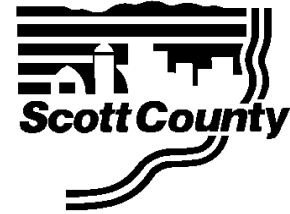


HUMAN RESOURCES DEPARTMENT
600 W. 4TH Street
Davenport, IA 52801

Office: (563) 326-8767
Fax: (563) 328-3285
www.scottcountyiowa.com



Date: November 2, 2021

To: Mahesh Sharma, County Administrator

From: Mary J. Thee, Human Resources Director/Asst. County Administrator

Subject: Stop Loss Insurance

Last month the County renewed all of its health care coverages, except the stop loss coverage. In the current year we have 9 claims that are at 50% or more of the specific stop loss coverage of \$175,000. Two claimants have exceeded the specific stop loss. Our current carrier Highmark Life Insurance (HM) anticipates an additional two claimants exceeding the specific stop loss before the end of the year. Also they anticipate three claimants exceeding the specific stop loss dollar amount in 2022. These large claims and anticipated claims resulted in HM quoting a renewal with a 26.46% rate increase.

Once again Holmes Murphy has engaged their strategic partner, Stealth, to procure proposals for stop loss coverage. Due to our claims history several companies declined to bid. They did secure a bid from Berkshire Hathaway that keeps our existing coverage of specific stop loss at \$175,000 and the aggregating specific deductible of \$50,000 resulting in a 19.97% increase. Holmes Murphy is recommending we accept the quoted from Berkshire Hathaway.

Cc: David Farmer, Director of Budget and Administrative Services
Anna Evans, Holmes Murphy
Jensen Knuth, Benefits Specialist



**Medical Stop Loss
Proposal For
Scott County
Davenport, IA**

Producer
Stealth Partner Group

Underwriter
Brinson, Morgan

Regional Sales Director
Sivigny, Nichole

Group: **Scott County**
 Administrator: **United Healthcare**
 Issuing Carrier: **Berkshire Hathaway Specialty Insurance Company**

Proposal No: **0**
 Proposal Date: **10/22/2021**
 Effective Date: **01/01/2022**
 Proposal Valid Through: **11/10/2021**

SPECIFIC STOP LOSS BENEFIT

Covered Benefits		Medical, Rx Card	Medical, Rx Card
Contract Basis		24/12	24/12
Annual Specific Deductible per Individual	\$	175,000	\$ 200,000
Maximum Annual Reimbursement		Unlimited	Unlimited
Maximum Lifetime Reimbursement		Unlimited	Unlimited
Quoted Rate Per Month	<u>Enrollment</u>		
Single	171	\$ 34.80	\$ 29.02
Family	329	\$ 118.65	\$ 101.44
Composite	500	\$ 89.97	\$ 76.68
Estimated Annual Premium	\$	539,836	\$ 460,044
Quoted Rate(s) includes Commissions of		0.00%	0.00%
Aggregating Specific Deductible	\$	50,000	\$ 50,000

AGGREGATE STOP LOSS BENEFIT

Covered Benefits		Medical, Rx Card	Medical, Rx Card
Contract Basis		24/12	24/12
Loss Limit Per Individual	\$	175,000	\$ 200,000
Maximum Annual Reimbursement	\$	1,000,000	\$ 1,000,000
Rate Per Month	<u>Enrollment</u>		
Composite	500	\$ 3.84	\$ 4.25
Estimated Annual Premium	\$	23,040	\$ 25,500
Rate(s) includes Commissions of		0.00%	0.00%
Annual Aggregate Deductible	\$	11,128,374	\$ 11,300,442
Minimum Aggregate Deductible	\$	11,128,374	\$ 11,300,442
Run-in Limited To	\$	2,003,100	\$ 2,034,100
Monthly Aggregate Claim Factors	<u>Enrollment</u>		
<u>Medical , RxCard</u>			
Single	171	\$ 862.59	\$ 875.93
Family	329	\$ 2,370.40	\$ 2,407.05
Composite	500	\$ 1,854.73	\$ 1,883.40

OVERALL COST SUMMARY

Total Annual Fixed Costs	\$	562,876	\$ 485,544
Variable Costs	\$	11,128,374	\$ 11,300,442
Maximum Annual Liability	\$	11,741,250	\$ 11,835,986

Contingencies

This Proposal is based on the following stipulations:

Identification of all risks known to: Be currently disabled, hospital confined, or pre-certified in the last 3 months; Have received services in the current plan year that exceed the lesser of 50% of the Specific Benefit Deductible or \$50,000; Have been identified for Case Management having the potential to exceed the lesser of 50% of the Specific Benefit Deductible or \$50,000; Have been diagnosed, during the current plan year, with condition identified on ICD-10 codes shown in the BHSI Disclosure Statement.

Completed Stop Loss Disclosure Statement

Final census information through the end of the enrollment period, including age or date of birth, gender, zip codes, coverage codes, and identification of any HMO, Retiree, COBRA, and non-eligible employees.

Qualifications / Assumptions

Berkshire Hathaway Specialty Insurance Company requires all producers using insurance quotes issued by the company for the purpose of soliciting, selling or negotiating insurance to be licensed both by the state where the prospective client is located and by any state where the solicitation, sale or negotiation of insurance occurs, if different. This requirement pertains to all forms of solicitation, sale or negotiation of insurance, including but not limited to, solicitation, sale or negotiation conducted in person, by telephone, by email, by fax or otherwise.

Continuation of current benefit plan(s) and enrollment distribution by benefit plan(s).

Our proposal is based on UHC Choice Plus as the PPO network. If a different network or no network is used, we reserve the right to revise our quoted rates and factors based on the new network.

Minimum 75% participation of eligible employees is required.

Approved Pre-Admission Certification, Utilization Review and Case Management services are included.

There are 5 COBRA participants based on the census provided.

Retirees are included. Assumes retirees 65 years and older are Medicare Primary

The Specific Benefit includes an Advance Funding feature.

The Minimum Annual Aggregate Attachment Point equals 100% and will be based on the greater of the lives shown on this proposal or the first month's enrollment.

Final rates and factors for the Specific and Aggregate Benefit are guaranteed for 12 months from the effective date, unless a change in risk occurs. A change in risk includes: plan or policy amendments; TPA or ASO changes; network or cost-containment vendor changes; enrollment shifts greater than 15%; participation shifts in each plan option greater than 10%; or addition/deletion of a subsidiary, division, affiliated or associated company.

This proposal includes Plan Mirroring

The Plan Document(s) should Include:

- a) Standard provisions and definitions for eligibility, enrollment date, eligible employees (full-time and part-time), dependents, and retirees, if applicable.
- b) Clearly defined termination provisions and specific wording regarding extension of coverage due to disability, layoff or leave of absence.
- c) Transplant benefit wording that identifies any benefits applicable to the donor, the recipient, organ procurement, and any covered transportation, lodging and companion charges.

Written documentation of the policyholder's Leave of Absence policy, including but not limited to FLMA, STD, LTD and other personal leave of absence provisions must be submitted for review and acceptance.

Receipt of updated Aggregate Experience through end of the contract period (BHSI reserves the right to re-underwrite if the FINAL Experience increases the SOLD Attachment Factors by 10% or more)

Our quote is firm subject to formal written acceptance and receipt of the completed/signed disclosure statement by 11/10. After this date, our proposal is subject to adjustment with updated claims experience.



Berkshire Hathaway
Specialty Insurance

BERKSHIRE HATHAWAY SPECIALTY INSURANCE COMPANY
1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
(Domiciled in Nebraska)

APPLICATION FOR STOP LOSS INSURANCE

I. GENERAL INFORMATION

PLAN SPONSOR INFORMATION

Full Legal Name of Plan Sponsor (Applicant): Scott County

Street Address: 600 W 4th St

City: Davenport

State: IA

Zip Code: 52801

Original Specific / Aggregate Effective Date:
01/01/2022

Contract Period:
12 months

Expiration Date:
12/31/2022

Policy Number
47-MSL-000547-01

Effective Date:
01/01/2022

Deposit Premium (first month's estimated
premium): \$46,906.65

SUBSIDIARIES, AFFILIATES, DIVISIONS, AND LOCATIONS

Please list all subsidiaries, affiliates, divisions, and their locations to be covered under the Stop Loss Policy.

None

Plan Service Providers

Third Party Administrator(s): United Healthcare

City: Salt Lake City

State: UT

Provider Network(s): UHC Choice Plus

States: Nationwide

Medical Management Vendor(s): United Healthcare

City: Salt Lake City

State: UT



II. SCHEDULE OF BENEFITS

ELIGIBILITY AND ENROLLMENT INFORMATION

Covered Persons under the Plan	Specific Benefit		Aggregate Benefit	
Active	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Retirees * <input checked="" type="checkbox"/> Pre-65 <input type="checkbox"/> 65 +	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Disabled	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Recipients of COBRA continuation coverage	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

*Pre65 Retirees are covered.

COVERAGE

Specific Stop Loss Coverage: Included Not Included

Specific Benefit Claims Basis: 24/12

Eligible expenses incurred from 01/01/2021 through 12/31/2022 and Paid from 01/01/2022 through 12/31/2022.

Specific Benefit Deductible per coverage period \$175,000 Individual

Specific Benefit Annual Maximum Eligible Expense Per Covered Person No maximum

Specific Benefit Lifetime Maximum Eligible Expense Per Covered Person No maximum

Aggregating Specific Deductible \$50,000

Specific Benefit Reimbursement Percentage 100%

Specific Benefits

Included

Medical Yes No
 Prescription Drug Plan Yes No

Specific Monthly Premium Rates and Enrollment

	Rate	Covered Units
Employee only	\$ 34.80	171
Employee and family	\$ 118.65	329

Aggregate Stop Loss Coverage: Included Not Included

Aggregate Benefit Claims Basis: 24/12

Eligible expenses Incurred from 01/01/2021 through 12/31/2022 and Paid from 01/01/2022 through 12/31/2022

However, Eligible Expenses Incurred from 01/01/2021 through 12/31/2021 will be limited to \$2,003,100.

Aggregate Benefit Maximum \$1,000,000



The Minimum Aggregate Deductible for the Policy Year is equal to the greater of a) \$11,128,374; or b) the amount obtained by multiplying 100% of the Monthly Aggregate Deductible for the first month of the Policy Year by 12 months.

Aggregate Benefit Maximum Eligible Expenses per Covered Person \$175,000.

Aggregate Benefit Reimbursement Percentage 100%

**Aggregate Enrollment
Covered Benefits**

	Medical	Prescription Drug Plan	Dental	STD	Vision	Other
Employee only	171	171				
Employee and family	329	329				
Total	500	500				

Aggregate Deductible Factors (ADF)

Covered Benefits

	Medical	Prescription Drug Plan	Dental	STD	Vision	Other
Employee only	\$862.59	Included in medical				
Employee and family	\$2,370.40	Included in medical				

Aggregate Monthly Premium Rates:

Aggregate rate: \$3.84

Optional Endorsements

None

III. THE DISCLOSURE STATEMENT ACKNOWLEDGEMENT

The Company will rely upon the information provided on the Disclosure Statement, which will become part of this Application for the subject Stop Loss Policy, to take underwriting action on all known risks. It is the Plan Sponsor's responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of the Disclosure Statement by making a thorough review of all applicable records. Such records shall include, but are not limited to, historical claims reports, disability records, and current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor.

IV. FRAUD WARNINGS

PLEASE READ THE APPLICABLE WARNING BELOW BEFORE SIGNING (REQUIRED BY STATE LAW):



AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Fraud Warnings (continued)

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LA, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.



VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

GENERAL WARNING (OTHER STATES): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

V. CERTIFICATION AND SIGNATURE

Please return this form and all additional required documentation to Berkshire Hathaway Specialty Insurance Company.

THE COMPLETION OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE INSURANCE. IF A POLICY IS ISSUED, IT IS ISSUED IN RELIANCE UPON THIS APPLICATION AND ANY MATERIALS SUBMITTED THEREWITH OR INCORPORATED THEREIN. FURTHERMORE, IT IS AGREED THAT SUCH STATEMENTS, ATTACHMENTS, DOCUMENTS, AND MATERIALS ARE THE BASIS OF THE PROPOSED POLICY AND ARE TO BE CONSIDERED AS INCORPORATED INTO AND CONSTITUTING A PART OF THE ISSUED POLICY.

THE POLICY WILL BE VOID IF THE APPLICANT HAS CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THE SUBJECT OF THIS APPLICATION.

THE APPLICANT HEREBY REPRESENTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION, THE DISCLOSURE STATEMENT, AND ALL INFORMATION AND DOCUMENTS OTHERWISE PROVIDED TO THE COMPANY HAS BEEN REVIEWED BY THEM AND IS TRUE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Name of authorized representative of Plan Sponsor (Applicant): <i>Mary J Thee</i>	Title: <i>Asst County Administrator / HR Director</i>
Signature of Authorized Representative: <i>Mary J Thee</i>	Today's Date: <i>11-3-21</i>

Michael Monnich
 Stealth Partner Group
 18940 N Pima Road, Suite 210
 Scottsdale, AZ 85255
 (248) 259-4580
 MMonnich@stealthpartnergroup.com

GROUP: **Scott County**
 EFFECTIVE DATE: **January 1, 2022**

SPECIFIC STOP LOSS						Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
CARRIER:	Current	Renewal	Renewal	Renewal	Renewal	Berkshire Hathaway	Partners	Partners	Optum	Optum	Optum	Optum	QBE
Carrier Rating:	HM	HM	HM	HM	HM	A++	A	A	A	A	A	A	A
TPA:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC
PPO Network:	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus
U# Vendor:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC
PBM:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC
Specific Benefits Included:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx
Plan Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000	\$ 175,000
Individual Specific Deductible:													
Specific Contract:	Paid (26/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	24/12	24/12	24/12	24/12	24/12	24/12	24/12	24/12
Aggregating Specific:	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 75,000.00	\$ 75,000.00	\$ 50,000.00	\$ 50,000.00	\$ 100,000.00	\$ 50,000.00	\$ 50,000.00	\$ 75,000.00	\$ 75,000.00	\$ 50,000.00
171	EE Only \$ 35.51	\$ 44.84	\$ 47.75	\$ 43.09	\$ 45.89	\$ 35.51	\$ 44.84	\$ 47.75	\$ 37.32	\$ 47.88	\$ 50.06	\$ 45.54	\$ 48.17
329	Family \$ 95.52	\$ 120.83	\$ 128.66	\$ 116.11	\$ 123.66	\$ 95.52	\$ 120.83	\$ 128.66	\$ 114.26	\$ 120.71	\$ 120.71	\$ 114.26	\$ 117.49
500	Composite \$ 75.00	\$ 94.84	\$ 101.00	\$ 91.14	\$ 97.96	\$ 75.00	\$ 94.84	\$ 101.00	\$ 95.98	\$ 97.25	\$ 91.95	\$ 96.55	\$ 92.38
Monthly Specific Premium	\$ 37,498.29	\$ 47,420.71	\$ 50,500.97	\$ 45,568.58	\$ 48,531.33	\$ 37,498.29	\$ 47,420.71	\$ 50,500.97	\$ 43,624.52	\$ 45,975.12	\$ 48,273.85	\$ 43,891.80	\$ 46,190.51
Annual Specific Premium	\$ 449,979.48	\$ 569,048.52	\$ 606,011.64	\$ 546,822.96	\$ 582,375.96	\$ 449,979.48	\$ 569,048.52	\$ 606,011.64	\$ 523,494.24	\$ 551,701.44	\$ 579,286.20	\$ 526,701.60	\$ 554,286.12
% Difference		26.46%	34.68%	21.52%	29.42%	19.97%		27.45%	16.34%	22.61%	28.74%	17.05%	23.18%
Disclosure Status		Firm Through 11/11/21	Firm Through 11/11/21	Firm Through 11/11/21	Firm Through 11/11/21	Firm Through 11-10-21	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review
Lasers		No Lasers	No Lasers	No Lasers	No Lasers	No Lasers			Not Included	NNL + 55% Rate Cap	Not Included	NNL + 55% Rate Cap	NNL + 50% Rate Cap
No New Lasers at Renewal			NNL + 50% Rate Cap		NNL + 50% Rate Cap								

Commissions: Net

Michael Monnich
 Stealth Partner Group
 18940 N Pima Road, Suite 210
 Scottsdale, AZ 85255
 (248) 259-4580
 MMonnich@stealthpartnergroup.com

GROUP: Scott County
EFFECTIVE DATE: January 1, 2022

SPECIFIC STOP LOSS CARRIER:	Renewal					Option 1							Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	
	Current	Renewal	Renewal	Renewal	Renewal	Berkshire Hathaway	Partners	Optum	Optum	Optum	Optum	Optum	Optum	Optum	Optum	Optum	Optum	Optum	
Carrier Rating:	HM	HM	HM	HM	HM	A++	A	A	A	A	A	A	A	A	A	A	A	A	
TPA:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	
PPQ Network:	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	UHC Choice Plus	
UR Vendor:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	
FBM:	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	UHC	
Specific Benefits Included:	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	Med + Rx	
Plan Lifetime Maximum:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Specific Lifetime Maximum Reimbursement:	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Individual Specific Deductible:	\$ 175,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	\$ 200,000	
Specific Contract:	Paid (36/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	Paid (48/12)	
Aggregating Specific:	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 75,000.00	\$ 75,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	
171	EE Only \$ 35.51	\$ 38.14	\$ 40.62	\$ 36.55	\$ 38.92	\$ 29.02	\$ 34.49	\$ 41.08	\$ 43.14	\$ 38.94	\$ 41.00	\$ 42.17	\$ 42.17	\$ 42.17	\$ 42.17	\$ 42.17	\$ 42.17	\$ 42.17	\$ 42.17
329	Family \$ 95.52	\$ 104.36	\$ 111.14	\$ 99.98	\$ 106.48	\$ 101.44	\$ 106.51	\$ 99.08	\$ 104.03	\$ 93.86	\$ 98.84	\$ 148.12	\$ 148.12	\$ 148.12	\$ 148.12	\$ 148.12	\$ 148.12	\$ 148.12	\$ 148.12
500	Composite \$ 75.00	\$ 81.71	\$ 87.02	\$ 78.29	\$ 83.37	\$ 76.67	\$ 81.88	\$ 78.29	\$ 83.21	\$ 75.08	\$ 79.06	\$ 111.89	\$ 111.89	\$ 111.89	\$ 111.89	\$ 111.89	\$ 111.89	\$ 111.89	\$ 111.89
Monthly Specific Premium	\$ 37,498.29	\$ 40,856.38	\$ 43,511.08	\$ 39,143.47	\$ 41,687.24	\$ 38,335.18	\$ 40,939.58	\$ 39,622.00	\$ 41,602.81	\$ 37,535.88	\$ 39,529.36	\$ 55,942.55	\$ 55,942.55	\$ 55,942.55	\$ 55,942.55	\$ 55,942.55	\$ 55,942.55	\$ 55,942.55	\$ 55,942.55
Annual Specific Premium	\$ 449,979.48	\$ 490,276.56	\$ 522,132.96	\$ 469,721.64	\$ 500,246.88	\$ 460,024.16	\$ 491,274.96	\$ 475,464.00	\$ 499,233.72	\$ 450,464.16	\$ 474,352.32	\$ 671,310.60	\$ 671,310.60	\$ 671,310.60	\$ 671,310.60	\$ 671,310.60	\$ 671,310.60	\$ 671,310.60	\$ 671,310.60
% Difference		8.96%	16.03%	4.39%	11.17%	2.23%	9.18%	5.66%	10.95%	0.11%	5.42%	49.19%	49.19%	49.19%	49.19%	49.19%	49.19%	49.19%	49.19%
Disclosure Status		Firm Through 11/11/21	Firm Through 11/11/21	Firm Through 11/11/21	Firm Through 11/11/21	Firm Through 11-10-21	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review	Pending Large Claim Review
Lasers		No Lasers	No Lasers	No Lasers	No Lasers	No Lasers		Not Included	NNL + 55% Rate Cap	Not Included	NNL + 55% Rate Cap	NNL + 50% Rate Cap	NNL + 50% Rate Cap	NNL + 50% Rate Cap	NNL + 50% Rate Cap	NNL + 50% Rate Cap	NNL + 50% Rate Cap	NNL + 50% Rate Cap	NNL + 50% Rate Cap
No New Lasers at Renewal			NNL + 50% Rate Cap		NNL + 50% Rate Cap														

Commissions: Net

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES
THAT THIS RESOLUTION HAS BEEN FORMALLY
APPROVED BY THE BOARD OF SUPERVISORS ON

DATE

SCOTT COUNTY AUDITOR

R E S O L U T I O N

SCOTT COUNTY BOARD OF SUPERVISORS

November 9, 2021

APPROVAL OF ONE YEAR AGREEMENT FOR STOP LOSS COVERAGE

BE IT RESOLVED BY the Scott County Board of Supervisors as follows:

Section 1. That the proposal from Berkshire Hathaway for one year agreement for specific and aggregate stop loss coverage is hereby accepted and approved.

Section 2. That the Human Resources Director hereby authorized to sign the health insurance contracts for services on behalf of the Board.

Section 3. This resolution shall take effect immediately.