

County of Moore

Coverage Period: 7-1-2023 to 6-30-2024

J. Wayne Vest  
5-3-23

\* USE THIS ONE.  
**First CarolinaCare**  
INSURANCE COMPANY

Stop-Loss Carrier	FCC	Current	Option 1	Option 2	Option 3
Stop-Loss Parameters Specific	Contract Type	12/12	12/12	12/12	12/12
	Covers	Medical Only	Medical Only	Medical Only	Medical Only
	Deductible	\$80,000	\$80,000	\$100,000	\$120,000
Aggregate	Contract Type	12/12	12/12	12/12	12/12
	Covers	Medical Only	Medical Only	Medical Only	Medical Only
	Corridor	115%	115%	115%	115%
Aggregating Specific		\$250,000	\$250,000	\$250,000	\$250,000
Number of Employees	Single	481	481	481	481
	E+Spouse	38	38	38	38
	E+Child	85	85	85	85
	E+Child(ren)	67	67	67	67
	Family	72	72	72	72
	<b>Total Contracts</b>	<b>743</b>	<b>743</b>	<b>743</b>	<b>743</b>
Administrative Fees	PEPM	\$34.00	\$34.00	\$34.00	\$34.00
	Monthly Costs	\$25,262	\$25,262	\$25,262	\$25,262
	<b>Annual Costs</b>	<b>\$303,144</b>	<b>\$303,144</b>	<b>\$303,144</b>	<b>\$303,144</b>
	Commission to Broker	0%	0%	0%	0%
Specific Premium	Composite	\$92.99	\$131.30	\$113.45	\$99.04
	Monthly Costs	\$69,092	\$97,556	\$84,293	\$73,587
	<b>Annual Costs</b>	<b>\$829,099</b>	<b>\$1,170,671</b>	<b>\$1,011,520</b>	<b>\$883,041</b>
	<i>Increase from Current</i>		41.20%	22.00%	6.51%
Aggregate Premium	PEPM	\$11.40	\$12.50	\$13.15	\$13.62
	Monthly Costs	\$8,470	\$9,288	\$9,770	\$10,120
	<b>Annual Costs</b>	<b>\$101,642</b>	<b>\$111,450</b>	<b>\$117,245</b>	<b>\$121,436</b>
	<i>Increase from Current</i>		9.65%	15.35%	19.47%
<b>Total Monthly Fixed Costs</b>		<b>\$102,824</b>	<b>\$132,105</b>	<b>\$119,326</b>	<b>\$108,968</b>
<b>Total Annual Fixed Costs</b>		<b>\$1,233,885</b>	<b>\$1,585,265</b>	<b>\$1,431,910</b>	<b>\$1,307,621</b>
	<i>Increase from Current</i>		28.48%	16.05%	5.98%
<b>EXPECTED LIABILITY</b>					
	Expected Annual Medical Claims	<b>\$6,724,132</b>	<b>\$7,159,056</b>	<b>\$7,302,237</b>	<b>\$7,521,304</b>
	<i>Increase from Current</i>		6.47%	8.60%	11.86%
<b>MAXIMUM PLAN LIABILITY</b>					
Aggregate Factors	Single	\$650.33	\$609.71	\$621.90	\$640.56
	E+Spouse	\$1,461.75	\$1,371.85	\$1,399.28	\$1,441.26
	E+Child	\$921.23	\$1,127.96	\$1,150.52	\$1,185.04
	E+Child(ren)	\$921.23	\$1,524.28	\$1,554.76	\$1,601.40
	Family	\$1,889.08	\$1,981.56	\$2,021.19	\$2,081.82
Minimum Aggregate Deductible		<b>\$7,732,751</b>	<b>\$8,232,914</b>	<b>\$8,397,572</b>	<b>\$8,649,500</b>
	<i>Increase from Current</i>		6.47%	8.60%	11.86%
Maximum Annual Liability		<b>\$8,966,637</b>	<b>\$9,818,179</b>	<b>\$9,829,482</b>	<b>\$9,957,120</b>
	<i>Increase from Current</i>		9.50%	9.62%	11.05%

\* 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