

County of Moore

Coverage Period: 7-1-2024 to 6-30-2025

Proposal is based on the current benefit plan



Stop-Loss Carrier	FCC	Current	Option 1	Option 2	Option 3	Option 4	Option 5
Stop-Loss Parameters							
Specific	Contract Type	12/12	12/12	12/12	12/12	12/12	12/12
	Covers	Medical Only	Medical Only	Medical Only	Medical Only	Medical Only	Medical Only
	Deductible	\$80,000	\$80,000	\$100,000	\$125,000	\$150,000	\$200,000
Aggregate	Contract Type	12/12	12/12	12/12	12/12	12/12	12/12
	Covers	Medical Only	Medical Only	Medical Only	Medical Only	Medical Only	Medical Only
	Corridor	115%	115%	115%	115%	115%	115%
Aggregating Specific		\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Number of Employees	Single	500	500	500	500	500	500
	E+Spouse	39	39	39	39	39	39
	E+Child	67	67	67	67	67	67
	E+Child(ren)	90	90	90	90	90	90
	Family	73	73	73	73	73	73
	Total Contracts	769	769	769	769	769	769
Administrative Fees	PEPM	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00	\$34.00
	Monthly Costs	\$26,146	\$26,146	\$26,146	\$26,146	\$26,146	\$26,146
	Annual Costs	\$313,752	\$313,752	\$313,752	\$313,752	\$313,752	\$313,752
	Commission to Broker	0%	0%	0%	0%	0%	0%
Specific Premium	Composite	\$131.30	\$213.34	\$170.98	\$136.92	\$105.50	\$76.38
	Monthly Costs	\$100,970	\$164,058	\$131,484	\$105,291	\$81,130	\$58,736
	Annual Costs	\$1,211,636	\$1,968,702	\$1,577,803	\$1,263,498	\$973,554	\$704,835
	Increase from Current		62.48%	30.22%	4.28%	-19.65%	-41.83%
Aggregate Premium	PEPM	\$12.50	\$12.64	\$8.74	\$8.96	\$9.13	\$9.22
	Monthly Costs	\$9,613	\$9,720	\$6,721	\$6,890	\$7,021	\$7,090
	Annual Costs	\$115,350	\$116,642	\$80,653	\$82,683	\$84,252	\$85,082
	Increase from Current		1.12%	-30.08%	-28.32%	-26.96%	-26.24%
Total Monthly Fixed Costs		\$136,728	\$199,925	\$164,351	\$138,328	\$114,296	\$91,972
Total Annual Fixed Costs		\$1,640,738	\$2,399,095	\$1,972,208	\$1,659,933	\$1,371,558	\$1,103,669
	Increase from Current		46.22%	20.20%	1.17%	-16.41%	-32.73%
EXPECTED LIABILITY							
	Expected Annual Medical Claims	\$7,468,894	\$8,958,939	\$9,317,296	\$9,680,671	\$10,038,856	\$10,340,022
	Increase from Current		19.95%	24.75%	29.61%	34.41%	38.44%
MAXIMUM PLAN LIABILITY							
Aggregate Factors							
	Single	\$609.71	\$731.35	\$760.60	\$790.26	\$819.50	\$844.09
	E+Spouse	\$1,371.85	\$1,645.53	\$1,711.35	\$1,778.10	\$1,843.88	\$1,899.20
	E+Child	\$1,127.96	\$1,352.99	\$1,407.11	\$1,461.99	\$1,516.08	\$1,561.57
	E+Child(ren)	\$1,524.28	\$1,828.37	\$1,901.50	\$1,975.66	\$2,048.76	\$2,110.22
	Family	\$1,981.56	\$2,376.88	\$2,471.95	\$2,568.36	\$2,663.39	\$2,743.29
Minimum Aggregate Deductible		\$8,589,229	\$10,302,780	\$10,714,891	\$11,132,772	\$11,544,684	\$11,891,025
	Increase from Current		19.95%	24.75%	29.61%	34.41%	38.44%
Maximum Annual Liability		\$10,229,967	\$12,701,875	\$12,687,099	\$12,792,704	\$12,916,242	\$12,994,694
	Increase from Current		24.16%	24.02%	25.05%	26.26%	27.03%

* Quote maintains the current laser: Excludes any payments made to or on behalf of existing beneficiary to treat Hemolytic-Uremic Syndrome. D593 - Hemolytic-uremic syndrome