000	\$ 45,000
Rates:					
Single:	\$ 13.81	\$ 17.95	\$ 13.81	\$ 15.17	\$ 15.17
Family:	\$ 36.96	\$ 49.04	\$ 36.96	\$ 40.96	\$ 40.96
Estimated Annual Premium*:	\$ 550,075	\$ 726,126	\$ 550,075	\$ 608,261	\$ 608,261
Minimum Annual Premium*:	see policy	see policy	\$ 467,564	not specified	not specified
Percentage Change from Current Estimated Fixed Cost:		32.00%	0.00%	10.58%	10.58%
Percentage Change from Current Estimated Max Cost:		26.47%	0.00%	8.75%	8.75%
Specific Advance:	included	included	included	included	included
Rate Cap:	included (60%)	included (60%)	included (60%)	included (60%)	included (60%)
TPA:	Allegiance	Allegiance	Allegiance	Allegiance	Allegiance
PPO Network:	Cigna	Cigna	Cigna	Cigna	Cigna
Firm Quote Expiration:			11/10/2017	12/19/2017	12/19/2017

▪ Please advise the Plan Sponsor that the rates, factors, group deductible and individual deductibles contained in this proposal, and any subsequent revision, may change as they are subject to the contingencies listed below and/or attached and that all requested documentation must be received and accepted by the Carrier.

▪ Please see individual carrier tabs for the contingencies that accompany their rates and terms

▪ *Estimated annual total is based upon assumed enrollment. Actual totals will be determined by actual enrollment.

▪ This proposal reflects receipt of claims data through **9/30/2017**.

▪ Quote assumes duplication of current benefits.

Prepared By: Cory Rodgers **Date:** 11/08/2017

