

FirstCarolinaCare

INSURANCE COMPANY

Renewal Proposal for County of Moore

EXHIBIT A

Monthly Administrative Fees

Medical (includes Prescription Drug) and Dental

Administrative Fees Effective: 7-1-2022 to 6-30-2023

Medical Administration Fee	\$34.00
Dental Administration Fees	\$3.50
COBRA Administration Fee	included
FirstHealth EAP Services	included
Biometric Screenings and Flu Shot Fees	included
HIPAA Certificates of Coverage	included
Nurse line/Rosebud Maternity Program	included
Pharmacy Network Access Fee	included
Provider Network Access Fee	included
Subrogation Services	included
Utilization Management Fee	included
Total Administrative Fee Per Employee Per Month	\$37.50

All fees are based on a per-employee-per-month (PEPM) basis.

Date: 4. 21. 2022

Signature: J. Wayne Vest

County of Moore

Coverage Period:

7-1-2022 to 6-30-2023

Quote Status:

Final

Benefits Quoted

Same As Current

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INSURANCE COMPANY

4/21/22
4/21/22

Stop-Loss Carrier	Current	Option 1	Option 2	Option 3
Stop-Loss Parameters				
Specific	Contract Type Covers Deductible	12/12 Medical Only \$80,000	12/12 Medical Only \$80,000	12/12 Medical Only \$80,000
Aggregate	Contract Type Covers Corridor	12/12 Medical Only 115% \$150,000	12/12 Medical Only 115% \$150,000	12/12 Medical Only 115% \$200,000
Aggregating Specific				
Number of Employees	Single E+Spouse E+Child(ren) Family Total Contracts	461 37 153 72 723	461 37 153 72 723	461 37 153 72 723
Administrative Fees	PEPM Monthly Costs Annual Costs	\$34.00 \$24,582 \$294,984	\$34.00 \$24,582 \$294,984	\$34.00 \$24,582 \$294,984
	Commission to Broker	0%	0%	0%
Specific Premium	Composite Monthly Costs Annual Costs	\$87.83 \$63,501 \$762,013	\$104.52 \$75,568 \$906,816	\$98.76 \$71,403 \$856,842
	<i>Increase from Current</i>		19.00%	12.44% 5.87%
Aggregate Premium	PEPM Monthly Costs Annual Costs	\$10.85 \$7,845 \$94,135	\$11.40 \$8,242 \$98,906	\$11.40 \$8,242 \$98,906
	<i>Increase from Current</i>		5.07%	5.07%
Total Monthly Fixed Costs		\$95,928	\$108,392	\$104,228
Total Annual Fixed Costs		\$1,151,132	\$1,300,706	\$1,250,732
	<i>Increase from Current</i>		12.99%	8.65% 4.30%
EXPECTED LIABILITY				
	Expected Annual Medical Claims	\$6,168,564	\$6,582,770	\$6,056,149
	<i>Increase from Current</i>		6.71%	-1.82% -1.82%
MAXIMUM PLAN LIABILITY				
Aggregate Factors	Single E+Spouse E+Child(ren) Family	\$616.33 \$1,386.75 \$801.23 \$1,849.00	\$650.33 \$1,461.75 \$921.23 \$1,889.08	\$650.33 \$1,461.75 \$921.23 \$1,889.08
Minimum Aggregate Deductible	<i>Increase from Current</i>	\$7,093,849	\$7,570,186 6.71%	\$7,570,186 6.71%
Maximum Annual Liability	<i>Increase from Current</i>	\$8,244,981	\$8,870,892 7.59%	\$8,820,918 6.99%
				\$8,770,858 6.38%