

**NOTICE**  
**FOR**  
**STOP LOSS INSURANCE COVERAGE**

**COUNTY OF CHATHAM**  
**Group Number: 062048**

Contract Period: 7/1/2019 to 6/30/2020  
Coverage: Medical and Prescription Drug

**Specific Stop Loss**

Contract Type: Paid In 12  
Level: \$135,000  
Specific Lifetime Maximum: Unlimited  
Rate Per Month Per Contract Type: \$80.89

**Aggregate Stop Loss**

Contract Type: Paid In 12  
Level: 125%  
Minimum Aggregate Attachment Point: \$5,468,051  
Contract Period Maximum: \$1,000,000  
Rates Per Month Per Contract Type: \$9.43

Expected Paid Claims Per Month

Blue Options Quote # 5246287	
<u>Contract Type</u>	
Employee	\$564.57
Employee/Spouse	\$1,180.27
Employee/Children	\$1,012.66
Family	\$1,664.34

- 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 following Members will have a different Specific Stop Loss Level than shown above:

Member ID #: XXXXX0474-02  
Specific Stop Loss level: \$300,000  
Claims paid up to \$135,000 will count toward the Aggregate

[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 AND BLUE SHIELD OF NORTH CAROLINA**

By *Justin Cray MD*

Date: June 11, 2019