

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 Covers Deductible	12/12 Medical Only \$80,000	12/12 Medical Only \$80,000	12/12 Medical Only \$100,000	12/12 Medical Only \$125,000	12/12 Medical Only \$150,000	12/12 Medical Only \$200,000
Aggregate	Contract Type Covers Corridor	12/12 Medical Only 115% \$250,000					
Aggregating Specific							
Number of Employees	Single E+Spouse E+Child E+Child(ren) Family	500 39 67 90 73	500 39 67 90 73	500 39 67 90 73	500 39 67 90 73	500 39 67 90 73	500 39 67 90 73
	Total Contracts	769	769	769	769	769	769
Administrative Fees	PEPM Monthly Costs Annual Costs	\$34.00 \$26,146 \$313,752	\$34.00 \$26,146 \$313,752	\$34.00 \$26,146 \$313,752	\$34.00 \$26,146 \$313,752	\$34.00 \$26,146 \$313,752	\$34.00 \$26,146 \$313,752
	Commission to Broker	0%	0%	0%	0%	0%	0%
Specific Premium	Composite Monthly Costs Annual Costs	\$131.30 \$100,970 \$1,211,636	\$213.34 \$164,058 \$1,968,702	\$170.98 \$131,484 \$1,577,803	\$136.92 \$105,291 \$1,263,498	\$105.50 \$81,130 \$973,554	\$76.38 \$58,736 \$704,835
	<i>Increase from Current</i>		62.48%	30.22%	4.28%	-19.65%	-41.83%
Aggregate Premium	PEPM Monthly Costs Annual Costs	\$12.50 \$9,613 \$115,350	\$12.64 \$9,720 \$116,642	\$8.74 \$6,721 \$80,653	\$8.96 \$6,890 \$82,683	\$9.13 \$7,021 \$84,252	\$9.22 \$7,090 \$85,082
	<i>Increase from Current</i>		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
	<i>Increase from Current</i>		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
	<i>Increase from Current</i>		19.95%	24.75%	29.61%	34.41%	38.44%
MAXIMUM PLAN LIABILITY							
Aggregate Factors	Single E+Spouse E+Child E+Child(ren) Family	\$609.71 \$1,371.85 \$1,127.96 \$1,524.28 \$1,981.56	\$731.35 \$1,645.53 \$1,352.99 \$1,828.37 \$2,376.88	\$760.60 \$1,711.35 \$1,407.11 \$1,901.50 \$2,471.95	\$790.26 \$1,778.10 \$1,461.99 \$1,975.66 \$2,568.36	\$819.50 \$1,843.88 \$1,516.08 \$2,048.76 \$2,663.39	\$844.09 \$1,899.20 \$1,561.57 \$2,110.22 \$2,743.29
Minimum Aggregate Deductible		\$8,589,229	\$10,302,780	\$10,714,891	\$11,132,772	\$11,544,684	\$11,891,025
	<i>Increase from Current</i>		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
	<i>Increase from Current</i>		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