

# CATASTROPHIC INMATE MEDICAL INSURANCE.

Date of Proposal: September 13, 2023  
 Proposed Insured: Effingham County Board of Commissioners  
 City, State: Springfield, GA  
 Facilities Include: Effingham County Jail  
 Issuing Company: Sirius America Insurance Company, A.M. Best Rating "A-" Excellent  
 Coverage Type: Limited Health Expense Benefits - provided outside the walls of the facility, or facilities, listed above and as outlined in the Insurance Policy.  
 Policy Form: Blanket Accident Medical  
 Effective Date: October 1, 2023  
 Number of Inmates: 185

Specific Coverage:	Option 1
Per Inmate Deductible:	\$30,000
Per Inmate Coverage Limit:	\$300,000 (In Excess of Deductible)
Policy Maximum:	\$1,200,000
Rate Per Inmate Per Month:	\$11.00
Covered Expenses:	Eligible Medical Services shall accumulate to satisfy the Per Inmate Deductible as outlined below and be reimbursed at the following:
In-Patient Hospital Services:	Lesser of the Amount Paid or 100% of Medicaid
Outpatient Hospital Services:	
Physician Services:	
Outpatient Diagnostic and Lab Services:	
Ambulance Services:	
Medical Services and Supplies:	
Dialysis:	
Prescription Drugs:	Limited to those provided and administered during a Hospital Stay
Benefits/Exclusions:	
Prior-to-Booking/In-Pursuit:	Included in Per Inmate Coverage Limit to a Max of \$250,000
Security & Guarding:	Excluded
Dental:	Excluded
HIV/AIDS:	Included
Pregnancy:	Included (Inmate only)
Specialty Drugs:	Excluded
Substance Abuse:	Excluded
Mental and Nervous Disorders:	Excluded
<b>Total Premium:</b>	<b>\$24,420.00</b>

### Terms and Conditions

- This proposal is based on data submitted and other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending, or denied pending additional information, or which the prospective insured or authorized representative should otherwise be aware of.
- Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates, or factors of this offer or can void offer and coverage.
- Claim Provisions:
 

From:	To:
Claims Incurred: October 1, 2023	September 30, 2024
Claims Reported: October 1, 2023	March 31, 2025
Claims Submitted: October 1, 2023	March 31, 2025
- This proposal is valid for the stated effective date shown above provided the prospective insured or its authorized representative elects one of the above options by September 30, 2023, by submitting a signed application, which will be provided after your selection is made. Until we obtain the signed application, the rates and factors are subject to change as additional information is received.
- Acceptance of this quote is contingent upon and subject to the actual terms of the policy as issued, which occurs upon binding and premium payment. If there is any conflict between this quote and the policy, the policy will govern in all cases.

Printed Name: Tinoksha Callanaw Title: County Manager Date: 09/21/2023  
 Signature: [Handwritten Signature]



Catastrophic Inmate Medical Insurance Administered by Hunt Insurance Group



**Insured Information**

Name: Effingham County Board of Commissioners Tax ID Number: \_\_\_\_\_  
Mailing/Street Address: 804 S. Laurel St. City: Springfield State: GA Zip: 31329  
Primary Contact: Alison Bruton Title: Purchasing Agent  
Email: abruton@effinghamcounty.org Phone: 912-754-2159

**Detention Facility Information**

Name of Primary Facility: Effingham County Jail Max Jail Capacity: 265  
Facility Address: 130 W First Street Extension City: Springfield State: GA Zip: 31329

**For the average and current inmate population, count only those for which you are financially responsible, including any inmates housed at other facilities; exclude all inmates for whom you are not financially responsible.**

Average monthly inmate population for the past 12-months: 195 Current inmate population: 185

List any other detention facilities that you use to house inmates and the approximate number at each; these numbers should be included in the figures above (if additional lines are required, please include them in the Additional Comments on Page 2):

Facility Name	City, State	Count
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Contracted / Negotiated Rates with Medical Providers**

Do you contract with an on-site healthcare provider?  Yes  No If yes, who? Genesys Health Alliance

Please check the following option that best describes how off-site medical bills are handled:

- Reviewed, negotiated, and paid by staff
- Reviewed and negotiated by on-site Healthcare Provider
- Reviewed and negotiated by off-site Third Party Claims Administrator

What is the name of the Third-Party Claims Administrator? \_\_\_\_\_

What is the administrative processing fee? \_\_\_\_\_

Other: \_\_\_\_\_

Does your jail have medical personnel:  On-site 24/7  On-call  Neither

Additional comments about on-site medical care: 84 hours per week nursing coverage

List the the top three hospitals you use and the contracted rate at which medical expenses are paid:

Hospital	Contracted / Negotiated Rate
<u>Effingham Health System</u>	<u>Medicare Rate</u>
<u>East Georgia Reginal Hosp</u>	<u>Medicare Rate</u>
<u>Memorial Hosp</u>	<u>Medicare Rate</u>

Would you like information on the Off-site Medical Cost-Control Program (OMCCP)?  Yes  No

The Off-site Medical Cost Control Program (OMCCP) is a claim management resource designed to reduce a jail's administrative and financial burden by repricing medical bills and engaging with providers on their behalf.

**Optional Coverage Selection:**

- Include **Prior-to-Booking/In-Pursuit**  
Provides coverage for medical expenses incurred by an arrestee prior to being booked into a covered facility and for which the covered entity is financially responsible.
- Include **Security & Guarding Coverage**  
Provides coverage for 50% of expenses associated with guarding an inmate that is receiving medical services outside the walls of the covered facility(ies). The maximum benefit is \$5,000 per inmate.



**Catastrophic Inmate Medical Insurance** Administered by Hunt Insurance Group

2075 Center Pointe Blvd., Ste. 101, Tallahassee, FL 32308 ☎ Toll-Free: (800) 763-4868 ✉ huntbenefits@huntins.com 🌐 www.inmatemedicalinsurance.com



**Claim History**

List all inmate medical claims incurred outside the walls of your jail that exceeded a total of \$10,000 per inmate, during the previous rolling 12-months. You may use the lines below or submit this in an excel spreadsheet (preferred).

Inmate Name	Date(s) of Service	Primary Diagnosis/Nature of Injury or Illness	Hospitalized Prior-to or Post Booking?	Amount Billed from Medical Provider (Before Discounts)	Amount Paid to Medical Provider (After Discounts)	Pending Payment to Medical Provider
	12/14/22	Kidney Failure	Post			
	1/2/23	Dialysis	Post			
	12/18/22	Seizures	Post			

Are any of these inmates currently still in custody?  Yes  No

If yes, please indicate their name(s) and current prognosis:

<b>Name</b> Kimberly Wright	<b>Prognosis</b> Dialysis 3 times per week
_____	_____
_____	_____

Are there any inmates currently off-site (inpatient) at this time?  Yes  No

<b>Name</b>	<b>Prognosis</b>
_____	_____
_____	_____
_____	_____

**Additional Comments**

Please use the lines below to provide additional information you would like us to know.

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Any person who knowingly and with intent to injure, defraud or deceive any insurer; files a statement of claim or a questionnaire containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Printed Name: Timothy Callaway Title: County Manager Date: 09/21/2023

Signature:

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