

County of Moore

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

J. Wayne Vert  
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
	Total Contracts	743	743	743	743
Administrative Fees	PEPM	\$34.00	\$34.00	\$34.00	\$34.00
	Monthly Costs	\$25,262	\$25,262	\$25,262	\$25,262
	Annual Costs	\$303,144	\$303,144	\$303,144	\$303,144
Specific Premium	Commission to Broker	0%	0%	0%	0%
	Composite	\$92.99	\$131.30	\$113.45	\$99.04
	Monthly Costs	\$69,092	\$97,556	\$84,293	\$73,587
	Annual Costs	\$829,099	\$1,170,671	\$1,011,520	\$883,041
Aggregate Premium	Increase from Current		41.20%	22.00%	6.51%
	PEPM	\$11.40	\$12.50	\$13.15	\$13.62
	Monthly Costs	\$8,470	\$9,288	\$9,770	\$10,120
	Annual Costs	\$101,642	\$111,450	\$117,245	\$121,436
Total Monthly Fixed Costs	Increase from Current		9.65%	15.35%	19.47%
Total Annual Fixed Costs		\$102,824	\$132,105	\$119,326	\$108,968
	Increase from Current	\$1,233,885	\$1,585,265	\$1,431,910	\$1,307,621
EXPECTED LIABILITY			28.48%	16.05%	5.98%
	Expected Annual Medical Claims	\$6,724,132	\$7,159,056	\$7,302,237	\$7,521,304
	Increase from Current		6.47%	8.60%	11.86%
MAXIMUM PLAN LIABILITY					
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	Increase from Current	\$7,732,751	\$8,232,914	\$8,397,572	\$8,649,500
			6.47%	8.60%	11.86%
Maximum Annual Liability	Increase from Current	\$8,966,637	\$9,818,179	\$9,829,482	\$9,957,120
			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