

# Request for Board of Commissioners' Action

From: Vicki Parrish, County Clerk Date: August 13, 2020

Subject: Inmate Excess Medical Insurance Item Number: VIII-F

Attached is the annual policy application and premium notice for Inmate Excess Medical Insurance covering excess medical events of county inmates.

The annual deductible remains the same, per occurrence is \$50,000. The annual premium for this upcoming renewal is \$11,150.75, (last year's premium, \$10,676.25).

If the Board agrees, the Chair will need a motion to approve the Application for the Inmate Excess Medical Insurance policy and authorize the Chair's endorsement.

Motion made by \_\_\_\_\_

Second made by \_\_\_\_\_

Any discussion: \_\_\_\_\_

Votes \_\_\_\_\_ yes \_\_\_\_\_ no Motion carried/ failed

**APPLICATION AND SCHEDULE FOR  
EXCESS LOSS INSURANCE**

**GERBER LIFE INSURANCE COMPANY  
WHITE PLAINS, NY 10605**

Application is hereby made to the Gerber Life Insurance Company ("Company") for Excess Loss Insurance. This Application must be accepted and approved by the Company or its authorized representative prior to any Contract being in existence.

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1. Contract Number: GER-P16-911R
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2. Contractholder: Cook County Georgia Law Enforcement Center
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3. Address: 1000 County Farm Road  
City: Adel State: GA Zip Code: 31620
- 
4. Subsidiary or affiliated companies (companies under common control through stock ownership, contract, or otherwise) to be included (list legal name and addresses):  
None
- 
5. Name and Address of Designated Third Party Administrator:  
Consociate Group, 111 East Decatur Street, Decatur, IL 62525
- 
6. Estimated Initial Enrollment (will be used as the Number of Covered Units during the first Contract Month):  
65 Composite
- 6.(a) Eligible employees: 65 Composite

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**7. GENERAL SCHEDULE OPTIONS:**

(a) Contract Period 08/01/2020 to 12/31/2020  
Effective date Termination date

- (b) \*Disabled Persons ☒ are ☐ are not covered.  
\*Retired Employees ☐ are ☒ are not covered.  
\*Cobra Continuees ☐ are ☒ are not covered.  
\*(required to be disclosed)

(c) Aggregate Benefit ☐ Yes ☒ No

Benefit Period: Employee Benefit Plan expenses must be  
Incurred from N/A through N/A, and  
Paid from N/A through N/A

Claims Incurred prior to the Contract Effective Date are limited to:  
Claims Paid after the end of the Contract Period are limited to:

N/A

N/A

7. **GENERAL OPTIONS: (Continued)**

Aggregate eligible expenses include:

- |                                      |                                                    |
|--------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Medical     | <input type="checkbox"/> Prescription Card Service |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Weekly Disability Income  |
| <input type="checkbox"/> Vision Care | <input type="checkbox"/> Other                     |

Aggregate Monthly Factors:

	Composite	<u>Medical</u>
		N/A

Aggregate Payable Percentage (excess of Deductible)	<u>N/A</u>
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Maximum Eligible Claim Expense Per Covered Person:	<u>N/A</u>
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Minimum Aggregate Deductible:	<u>N/A</u>
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Maximum Aggregate Benefit (excess of Deductible):	<u>N/A</u>
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Optional Benefits

- |                                          |                              |                                        |
|------------------------------------------|------------------------------|----------------------------------------|
| i. Monthly Aggregate Accommodation       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| ii. Aggregate Terminal Liability         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| iii. Blended Aggregate Accommodation     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| iv. Blended Aggregate Terminal Liability | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

(d) Specific Benefit ☒ Yes ☐ No

Medical Only ☒ Medical & Prescription Drug Only ☐

Benefit Period: Employee Benefit Plan expenses must be  
Incurred from 8/1/2020 through 12/31/2020, and  
Paid from 8/1/2020 through 6/30/2021

Claims Incurred prior to the Contract Effective Date are limited to:	<u>N/A</u>
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Claims Paid after the end of the Contract Period are limited to:	<u>N/A</u>
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Specific Deductible (per person):	<u>\$50,000</u>
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Specific Payable Percentage (excess of Deductible):	<u>100%</u>
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Maximum Specific Benefit per person in excess of Specific Deductible:	<u>\$200,000</u>
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Aggregating Specific Deductible:	<u>N/A</u>
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Optional Benefits

- |                                              |                                         |                                        |
|----------------------------------------------|-----------------------------------------|----------------------------------------|
| i. Advance Funding for Specific Excess Loss: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| ii. Terminal Liability Option included:      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

8. **PREMIUMS:**

(a) Aggregate Premium			
Premium Per Month Per Unit:			<u>N/A</u>
Minimum Annual Aggregate Premium			<u>N/A</u>
Monthly Aggregate Accommodation			
Premium Per Month Per Unit			<u>N/A</u>
Annual Premium in Advance			<u>N/A</u>
Aggregate Terminal Liability			
Blended Aggregate Terminal Liability			
Premium Per Month Per Unit			<u>N/A</u>
(b) Specific Premium			
Premium Per Day Per Inmate	Composite		<u>\$0.47</u>
Minimum Monthly Specific Premium			<u>\$836.28</u>
Minimum Annual Specific Premium			<u>N/A</u>
Advance Funding for Specific Excess Loss			<u>Included</u>
Specific Terminal Liability			<u>N/A</u>

9. **SPECIAL RISK LIMITATIONS:**

Specific Coverage for mental and nervous disorders, HIV, substance abuse and maternity coverage are excluded.

Excess loss coverage will begin once the inmate has been booked and incarcerated as defined in the Statement of Inmate Medical Benefits.

The Excess Loss contract eff. 8/1/20 will be for 5 months. The group may renew eff. 1/1/21 for a 12 month contract with no increase in rate.

Aggregate None

10. **IT IS UNDERSTOOD AND AGREED, AS CONDITIONS PRECEDENT TO THE APPROVAL OF THIS APPLICATION, THAT:**

- (a) All documentation requested by the Company must be submitted prior to any approval of this Application and must be received by the Company within 90 days of the requested Effective Date.
- (b) Applicant has provided full disclosure of all information requested by the Company and has, to the best of its knowledge and belief, complied fully with all disclosure requirements.
- (c) If Applicant is electing coverage for disabled and/or retired persons, only those who have been disclosed to The Company will be covered.
- (d) If the Schedule shows disabled persons are not covered, no benefits will be paid under the Contract for expenses Incurred or Paid under the Employee Benefit Plan for a disabled person until:
  - (1) if an employee, he or she returns to active, full-time employment for at least one (1) full working day; or
  - (2) if a dependent or Cobra Continuee, he or she is able to perform the normal functions of a person of like sex and age.
- (e) Issuance of the Contract is in reliance upon the information provided by the Applicant or its Agent. Should subsequent information become known which, if known prior to issuance of the Contract, would have affected the rates, deductibles, terms or conditions for coverage, the Company will have the right to revise the rates, deductibles, terms or conditions as of the Effective Date of issuance, by providing written notice to the Insured.
- (f) The Contract, if issued, may be void, if, whether before or after a claim or loss, any material fact or circumstance was concealed or misrepresented on behalf of the Applicant, or if the Applicant or its Agent, committed fraud.
- (g) Receipt of a premium and its deposit in connection with the Application shall not constitute an acceptance of liability. In the event that Gerber Life Insurance Company disapproves this Application, its sole obligation shall be to refund such sum to the Applicant.
- (h) If a Contract is issued and later rescinded, the sum of all benefits paid will be deducted from the sum of all premiums paid. If the result is positive, such amount will be paid by the Company to the Applicant. If the result is negative, such amount will be paid by the Applicant to the Company.
- (i) The initial premium will be paid on or before the Effective Date, and subsequent premiums are due no later than the first day of each Contract Month during the Contract Year.