

**NOTICE
FOR
STOP LOSS INSURANCE COVERAGE**

COUNTY OF CHATHAM
Group Number: 14162068

Contract Period: 7/1/2024 to 6/30/2025
Coverage: Medical and Prescription Drug

Specific Stop Loss

Contract Type: Paid in 12
Level: \$180,000
Specific Lifetime Maximum: Unlimited
Rate Per Month Per Contract Type: \$121.38

Aggregate Stop Loss

Contract Type: Paid in 12
Level: 125%
Minimum Aggregate Attachment Point: \$9,647,499
Contract Period Maximum: \$1,000,000
Rates Per Month Per Contract Type: \$10.21

Expected Paid Claims Per Month

	Blue Options Quote # 6241279
<u>Contract Type</u>	
Employee	\$792.96
Employee/Spouse	\$1,744.57
Employee/Children	\$1,506.67
Family	\$2,458.28

- The Employer is responsible for providing Blue Cross NC with current eligibility language.
- The Employer is responsible for administering their member eligibility correctly.
- Claims paid on ineligible members based upon the Employer's written eligibility language will NOT be eligible for Stop Loss coverage.
- Stop Loss reimbursement for claims in excess of the specific deductible are subject to member eligibility verification. Blue Cross NC requires that the employer provide the Summary Plan Description (SPD) and Leave of Absence language no later than 90 days after the policy's effective date. Specific Stop Loss claims will not be reimbursed until these documents have been received.
- Paid Claims shall mean claims released for payment by Blue Cross NC on any day during the given Contract Period, regardless of the date incurred.
- The specific stop loss offer includes a no new laser guarantee for the renewal. Any lasers included on the original quote may be maintained at renewal; however, new lasers will not be applied to additional members.
- The specific stop loss offer includes a renewal rate cap of 50%. This cap assumes the following:
 - No change in stop loss contract type
 - No material changes in the plan being offered
 - No material changes in the group/population

[Execution Page Follows]

IN WITNESS WHEREOF, the Parties have caused their duly authorized representatives to
execute this Notice as of the date first above written.

Signed For: COUNTY OF CHATHAM

By _____
Print Name and Title of Authorized Official

Signature of Authorized Official

Date: _____

Signed For: BLUE CROSS BLUE SHIELD OF NORTH CAROLINA

By _____

Date: _____