

Cameron County Commissioners' Court Agenda Request Form

No. 2-F

Date: DECEMBER 8, 2021 Meeting Date Request: DECEMBER 21, 2021
 Deadline for Action: DECEMBER 21, 2021 Contact Person: ANTHONY LOPEZ/DAN SERNA
 Department: ADMINISTRATIVE SERVICES Phone: 956-544-0830 Fax: 956-550-1373
 Department Head Name: DAN SERNA Signature: *Alopez*

Caption:

[CONSENT ITEM]

CONSIDERATION AND APPROVAL OF STOPLOSS APPLICATION AND SCHEDULE OF INSURANCE FOR FISCAL YEAR 2021-2022

Background: (Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation).

STOPLOSS PROGRAM IS CURRENTLY IN PLACE AS PER COURT APPROVAL

DOCUMENT HAS BEEN REVIEWED BY CONSULTANT RANDY MCGRAW AND STAFF

PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION OR PLACE N/A IF IS NOT APPLICABLE:

County Judge N/A Auditor *LA* Budget *AS* Legal *JL* Human Resources *Alopez For* Purchasing N/A
 1295 Form N/A

Fiscal Data:

Dept. Name: N/A Fund No. N/A Department: Yes - No - Amt. Expended : \$ N/A
 Funds Available: Yes - No - General: Yes - No - Impact on future budget: Yes - No -
 Grant: Yes - No -

Comments:

Action taken by Commissioners' Court

Approved Tabled Denied Motion made by Seconded Vote

County Judge's Office (EMA)
 Received by:
 Anthony Lopez ✓
 12.10.21 at 3:51 pm (1)

Aetna Life Insurance Company

Stop Loss Application and Schedule of Insurance

2021C12473
 151 Farmington Avenue
 Hartford, CT 06156

Policyholder Information	
Policyholder name (full legal name of entity): Cameron County	
Street:	1100 E. Monroe Street
City:	Brownsville State: TX Zip Code: 78520
Email:	anthony.lopez@co.cameron.tx.us.com Phone: (956) 983-5098
Policy period start:	10/01/2021 Policy period end: 09/30/2022
Total number of employees/covered units covered under the policy: 1,695	
Pre-65 Retirees:	<input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded Retirees 65+: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded
Medical paid claims basis: <input checked="" type="checkbox"/> Issued <input type="checkbox"/> Cleared <input type="checkbox"/> N/A	
Business Type: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Government <input type="checkbox"/> Association <input type="checkbox"/> Union <input type="checkbox"/> Other <input type="text"/>	
Affiliates or subsidiaries included? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, list name(s) and address state of the primary location(s) below.	
Affiliate full legal name(s):	Address state of Primary location(s):
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Third Party Administrator? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete for each administrator or vendor.	
Medical:	
Prescription drug:	
Other:	

Individual Stop Loss Coverage (ISL)	
Individual Stop Loss coverage?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Individual Stop Loss amount: \$250,000
Does individual Stop Loss amount differ by plan or class? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please include the plan(s)/class(es) and amounts below.	
Plan/class:	Individual Stop Loss amount: \$
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Plan/class:	Individual Stop Loss amount: \$		
High risk individual Stop Loss amount(s)* included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes *See Coverage Limitations identified below
Covered benefits:	<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Prescription drug	<input type="checkbox"/> Other <input type="text"/>
Contract type:	Claims incurred from	through	or <input checked="" type="checkbox"/> paid basis
	Claims paid from 10/01/2021	through 09/30/2022	
Maximum run-in claims:	<input checked="" type="checkbox"/> N/A or \$	<input type="checkbox"/> per covered person	<input type="checkbox"/> in total
Individual coinsurance percentage reimbursable:	100%		
IOE transplant Stop Loss amount:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	or \$
Family individual Stop Loss amount:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	or \$
Aggregating Specific Stop loss amount:	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	or \$
Maximum lifetime individual Stop Loss payment amount:	<input checked="" type="checkbox"/> Unlimited or \$		
Experience Refund Option included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Experience refund period:	Start date	through	
Loss ratio threshold:	%	Refund share:	%
Maximum refund:	%	Large claim adjustment:	<input checked="" type="checkbox"/> No or Adjustment is:
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Large claim identifier:		Date of birth:	
Premier product included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Renewal risk cap included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Cap: %
Other rate cap included?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Cap: %
Terminal run-out coverage for claims incurred prior to policy termination and paid after termination?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Terminal reserve or liability period:	<input type="text"/> months		
Reimbursement types:			
Immediate reimbursement (Aetna as claims administrator):	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Individual accelerated claim reimbursement (TPA as claims administrator):	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Other conditions or provisions:			

Aggregate Stop Loss Coverage (ASL)

Aggregate Stop Loss coverage?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Aggregate Stop Loss percentage: %
Covered benefits:	<input type="checkbox"/> Medical	<input type="checkbox"/> Prescription Drug	<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other <input type="text"/>
Contract type:	Claims incurred from	through	or <input type="checkbox"/> paid basis
	Claims paid from	through	
Maximum run-in claims:	<input checked="" type="checkbox"/> N/A or \$	<input type="checkbox"/> per covered person	<input type="checkbox"/> in total
Individual Stop Loss insurer:	<input checked="" type="checkbox"/> Aetna or	<input type="text"/>	
Minimum aggregate Stop Loss amount:	<input checked="" type="checkbox"/> N/A \$		

Individual internal limit: N/A No Yes If yes, amount: \$

Maximum annual aggregate Stop Loss payment amount? N/A No Yes If yes, amount: \$

Deficit recoup provision? N/A No Yes If yes, deficit cap: %

Termination provision? N/A No Yes

Terminal run-out coverage for claims incurred prior to policy termination and paid after termination? No Yes
Terminal reserve or liability period: months

Reimbursement types:
Monthly budget feature (Aetna as claims administrator): N/A No Yes
Aggregate accelerated claim reimbursement (TPA as claims administrator): N/A No Yes

Other conditions or provisions:

Coverage Limitations

Mental Health claim expenses are Included Excluded

Transplant coverage is Included Excluded

Is the policyholder a hospital or hospital group? No Yes
If yes, are drafts suppressed for domestic claims? N/A No Yes
If yes, domestic claims are reimbursed at? N/A 100% 0% Other %

Are any of these limitations included under this Stop Loss policy?

Pre-existing conditions exclusion? No Yes
Dependent non-confinement? No Yes
Actively at Work? No Yes

High Risk Individual Stop Loss amounts:

Member Identifier	Date of Birth	Amount	Description
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Premium Rates and Factors

Premium rate:
ISL composite rate: \$79.99 per employee per month (PEPM)
ASL composite rate: \$ per employee per month (PEPM)

Terminal liability premium rate:
*Composite: \$ per employee per month (PEPM) or N/A
*If individual and aggregate Stop Loss coverage is included, the premium rate is combined

Aggregate Stop Loss factor:

Composite: \$ per employee per month (PEPM) or N/A

Terminal Liability Stop Loss factor:

Composite: \$ per employee per month (PEPM) or N/A

Certification and Signature

You hereby represent that the information contained in this *Stop Loss Application and Schedule of Insurance*, any *Disclosure* statement, and all other information and documents provided by you to us, is true and complete to the best of your knowledge and belief.

Printed name of authorized representative:

Eddie Trevino, Jr.

Signature of authorized representative:



Official Title: Cameron County Judge

Date: December 21, 2021

Agent of Record

Agent's name: on file

Agent's firm: on file

Tax ID #: on file

(If countersignature laws require commission sharing with a duly licensed resident agent in another jurisdiction, the above designation will be modified to the extent required by law.)

Attested by:


Sylvia Garza-Perez, County Clerk



Fraud Notice

WARNING: 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.

State-specific notices:

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.

AR: 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.

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.

DC: 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 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 or an application 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 or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

LA: 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: 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.

NY: 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 material fact thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.
OR: 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

RI: 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.

TN: 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.

VA: Any person who, with the 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 may have violated state law.

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.

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.