



Date of Proposal: September 27, 2022
 Proposed Insured: City of Madison
 City, State: Madison, AL
 Facilities Include: Madison County Detention Center
 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: Stop-Loss
 Effective Date: October 1, 2022
 Number of Inmates: 18

Current/Expiring

Specific Coverage:	Option 1	Option 2	
Per Inmate Deductible:	\$5,000	\$5,000	
Per Inmate Coverage Limit:	\$250,000 (In Excess of Deductible)	\$250,000 (In Excess of Deductible)	
Policy Maximum:	\$1,000,000	\$1,000,000	
Rate Per Inmate Per Month:	N/A	N/A	
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 45% of Eligible Billed Charges	The Repriced Amount Under the OMCCP. OMCCP fees based on a percentage of savings are eligible for reimbursement up to \$25,000 per inmate.	
Outpatient Hospital Services:			
Physician Services:	Lesser of the Amount Paid or 150% of Medicare		
Outpatient Diagnostic and Lab Services:			
Ambulance Services:	Limited to those provided and administered during a Hospital Stay		
Medical Services and Supplies:			
Dialysis:	Included		
Prescription Drugs:	Excluded		
Benefits/Exclusions:	Excluded		
Prior-to-Booking/In-Pursuit:	Included (Inmate Only)		
Security & Guarding:	Excluded		
Dental:	Included		
HIV/AIDS:	Included (Inmate Only)		
Pregnancy:	Excluded		
Specialty Drugs:			
Substance Abuse:			
Mental and Nervous Disorders:			
Total Annual Premium:	\$8,415.36	\$6,732.72	

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: 10/01/2022 09/30/2023
 - Claims Reported: 10/01/2022 03/31/2024
 - Claims Submitted: 10/01/2022 03/31/2024
- 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 9/30/2022, 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.

Desired Coverage (check one): ☒ Option 1 ☐ Option 2

Paul Finley
Printed Name

Mayor
Title

9/30/2022
Date

Paul Finley
Signature

attested By: *Lisa D. Shuman, City Clerk*
 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

© 2022 Hunt Insurance Group LLC. The precise coverage afforded is subject to the terms, conditions and exclusions of the actual policies as issued by the insurance company. This document and all its contents are CONFIDENTIAL and PROPRIETARY and cannot be replaced, disclosed or duplicated to any third party without the prior, written consent of Hunt Insurance Group, LLC.