



**Effingham County Board of Commissioners
Medical Plan
Self-Funded Rates & Factors - Firm Proposals
January 1, 2024 Renewal Date**

AMWINS Proposals Options 1

Stop Loss Outline		Current	Revised Renewal	Option 1	Option 2	
TPA / Network Name		Meritain / Aetna	Meritain / Aetna	Meritain / Aetna	Meritain / Aetna	
Stop Loss Carrier		Sun Life Financial Group	Sun Life Financial Group	Voya	Symetra	
Specific Stop Loss (SSL)		\$125,000	\$125,000	\$125,000	\$125,000	
Contract Basis		12/15	12/15	24/12	24/12	
Coverages Included		Med/Rx	Med/Rx	Med/Rx	Med/Rx	
Aggregate Stop Loss (ASL)		125%	125%	120%	125%	
Contract Basis		12/12 with TLO	12/12 with TLO	12/12 with TLO	12/12 with TLO	
Coverages Included		Med/Rx	Med/Rx	Med/Rx	Med/Rx	
Rate Cap		40%	40%	40%	50%	
No New Laser		Yes	Yes	Yes	Yes	
Lasers		None	None	None	None	
Aggregate Accommodation		Included	Included	Included	Included	
Disclosure Status			FIRM through 10/26/2023	FIRM through 10/11/23	FIRM through 10/19/23	
Fixed Costs						
Administration	Employee	249	\$39.45	\$44.15	\$44.15	\$44.15
	Employee + Spouse	38	\$39.45	\$44.15	\$44.15	\$44.15
	Employee + Child(ren)	62	\$39.45	\$44.15	\$44.15	\$44.15
	Employee + Spouse & Child(ren)	57	\$39.45	\$44.15	\$44.15	\$44.15
Add. Fees & Credits			(\$3,000)	(\$3,000)	(\$3,000)	(\$3,000)
Annual Total			\$189,200	\$212,099	\$212,099	\$212,099
Percentage Change				12.1%	12.1%	12.1%
Specific SL Premium	Employee	249	\$184.19	\$179.96	\$117.80	\$152.29
	Employee + Spouse	38	\$447.71	\$437.43	\$244.29	\$303.35
	Employee + Child(ren)	62	\$383.76	\$374.95	\$195.43	\$268.49
	Employee + Spouse & Child(ren)	57	\$660.92	\$645.75	\$465.65	\$455.65
Aggregate SL Premium	Employee	249	\$8.67	\$8.67	\$14.54	\$5.99
	Employee + Spouse	38	\$8.67	\$8.67	\$14.54	\$5.99
	Employee + Child(ren)	62	\$8.67	\$8.67	\$14.54	\$5.99
	Employee + Spouse & Child(ren)	57	\$8.67	\$8.67	\$14.54	\$5.99
Annual Total			\$1,534,342	\$1,500,085	\$998,126	\$1,133,975
Percentage Change				-34,258	-536,216	-400,368
				-2.2%	-34.9%	-26.1%
Annual Total Fixed Costs			\$1,723,543	\$1,712,183	\$1,210,225	\$1,346,073
Percentage Change				-\$11,359	-\$513,318	(\$377,469)
				-0.7%	-29.8%	-21.9%
Claims Liability						
Maximum Claims	Employee	249	\$739.89	\$739.89	\$793.63	\$725.50
	Employee + Spouse	38	\$1,502.56	\$1,502.56	\$1,580.92	\$1,445.21
	Employee + Child(ren)	62	\$1,294.57	\$1,294.57	\$1,399.19	\$1,279.07
	Employee + Spouse & Child(ren)	57	\$2,195.95	\$2,195.95	\$2,374.56	\$2,170.72
Laser Liability			\$0	\$0	\$0	\$0
Annual Total			\$5,361,149	\$5,361,149	\$5,757,462	\$5,263,210
Percentage Change				\$0	\$396,314	(\$97,938)
				0.0%	7.4%	-1.8%
Total Cost						
Annual Total Expected Costs			\$6,012,462	\$6,001,102	\$6,008,110	\$5,556,642
Change from Current				(\$11,359)	(\$4,352)	(\$455,820)
Percentage Change				-0.2%	-0.1%	-7.6%
Annual Total Maximum Costs			\$7,084,691	\$7,073,332	\$6,967,687	\$6,609,284
Change from Current				(\$11,359)	(\$117,004)	(\$475,408)
Percentage Change				-0.2%	-1.7%	-6.7%
Runout Claims			\$536,115	\$536,115	\$599,736	\$526,321
Runout Fees			\$16,017	\$17,925	\$17,925	\$17,925
Total Runout Liability (not included in totals above)			\$552,132	\$554,040	\$617,661	\$544,246

Notes

- Additional fees may apply in the case of change in administrators, move to fully insured, or other termination of a third party.
 - Amwins Gene Therapy Rider (GT55) program) includes coverage for multiple gene therapy drugs for a \$1.99 ppm fee.
- Moving from 12/15 Gapless to 24/12 contract
 Claims incurred 1/1/2023 through 12/31/2023 and paid 1/1/2023 through 3/31/2024 will apply to the prior Stop Loss carrier.
 Claims incurred 1/1/2023 through 12/31/2023 and paid 4/1/2024 through 12/31/2024 will apply to the Voya Stop Loss Coverage.
 Claims incurred 1/1/2024 through 12/31/2024 and paid 1/1/2024 through 12/31/2024 will apply to the Voya Stop Loss Coverage.