

# Lowndes County Board of Commissioners

## INDIVIDUAL EXCESS LOSS COVERAGE

Coverages	Option 1		Option 2	
	Medical, Rx		Medical, Rx	
Contract Type		24/12		24/12
Annual Specific Deductible per Individual	\$	125,000	\$	125,000
Aggregating Specific Additional Plan Liability	\$	50,000	\$	0
Maximum Lifetime Reimbursement		Unlimited		Unlimited
Maximum Policy Period Reimbursement		Unlimited		Unlimited
Reimbursement Percentage		100%		100%
Quoted Rate Per Month	<u>Enrollment</u>			
Single	182	\$ 78.51	\$	83.25
Family	239	\$ 229.31	\$	243.16
Composite	421	\$ 164.13	\$	174.04
Estimated Annual Premium		\$ 829,127	\$	879,201
Quoted Rate(s) includes Commissions of		10.00%		10.00%

## AGGREGATE EXCESS LOSS COVERAGE

Coverages	Option 1		Option 2	
	Medical, Rx		Medical, Rx	
Contract Type		24/12		24/12
Aggregate Corridor		125%		125%
Loss Limit per Individual	\$	125,000	\$	125,000
Maximum Annual Reimbursement	\$	1,000,000	\$	1,000,000
Reimbursement Percentage		100.0%		100.0%
Estimated Annual Aggregate Deductible	\$	6,056,388	\$	6,056,388
Minimum Aggregate Deductible	\$	6,056,388	\$	6,056,388
Run-in Limited To	\$	1,029,600	\$	1,029,600
Medical, Rx				
Single	182	\$ 666.23	\$	666.23
Family	239	\$ 1,604.37	\$	1,604.37
Composite	421	\$ 1,198.81	\$	1,198.81
Rate Per Month	<u>Enrollment</u>			
Composite	421	\$ 5.44	\$	5.44
Estimated Annual Premium		\$ 27,483	\$	27,483
Rate(s) includes Commissions of		10.00%		10.00%

## OVERALL COST SUMMARY

	Option 1		Option 2	
Total Annual Fixed Costs	\$	856,610	\$	906,684
Variable Costs	\$	6,056,388	\$	6,056,388
Maximum Annual Liability	\$	6,912,998	\$	6,963,072