

CATASTROPHIC *INMATE* MEDICAL INSURANCE[®]

"BUDGET PROTECTION"

Date of Proposal: August 22, 2024
 Proposed Insured: Effingham County Board of Commissioners
 City, State: Springfield, GA
 Facilities Include: Effingham County Jail
 Issuing Company: SiriusPoint 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, 2024
 Number of Inmates: 195

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:	\$11.61
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; Specialty Drugs are Excluded.
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:	Inpatient Hospitalization charges only; charges incurred at institutions providing specialized treatment, long-term care, or rehabilitation are excluded from coverage.
Mental and Nervous Disorders:	
Total Annual Premium:	\$27,167.40

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, 2024	September 30, 2025
Claims Reported: October 1, 2024	March 31, 2026
Claims Submitted: October 1, 2024	March 31, 2026
- 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 9/30/2024, 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: _____ Title: _____ Date: _____ Signature: _____



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