



Commencement Bay Risk Management
Insurance Company
1800 Ninth Avenue
Seattle, WA 98111

**Commencement Bay Risk Management Insurance Company
STOP-LOSS FEE SCHEDULE ADDENDUM**

The parties to the Stop-loss Insurance Agreement ("Agreement") hereby agree to the terms of this Stop-loss Fee Schedule Addendum ("Addendum"), which is incorporated as part of the Agreement.

Insurer: Commencement Bay Risk Management Insurance Company

Policyholder: San Juan County

Claims Administrator: Regence BlueCross BlueShield of Utah

Original ASC Effective Date: January 1, 2019

Group #: 10040282

1. **Term:** The Term of the Agreement will commence on January 1, 2021 and will end on December 31, 2021.

2. **Enrollment Assumption:** Number of Subscribers: 134

3. **Individual Stop-loss Coverage:** Yes

a) Contract basis: 12/15

b) Claims must be Incurred and paid within the following dates:
Claims Incurred from January 1, 2021 through December 31, 2021
Paid Claims from January 1, 2021 through March 31, 2022

c) Paid Claim benefits eligible for individual stop-loss coverage are: Medical/RX

d) Individual Stop-loss Attachment Point per Participant per Term: \$100,000

e) Aggregating Individual Stop-loss Attachment Point per Term: \$50,000

f) Are any Participants lasered and assigned a higher Individual Stop-loss Attachment Point? Yes
Comments: Claimant Member ID #201124791-0 at \$250,000

g) Gapless coverage: Not applicable

h) Individual terminal liability: Not applicable
Terminal Run-out Period Not applicable

i) Run-in Limit: Not applicable

j) Individual stop-loss Attachment Point Covered Unit costs:

	<u>Per Subscriber per month</u>
Medical/RX	\$192.13

k) Individual Stop-loss Limit of Liability: Unlimited annual maximum per eligible Participant

4. Aggregate Stop-loss Coverage: Yes

- a) Contract basis: 12/15
- b) Claims must be Incurred and paid within the following dates:
Claims Incurred from January 1, 2021 through December 31, 2021
Paid Claims from January 1, 2021 through March 31, 2022
- c) Paid Claim benefits eligible for aggregate stop-loss coverage are: Medical/RX
- d) Participant Claim Limit: Not applicable
- e) Aggregate terminal liability: Not applicable
Terminal Run-out Period Not applicable

<u>Terminal factor(s)</u>	<u>Per Subscriber per month</u>
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- f) Run-in Limit: Not applicable
- g) Aggregate stop-loss Covered Unit costs:

	<u>Per Subscriber per month</u>
Medical/RX	\$11.75

- h) Expected Paid Claims Amounts:

	<u>Per Subscriber per month</u>
Medical/RX	\$1,372.12

- i) Aggregate Margin: 125%
- j) Aggregate Stop-loss Factors (= 4(h) x 4(i)):

	<u>Per Subscriber per month</u>
Medical/RX	\$1,715.15

- k) Monthly reconciliation: Not applicable
- l) Aggregate Stop-loss Limit of Liability: \$2 million
- m) Minimum Aggregate Stop-Loss Attachment Point percentage: 95%

5. Retirees:

Early retirees are not covered Age 65+ retirees (includes Medicare eligible early retirees) are not covered

6. Grace Period:

The premium due date is the Stop-loss Agreement Effective Date and the first day of each succeeding month. If a premium is not received on the premium due date, a grace period of 30 days will be granted from the premium due date.

7. Other Provisions:

The individual stop-loss and aggregate stop-loss Covered Unit costs for each month will be invoiced to Policyholder monthly and payment from Policyholder will be due 10 days after the date of invoice.

8. Addendums Included

Individual Stop-loss Premium Rate Cap Guarantee

9. Acceptance of Addendum:

IN WITNESS WHEREOF, the parties, with intent to be legally bound, have caused this Stop-Loss Fee Schedule Addendum to be executed by the respective authorized representatives on the dates indicated below.

ACCEPTED:

**POLICYHOLDER:
SAN JUAN COUNTY**

By: _____

Name: _____

Title: _____

Date: _____

**INSURER:
COMMENCEMENT BAY RISK MANAGEMENT
INSURANCE COMPANY**

By: *Jared L. Short*

Name: Jared L. Short

Title: President

Date: November 19, 2020

