



**Claim History**

List all inmate medical claims incurred outside the walls of your jail that exceeded a total of \$10,000 per inmate for the current policy period (include those you have submitted for reimbursement and those you have not). If additional lines are required, please submit this information in an excel spreadsheet.

Inmate Name	Fiscal Year	Primary Diagnosis/Nature of Injury or Illness	Hospitalized Prior-to-Booking or Post Booking?	Amount Billed from Medical Provider (Before Discounts)	Amount Paid to Medical Provider (After Discounts)	Pending Payment to Medical Provider
N/A						

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

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

Name: \_\_\_\_\_ Prognosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Prognosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What measures have you taken to mitigate the impact of Covid-19 in your facility or facilities?

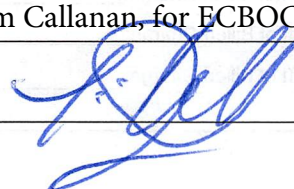
Screen intakes for temp and complete questionnaire before acceptance into booking. All staff temp is monitored at the beginning of shift.

Have you had any inmates hospitalized for Covid-19?  Yes  No

What is the status of those who have been hospitalized?

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

Prospective Insured Name: Tim Callanan, for ECBOC Title: County Manager Date: Sept. 29, 2022

Prospective Insured Signature: \_\_\_\_\_  




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

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



# Questionnaire

Return to: [huntbenefits@huntins.com](mailto:huntbenefits@huntins.com) or fax 850-385-2124

### Insured Information

Name of Insured: Effingham County Board of Commissioners Tax ID Number: 58-6000821  
 Primary Contact: Alison Bruton, Purchasing Agent Effective Date: 10/01/2022  
 Mailing Address: 804 S. Laurel St City: Springfield State: GA Zip: 31329  
 Email: abruton@effinghamcounty.org Telephone Number: 912-754-2159 Fax Number: 912-754-8413

### Detention Facility Information

 Check here if not applicable (i.e., a city without a jail):

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

What was your average monthly inmate population for the past 12-months (include those housed at other facilities for whom you are fiscally responsible; exclude all inmates for whom you are not financially responsible): 188

Average Length of Detention: 41 days

Do you house any inmate(s) for which you are not financially responsible?  Yes  No

If yes, how many on average? \_\_\_\_\_ Comments: \_\_\_\_\_

Please list any other detention facilities that you use to house inmates and the approximate number at each:

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

### Third Party Administrator and Contracted Rates with Providers

Do you contract with a Third Party Administrator (TPA) and/or an on-site Correctional Healthcare Provider?  Yes  No

If yes, who? WellPath (Southern Correctional Medical Group)

If yes, does your TPA and/or on-site Correctional Healthcare Provider review and negotiate off-site medical bills for you?  Yes  No

Do you have case management staff to assure proper monitoring of a Hospital stay?  Yes  No

Do you have an on-site infirmary?  Yes  No

Comments: \_\_\_\_\_

Does the state in which the facility is located have legislation that limits medical expenses to a percentage of Medicaid or Medicare?  Yes  No

If yes, what is the amount? \_\_\_\_\_

Please list the top three hospitals you use and the contracted rates that you or the Correctional Healthcare Provider have in place:

Primary Hospital: Effingham County Hospital Discount off of Billed Charge: Medicaid Rate  For Profit  Not for Profit  
 Secondary Hospital: \_\_\_\_\_ Discount off of Billed Charge: \_\_\_\_\_  For Profit  Not for Profit  
 Tertiary Hospital: \_\_\_\_\_ Discount off of Billed Charge: \_\_\_\_\_  For Profit  Not for Profit

Comments: \_\_\_\_\_



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Date of Proposal: September 26, 2022  
 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, 2022  
 Number of Inmates: 187

Specific Coverage:	Option 1
Per Inmate Deductible:	\$30,000
Per Inmate Coverage Limit:	\$300,000
Policy Maximum:	\$1,200,000
Rate Per Inmate Per Month:	\$10.65
<b>Covered Expenses:</b>	<b>Eligible Medical Services shall accumulate to satisfy the Per Inmate Deductible as outlined below and be reimbursed at the following:</b>
In-Patient Hospital Services:	Lesser of the Amount Paid or 100% of GA 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
<b>Benefits/Exclusions:</b>	
Prior-to-Booking/In-Pursuit:	Included
Security & Guarding:	Not Included
Dental:	Not Included
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:	
<b>Total Premium:</b>	<b>\$23,898.60</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:
 

	<b>From:</b>	<b>To:</b>
Claims Incurred:	October 1, 2022	September 30, 2023
Claims Reported:	October 1, 2022	March 31, 2024
Claims Submitted:	October 1, 2022	March 31, 2024
- 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, 2022, 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: Tim Callanan Title: County Manager Date: September 29, 2022

Signature: \_\_\_\_\_



### Important Information Regarding Negotiation with Hospitals and Providers

Catastrophic Inmate Medical Insurance (CIMI) can be tailored to the contracted agreements you have with medical providers.

Rates for this insurance are established based on multiple factors, including but not limited to, the contracted rates you have with medical providers. From an underwriting perspective, deeper discounts provide a more competitive insurance premium.

It is important that you meet with the administrator and financial persons of your local hospital(s) and medical providers to pre-negotiate discounts on care delivered to arrestees/inmates. Medical providers set the price of their products and services based on the customer served.

There are three general types of customers:

- 1) Those covered by employer-sponsored benefit plans (PPO, HMO, Managed Care type networks),
- 2) Those covered by federally-sponsored benefit plans (Medicare), and
- 3) Those covered by state-sponsored benefit plans (Medicaid).

Medical providers bill customers in the above-referenced categories using a master list of charges, similar to a Manufacturer's Suggested Retail Price (MSRP). Although the exact rate for each service will vary, the discounts a provider allows typically fall in the range of:

Employer sponsored benefit plans (PPO, HMO, etc.)	10% to 40%
Federally sponsored benefit plans (Medicare)	50% to 60%
State sponsored benefit plans (Medicaid)	75% to 85%

If the arrestee/inmate received medical care (under normal circumstances, before being in custody), the medical provider is likely to have accepted Medicaid rates or may not have been paid at all. As a tax-funded entity, you should pursue every avenue to obtain the deepest discounts possible. In most cases, medical services for arrestees/inmates have a minor financial impact on the medical provider's bottom line, though it can significantly impact the county.

**If your agency would like assistance with bill review and negotiation of off-site medical bills or you would like to obtain Medicare-based rates for your own staff's use in their negotiation, please contact us for additional information.**

