



LAKE COUNTY
FLORIDA

MODIFICATION OF CONTRACT

1. Modification No.: 4 Effective Date: October 1, 2016	2. Contract No.: 13-0031 Effective Date: October 1, 2011
3. Contracting Officer: Susan Dugan Telephone Number: (352) 343-9768	5. Contractor Name and Address: Hunt Insurance Group, LLC 3606 Maclay Blvd., S., Suite 101 Tallahassee, Florida 32312 Attention: Pat Ashburn
4. Issued By: Procurement Services Lake County Administration Building 315 W. Main St., Suite 441 Tavares, Florida 32778-7800	6. SPECIAL INSTRUCTIONS: Contractor is required to sign Block 8 showing acceptance of the below written modification and <u>return this form to address shown in Block 4 within ten (10) days after receipt</u> , preferably by certified mail to ensure a system of positive receipts. Retain a photocopy of the signed copy of this modification and attach to original of contract, which was previously provided.
7. DESCRIPTION OF MODIFICATION: Contract modification to extend this contract for one (1) year expiring September 30, 2017. (See attached plan document)	
8. Contractor's Signature <u>NOT REQUIRED</u>	9. Lake County, Florida By: <u>Susan Dugan</u> Senior Contracting Officer <u>10/25/2016</u> Date
10. Distribution: Original – Bid File Copies - Contractor	

UNIMERICA INSURANCE COMPANY

SUBSEQUENT POLICY PERIOD OFFER



Employer: LAKE COUNTY
Effective Date: OCTOBER 01, 2016
Producer: TAMARA VOLKERT
Underwriter: CHRIS ALBRECHT
Sales Reps: KURT HAAG
Date: 07/25/2016

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		\$85,000	\$90,000	\$95,000
Specific Maximum		\$500,000	\$500,000	\$500,000
EMPLOYEE	770	\$4.23	\$3.78	\$3.49
FAMILY	0	\$.00	\$.00	\$.00
Total Lives/Annual Premium	770	\$39,085.20	\$34,927.20	\$32,247.60
Commission		17%	17%	17%
Benefits Covered		MED	MED	MED
Specific Contract Basis		12/18	12/18	12/18

CONDITIONS AND ASSUMPTIONS

- MINIMUM ANNUAL PREMIUM: 90% OF ANNUAL PREMIUM SHOWN ABOVE
 HOSPITAL AVERAGE DAILY MAXIMUM: \$20,000 (DAYS 1-3) & \$12,000 (DAY 4 & EACH DAY THEREAFTER)
 INCLUDES COVERAGE FOR AIDS/HIV & PREGNANCY
- Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this offer.
- Current plan has been quoted.
- The Plan will have Network: Current (Medicare) Case Manager: N/A TPA: N/A
- Retirees N/A covered for medical benefits.
- The Subsequent Policy Period Offer is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this offer or can void the offer and coverage.
- This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.

Until we obtain the signed Subsequent Policy Period Offer, the rates and factors are subject to change as additional information is received. This Offer is valid for the stated effective date noted above provided the employer or its authorized representative elects one of the above options, signs the acknowledgment and we receive the completed Offer by 9/23/2016

Circle Coverages & Options Elected	Signature: <i>[Handwritten Signature]</i>
Dated: <i>County Manager</i>	Title: <i>7-25-16</i>

Inmate Medical Benefit Plan Document

PLAN SPONSOR: Lake County

EFFECTIVE DATE: October 1, 2016

DEFINITIONS:

- A. AVERAGE DAILY MAXIMUM (ADM) means the maximum allowable amount on a per day basis shown in the Schedule of Insurance.
- B. EDUCATIONAL OR REHABILITATIVE CARE means care for restoration (by education or training) of one's ability to function in a normal or near normal manner following any illness or injury. This type of care includes, but is not limited to, physical therapy, occupational therapy, and speech therapy.
- C. EXPERIMENTAL PROCEDURE means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are: (a) limited to research; (b) not proven in an objective manner to have therapeutic value or benefit; (c) restricted to use by medical facilities capable of carrying out scientific studies; (d) of questionable medical effectiveness; or (e) would be considered inappropriate medical treatment. To determine, in its sole discretion, whether a procedure is experimental, the Plan will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Food and Drug Administration, the Department of Health and Human Services, the National Institute of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.
- D. HOSPITAL means an acute care facility which meets all of the following criteria:
1. such hospital is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility;
 2. operates as a hospital pursuant to applicable law;
 3. operates primarily for the reception, care, and treatment of sick or injured persons who are not sick or injured "Inmates";
 4. provides 24-hour nursing service by "Registered Nurses" on duty or on call;
 5. has a staff of one or more "Physicians" at all times;
 6. provides organized facilities and equipment for diagnosis and treatment of acute medical, surgical and psychiatric ward conditions on premises; and
 7. is not primarily a psychiatric hospital, long-term care facility; extended care facility; nursing rest or custodial care or convalescent home; a place for the aged, drug addicts, alcoholics or runaways; or similar establishments.
- E. ILLNESS means a sickness or disease. "Illness" does not include learning disabilities, attitudinal disorders, or disciplinary problems.

- F. INJURY means bodily injury resulting from an accidental, unforeseen event. For purposes of this Plan Document, an attempted suicide shall be deemed to be an accidental, unforeseen event
- G. INMATE means a person(s) arrested by a designated licensed authority or in the care, custody and control of the "Plan Sponsor". Such persons (i) will remain "Inmates" up until the date of discharge from incarceration as designated by the governing body or judicial entity that sentenced such "Inmate" or any date earlier as deemed appropriate by the same governing body; or a judicial entity with lawful jurisdiction; and will cease to be "Inmates" as of the date of discharge from incarceration, even if such date of discharge occurs while such "Inmate" is hospitalized.
- H. INPATIENT means an "Inmate" who meets all of the following criteria:
1. such "Inmate" is admitted as an inpatient to the "Hospital"; or is being held for observation and or testing at a hospital facility.
 2. such "Inmate" incurs expenses for room and board that are charged to the "Named Insured" or the lawfully appointed designee of the Plan Sponsor.
- I. MEDICALLY NECESSARY means necessary and appropriate for the diagnosis or treatment of an "Illness" or "Injury" based on generally accepted current medical practice. A service, medicine or supply will not be considered "Medically Necessary" if it:
1. is provided only as a convenience to the "Inmate";
 2. is not appropriate for the "Inmate's" diagnosis or symptoms; or
 3. exceeds (in scope, duration or intensity) that level of care, which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- J. MENTAL OR NERVOUS DISORDER means a mental or emotional disease or disorder that is listed in the current edition of the Diagnostic and Statistical manual for Mental Disorders of the American Psychiatric Association and denotes the following:
1. a disease of the brain with predominant behavioral symptoms;
 2. a disease of the mind or personality, evidenced by abnormal behavior; or
 3. a disorder of conduct evidenced by socially deviant behavior.
- K. ON SITE CLINIC means a clinic or medical facility providing any kind of healthcare, psychological, nutritional, or psychiatric services located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- L. ORGAN TRANSPLANT PROCEDURES means any transplant procedure including, but not limited to, kidney, cornea, heart, lung, heart-lung, liver, pancreas and bone marrow transplants.

M. OUTPATIENT SURGICAL CENTER means any outpatient same-day surgery center which meets both of the following criteria:

1. has facilities that are operated primarily for the purpose of performing surgical procedures and is licensed by the State in which it resides.
2. such center is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.

N. PHYSICIAN means a person performing services within the scope of his or her license, who is a duly licensed: (1) doctor of medicine (MD), (2) doctor of osteopathy (DO), or physician assistant (PA).

O. PLAN COVERAGE PERIOD means a 12-month period commencing on the Effective Date shown above or such shorter period of time if this plan is terminated earlier.

P. PLAN ADMINISTRATOR means the Plan Sponsor who shall undertake the administration of claims or a Third Party Administrator hired by the Plan Sponsor to perform the said duties. The Administrator shall:

1. Supervise the administration and adjustment of all claims and verify the accuracy and computation of all claims,
2. Maintain accurate records of all claims payments,
3. Provide case management to appropriately manage the care of all "Hospital Inpatient Services".

Q. REASONABLE AND CUSTOMARY means the usual charge made by a group, entity or person who renders or furnishes similar services, treatments or supplies; provided the charge is not in excess of the general level of charges made by others who render or furnish the same or similar services, treatments or supplies to persons; (1) who reside in the same geographical area (as determined by the Center for Medicare and Medicaid ("CMS") Guidelines); and (2) whose "Illness" or "Injury" is comparable in nature and severity.

In determining whether a charge is reasonable, one or more of the following factors may be considered:

1. the level of skill, extent of training and experience required to perform the procedure or service;
2. the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services;
3. The severity of the nature or "Illness" or "Injury" being treated; the amount charged for the same or comparable services, medicines or supplies in other parts of the country.
4. the cost to the provider of providing the service, medicine, or supply;

R. REGISTERED NURSE means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after his/her name.

S. SUBSTANCE ABUSE means alcohol, drug or chemical abuse, overuse or dependency.

T. SURGERY means:

1. an invasive diagnostic procedure performed by a "Physician"; or
2. The treatment of "Illness" by manual or instrumental operations performed by a "Physician" while the patient is under general or local anesthesia.

PLAN BENEFIT DESCRIPTION:

The Plan covers the following Allowable Medical Expenses incurred by an "Inmate" for the treatment of an "Injury" or "Illness" during the Plan Coverage Period. Such charges are covered at the Plan Benefit Coinsurance and subject to:

- the Limitations shown in the Schedule of Benefits;
- the Exclusions; and
- All other terms and conditions of the Plan.

SCHEDULE OF BENEFITS:

Plan Benefit Coinsurance:	100% of "Allowable Medical Expenses"
Inpatient Hospital Services:	Limited to the lesser of the amount paid or an "Average Daily Maximum" (ADM) per admission of \$20,000 days 1-3 and \$12,000 for each day thereafter.
Outpatient Surgical Services:	Limited to \$40,000 per outpatient surgical visit.

ALLOWABLE MEDICAL EXPENSES:

Inpatient Hospital Services:

The following services provided and billed by a "Hospital" while the "Inmate" is an "Inpatient". All services and supplies must be administered by or under the direction of a "Physician".

- A. Emergency Room Services and Ambulance Services as long as the "Inmate" is admitted to the "Hospital" on an "Inpatient" basis for further services and or treatment within 24 hours.
- B. The use of any type of room and board; operating, treatment, recovery and daily room and board.
- C. Services and supplies that are routinely provided by the "hospital" to "inpatients."
- D. Supplies including but not limited to:
 - Dressings
 - Sutures
 - Casts
 - Other supplies which are deemed "medically necessary."

- E. Diagnostic Testing including but not limited to:
 - Radiological
 - Ultrasonographic
 - Laboratory
 - Radiation Therapy or treatment
 (Psychometric behavioral and educational testing is not included.)
- F. Other Charges:
 - Oxygen and other gases and their administration thereof
 - Anesthetics and their administration thereof
- G. Hemodialysis (services and charges by the “hospital”) as long as it is done on an “inpatient” basis.
- H. Processing and administration of blood or administration of blood components

Outpatient Surgical Services:

Services provided and billed by a “Hospital” or an “Outpatient Surgical Center” for “Surgery”. The “Inmate” must be discharged within 24 hours of admission. All services and supplies must be administered by or under the direction of a “Physician”.

EXCLUSIONS:

- A. Any expenses which are not “Medically Necessary”.
- B. Any expenses in excess of the “Reasonable and Customary” charge.
- C. Any expenses which were incurred prior to the Effective Date of the Plan.
- D. Consulting Fees.
- E. Expenses which are covered, recoverable, or attributable to, any other medical or hospitalization benefit policy or insurance.
- F. Dental, Vision or hearing services unless the services are the direct result of an “Injury”, or “Illness”.
- G. Services that do not qualify as “Hospital Inpatient Services” or “Outpatient Surgical Services”, including, but not limited to:
 1. “Physician” office visits
 2. Services rendered at the site of the emergency
 3. Healthcare services or medicine administered or provided at a jail or correctional facility
 4. Prescription drugs provided to an “inmate” not on an “inpatient” or “surgical outpatient” basis.
- H. “On site Clinic” services expenses.
- I. “Experimental Procedures”, drugs, or research studies, or any services or supplies not considered legal in the United States.

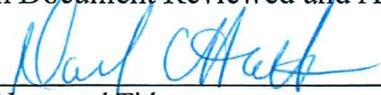
- J. "Organ Transplant Procedures" or any organ donations.
- K. "Mental or Nervous Disorders", rehabilitation treatment.
- L. "Substance Abuse" expenses, programs for the rehabilitation treatment thereof.
- M. Dependent care and any related expenses.
- N. Any expenses related to or from War, whether declared or undeclared, hostilities, invasion or civil war.
- O. Any expenses resulting from and "injury" or "illness" that is a direct result of a nuclear or radioactive accident.
- P. Any expenses which are incurred after the "inmate" is released from custody or control from the correctional authorities.
- Q. "Expenses for, in connection with, or arising out of providing security or guarding of any "inmate" while such "inmate" is an "inpatient" in a "hospital" or such "inmate" is receiving "outpatient surgical services". "Injuries" sustained by the "inmate" as a direct result of the "inmate" needing to be restrained or controlled will be considered covered expenses so long as it can be shown that only reasonable force was exercised by law enforcement personnel.
- R. Any custodial care, "Educational or Rehabilitative Care" or nursing services expenses while primarily confined to receive such services.
- S. Any expenses that result from services solely for cosmetic or aesthetic purposes.
- T. Expenses for vocational or recreational therapy or vocational rehabilitation.
- U. Expenses for preventative care, including routine physical examinations, prenatal examinations and educational programs.
- V. The following expenses for conception and childbirth:
 - Any drug, treatment or procedure that either promotes or prevents conception or childbirth
 - Artificial insemination, treatment of infertility, impotency and sterilization
 - Abortion (unless the life of the mother would be endangered if the fetus was carried to term)
 - Care of newborn infants.

Allowable Medical Expenses related to complications of pregnancy are covered.
- W. The following cosmetic, weight loss or body transforming services
 - Weight modification, surgery for obesity
 - Wiring of teeth, Gastric bypass, lap band or any related surgery
 - Breast augmentation, reduction and sex/gender changes
- X. Marriage, Family or Child Counseling.

- Y. Any payment of, or because of punitive or exemplary charges.
- Z. If this plan is new to the "Plan Sponsor", expenses for an "illness" of an "inmate" who is hospitalized on the effective date or within 72 hours after the effective date of this plan. This would not apply to a new inmate arriving during the 72-hour period.

Plan Sponsor **Lake County**

Plan Document Reviewed and Approved by:


Name and Title

7-28-16
Date

Initial number of Inmates on the Effective Date: 770



LAKE COUNTY FLORIDA

MODIFICATION OF CONTRACT

1. Modification No.: 3 Effective Date: October 1, 2016	2. Contract No.: 11-0031 Effective Date: October 1, 2011
3. Contracting Officer: Susan Dugan Telephone Number: (352) 343-9768	5. Contractor Name and Address: Hunt Insurance Group, LLC 3606 Maclay Blvd., S., Suite 101 Tallahassee, Florida 32312 Attn: Pat Ashburn
4. Issued By: Procurement Services Lake County Administration Building 315 W. Main St., Suite 441 Tavares, Florida 32778-7800	
6. SPECIAL INSTRUCTIONS: Contractor is required to sign Block 8 showing acceptance of the below written modification and return this form to address shown in Block 4 within ten (10) days after receipt, preferably by certified mail to ensure a system of positive receipts. Retain a photocopy of the signed copy of this modification and attach to original of contract, which was previously provided.	
7. DESCRIPTION OF MODIFICATION: Contract modification to extend for one (1) year expiring September 30, 2016.	
8. Contractor's Signature <u>NOT REQUIRED</u> Name: _____ Title: _____ Date: _____	9. Lake County, Florida By: <u>Susan Dugan</u> Senior Contracting Officer <u>3/25/2016</u> Date
10. Distribution: Original - Bid No. 11-0031 Copies - Contractor Contracting Officer	

FISCAL AND ADMINISTRATIVE SERVICES/PROCUREMENT SERVICES
 P.O. BOX 7800 • 315 W. MAIN ST., TAVARES, FL 32778 • P 352.343.9839 • F 352.343.9473
 Board of County Commissioners • www.lakecountyfl.gov

TIMOTHY I. SULLIVAN
 District 1

SEAN M. PARKS, AICP, QEP
 District 2

JIMMY CONNER
 District 3

LESLIE CAMPIONE
 District 4

WELTON G. CADWELL
 District 5

UNIMERICA INSURANCE COMPANY

SUBSEQUENT POLICY PERIOD PROPOSAL



Employer: LAKE COUNTY
Effective Date: OCTOBER 01, 2015
Producer: TAMARA VOLKERT
Underwriter: NAOMI ZELLERS
Sales Reps: KURT HAAG
Date: 06/15/2015

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		\$80,000	\$85,000	\$100,000
Specific Maximum		\$500,000	\$500,000	\$500,000
EMPLOYEE	980	\$4.16	\$3.78	\$2.97
FAMILY	0	\$0.00	\$0.00	\$0.00
Total Lives/Annual Premium	980	\$48,921.60	\$44,452.80	\$34,927.20
Commission		17%	17%	17%
Benefits Covered		MED	MED	MED
Specific Contract Basis		12/18	12/18	12/18

CONDITIONS AND ASSUMPTIONS

- MINIMUM ANNUAL PREMIUM: 90% OF ANNUAL PREMIUM SHOWN ABOVE
- HOSPITAL AVERAGE DAILY MAXIMUM: \$20,000 (DAYS 1-3) & \$12,000 (DAY 4 & EACH DAY THEREAFTER)
- INCLUDES COVERAGE FOR AIDS/HIV & PREGNANCY
- Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this proposal.
- Current plan has been quoted.
- The Plan will have Network: Current Discounts (refer to application for renewal) Case Manager: N/A TPA: N/A
- UPON REVIEW OF UPDATED INFORMATION THROUGH 7/1/15, WE WILL PROVIDE A FIRM RENEWAL.
- Retirees N/A covered for medical benefits.
- This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.
- The Subsequent Policy Period Proposal is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this proposal or can void the proposal.
- The employer or its authorized representative acknowledges that all material facts, terms and conditions stated in the employers Plan Document and the Policy/Agreement remain unchanged and in full force and effect.

Inmate Medical Benefit Plan Document

PLAN SPONSOR: Lake County

EFFECTIVE DATE: October 1, 2015

DEFINITIONS:

- A. AVERAGE DAILY MAXIMUM (ADM) means the maximum allowable amount on a per day basis shown in the Schedule of Insurance.
- B. EDUCATIONAL OR REHABILITATIVE CARE means care for restoration (by education or training) of one's ability to function in a normal or near normal manner following any illness or injury. This type of care includes, but is not limited to, physical therapy, occupational therapy, and speech therapy.
- C. EXPERIMENTAL PROCEDURE means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are: (a) limited to research; (b) not proven in an objective manner to have therapeutic value or benefit; (c) restricted to use by medical facilities capable of carrying out scientific studies; (d) of questionable medical effectiveness; or (e) would be considered inappropriate medical treatment. To determine, in its sole discretion, whether a procedure is experimental, the Plan will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Food and Drug Administration, the Department of Health and Human Services, the National Institute of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.
- D. HOSPITAL means an acute care facility which meets all of the following criteria:
1. such hospital is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility;
 2. operates as a hospital pursuant to applicable law;
 3. operates primarily for the reception, care, and treatment of sick or injured persons who are not sick or injured "Inmates";
 4. provides 24-hour nursing service by "Registered Nurses" on duty or on call;
 5. has a staff of one or more "Physicians" at all times;
 6. provides organized facilities and equipment for diagnosis and treatment of acute medical, surgical and psychiatric ward conditions on premises; and
 7. is not primarily a psychiatric hospital, long-term care facility; extended care facility; nursing rest or custodial care or convalescent home; a place for the aged, drug addicts, alcoholics or runaways; or similar establishments.
- E. ILLNESS means a sickness or disease. "Illness" does not include learning disabilities, attitudinal disorders, or disciplinary problems.

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- H. INPATIENT means an "Inmate" who meets all of the following criteria:
1. such "Inmate" is admitted as an inpatient to the "Hospital"; or is being held for observation and or testing at a hospital facility.
 2. such "Inmate" incurs expenses for room and board that are charged to the "Named Insured" or the lawfully appointed designee of the Plan Sponsor.
- I. MEDICALLY NECESSARY means necessary and appropriate for the diagnosis or treatment of an "Illness" or "Injury" based on generally accepted current medical practice. A service, medicine or supply will not be considered "Medically Necessary" if it:
1. is provided only as a convenience to the "Inmate";
 2. is not appropriate for the "Inmate's" diagnosis or symptoms; or
 3. exceeds (in scope, duration or intensity) that level of care, which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- J. MENTAL OR NERVOUS DISORDER means a mental or emotional disease or disorder that is listed in the current edition of the Diagnostic and Statistical manual for Mental Disorders of the American Psychiatric Association and denotes the following:
1. a disease of the brain with predominant behavioral symptoms;
 2. a disease of the mind or personality, evidenced by abnormal behavior; or
 3. a disorder of conduct evidenced by socially deviant behavior.
- K. ON SITE CLINIC means a clinic or medical facility providing any kind of healthcare, psychological, nutritional, or psychiatric services located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- L. ORGAN TRANSPLANT PROCEDURES means any transplant procedure including, but not limited to, kidney, cornea, heart, lung, heart-lung, liver, pancreas and bone marrow transplants.

M. OUTPATIENT SURGICAL CENTER means any outpatient same-day surgery center which meets both of the following criteria:

1. has facilities that are operated primarily for the purpose of performing surgical procedures and is licensed by the State in which it resides.
2. such center is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.

N. PHYSICIAN means a person performing services within the scope of his or her license, who is a duly licensed: (1) doctor of medicine (MD), (2) doctor of osteopathy (DO), or physician assistant (PA).

O. PLAN COVERAGE PERIOD means a 12 month period commencing on the Effective Date shown above or such shorter period of time if this plan is terminated earlier.

P. PLAN ADMINISTRATOR means the Plan Sponsor who shall undertake the administration of claims or a Third Party Administrator hired by the Plan Sponsor to perform the said duties. The Administrator shall:

1. Supervise the administration and adjustment of all claims and verify the accuracy and computation of all claims,
2. Maintain accurate records of all claims payments,
3. Provide case management to appropriately manage the care of all "Hospital Inpatient Services".

Q. REASONABLE AND CUSTOMARY means the usual charge made by a group, entity or person who renders or furnishes similar services, treatments or supplies; provided the charge is not in excess of the general level of charges made by others who render or furnish the same or similar services, treatments or supplies to persons; (1) who reside in the same geographical area (as determined by the Center for Medicare and Medicaid ("CMS") Guidelines); and (2) whose "Illness" or "Injury" is comparable in nature and severity.

In determining whether a charge is reasonable, one or more of the following factors may be considered:

1. the level of skill, extent of training and experience required to perform the procedure or service;
2. the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services;
3. The severity of the nature or "Illness" or "Injury" being treated; the amount charged for the same or comparable services, medicines or supplies in other parts of the country.
4. the cost to the provider of providing the service, medicine, or supply;

R. REGISTERED NURSE means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after his/her name.

S. SUBSTANCE ABUSE means alcohol, drug or chemical abuse, overuse or dependency.

T. SURGERY means:

1. an invasive diagnostic procedure performed by a "Physician"; or
2. The treatment of "Illness" by manual or instrumental operations performed by a "Physician" while the patient is under general or local anesthesia.

PLAN BENEFIT DESCRIPTION:

The Plan covers the following Allowable Medical Expenses incurred by an "Inmate" for the treatment of an "Injury" or "Illness" during the Plan Coverage Period. Such charges are covered at the Plan Benefit Coinsurance and subject to:

- the Limitations shown in the Schedule of Benefits;
- the Exclusions; and
- All other terms and conditions of the Plan.

SCHEDULE OF BENEFITS:

Plan Benefit Coinsurance:	100% of "Allowable Medical Expenses"
Inpatient Hospital Services:	Limited to the lesser of the amount paid or an "Average Daily Maximum" (ADM) per admission of \$20,000 days 1-3 and \$12,000 for each day thereafter.
Outpatient Surgical Services:	Limited to \$40,000 per outpatient surgical visit.

ALLOWABLE MEDICAL EXPENSES:

Inpatient Hospital Services:

The following services provided and billed by a "Hospital" while the "Inmate" is an "Inpatient". All services and supplies must be administered by or under the direction of a "Physician".

- A. Emergency Room Services and Ambulance Services as long as the "Inmate" is admitted to the "Hospital" on an "Inpatient" basis for further services and or treatment within 24 hours.
- B. The use of any type of room and board; operating, treatment, recovery and daily room and board.
- C. Services and supplies that are routinely provided by the "hospital" to "inpatients."
- D. Supplies including but not limited to:
 - Dressings
 - Sutures
 - Casts
 - Other supplies which are deemed "medically necessary."

- E. Diagnostic Testing including but not limited to:
 - Radiological
 - Ultrasonographic
 - Laboratory
 - Radiation Therapy or treatment(Psychometric behavioral and educational testing is not included.)
- F. Other Charges:
 - Oxygen and other gases and their administration thereof
 - Anesthetics and their administration thereof
- G. Hemodialysis (services and charges by the “hospital”) as long as it is done on an “inpatient” basis.
- H. Processing and administration of blood or administration of blood components

Outpatient Surgical Services:

Services provided and billed by a “Hospital” or an “Outpatient Surgical Center” for “Surgery”. The “Inmate” must be discharged within 24 hours of admission. All services and supplies must be administered by or under the direction of a “Physician”.

EXCLUSIONS:

- A. Any expenses which are not “Medically Necessary”.
- B. Any expenses in excess of the “Reasonable and Customary” charge.
- C. Any expenses which were incurred prior to the Effective Date of the Plan.
- D. Consulting Fees.
- E. Expenses which are covered, recoverable, or attributable to, any other medical or hospitalization benefit policy or insurance.
- F. Dental, Vision or hearing services unless the services are the direct result of an “Injury”, or “Illness”.
- G. Services that do not qualify as “Hospital Inpatient Services” or “Outpatient Surgical Services”, including, but not limited to:
 - 1. “Physician” office visits
 - 2. Services rendered at the site of the emergency
 - 3. Healthcare services or medicine administered or provided at a jail or correctional facility
 - 4. Prescription drugs provided to an “inmate” not on an “inpatient” or “surgical outpatient” basis.
- H. “On site Clinic” services expenses.
- I. “Experimental Procedures”, drugs, or research studies, or any services or supplies not considered legal in the United States.

- J. "Organ Transplant Procedures" or any organ donations.
- K. "Mental or Nervous Disorders", rehabilitation treatment.
- L. "Substance Abuse" expenses, programs for the rehabilitation treatment thereof.
- M. Dependent care and any related expenses.
- N. Any expenses related to or from War, whether declared or undeclared, hostilities, invasion or civil war.
- O. Any expenses resulting from and "injury" or "illness" that is a direct result of a nuclear or radioactive accident.
- P. Any expenses which are incurred after the "inmate" is released from custody or control from the correctional authorities.
- Q. "Expenses for, in connection with, or arising out of providing security or guarding of any "inmate" while such "inmate" is an "inpatient" in a "hospital" or such "inmate" is receiving "outpatient surgical services". "Injuries" sustained by the "inmate" as a direct result of the "inmate" needing to be restrained or controlled will be considered covered expenses so long as it can be shown that only reasonable force was exercised by law enforcement personnel.
- R. Any custodial care, "Educational or Rehabilitative Care" or nursing services expenses while primarily confined to receive such services.
- S. Any expenses that result from services solely for cosmetic or aesthetic purposes.
- T. Expenses for vocational or recreational therapy or vocational rehabilitation.
- U. Expenses for preventative care, including routine physical examinations, prenatal examinations and educational programs.
- V. The following expenses for conception and childbirth:
 - Any drug, treatment or procedure that either promotes or prevents conception or childbirth
 - Artificial insemination, treatment of infertility, impotency and sterilization
 - Abortion (unless the life of the mother would be endangered if the fetus was carried to term)
 - Care of newborn infants.

Allowable Medical Expenses related to complications of pregnancy are covered.
- W. The following cosmetic, weight loss or body transforming services
 - Weight modification, surgery for obesity
 - Wiring of teeth, Gastric bypass, lap band or any related surgery
 - Breast augmentation , reduction and sex/gender changes
- X. Marriage, Family or Child Counseling.

- Y. Any payment of, or because of punitive or exemplary charges.
- Z. If this plan is new to the "Plan Sponsor", expenses for an "illness" of an "inmate" who is hospitalized on the effective date or within 72 hours after the effective date of this plan. This would not apply to a new inmate arriving during the 72 hour period.

Plan Sponsor Lake County

Plan Document Reviewed and Approved by:

Wendy C. Hecht
Name and Title

11/24/15
Date

Initial number of Inmates on the Effective Date: 980



LAKE COUNTY FLORIDA

MODIFICATION OF CONTRACT

<p>1. Modification No.: 2</p> <p>Effective Date: October 1, 2014</p>	<p>2. Contract No.: 11-0031</p> <p>Effective Date: October 1, 2011</p>
<p>3. Contracting Officer: Susan Dugan</p> <p>Telephone Number: (352) 343-9768</p>	<p>5. Contractor Name and Address:</p> <p>Hunt Insurance Group, LLC 3606 Maclay Blvd. S., Suite 101 Tallahassee, Florida 32312</p> <p>Attn: Pat Ashburn</p>
<p>4. Issued By:</p> <p>Procurement Services Lake County Administration Building 315 W. Main St., Suite 441 Tavares, Florida 32778-7800</p>	
<p>6. SPECIAL INSTRUCTIONS: Contractor is required to sign Block 8 showing acceptance of the below written modification and <u>return this form to address shown in Block 4 within ten (10) days after receipt</u>, preferably by certified mail to ensure a system of positive receipts. Retain a photocopy of the signed copy of this modification and attach to original of contract, which was previously provided.</p>	
<p>7. DESCRIPTION OF MODIFICATION:</p> <p>Contract modification to extend services one (1) additional year to expire September 30, 2015.</p>	
<p>8. Contractor's Signature REQUIRED</p> <p>Name: <u><i>Suzanna Volbert</i></u></p> <p>Title: <u>Program Developer</u></p> <p>Date: <u>9-15-14</u></p>	<p>9. Lake County, Florida</p> <p>By: <u><i>Susan Dugan</i></u> Senior Contracting Officer</p> <p><u>9-16-2014</u> Date</p>
<p>10. Distribution:</p> <p>Original - Bid No. 11-0031 Copies - Contractor Contracting Officer</p>	

FISCAL AND ADMINISTRATIVE SERVICES/PROCUREMENT SERVICES
P.O. BOX 7800 • 315 W. MAIN ST., TAVARES, FL 32778 • P 352.343.9839 • F 352.343.9473
Board of County Commissioners • www.lakecountyfl.gov

TIMOTHY I. SULLIVAN
District 1

SEAN M. PARKS, AICP, QEP
District 2

JIMMY CONNER
District 3

LESLIE CAMPIONE
District 4

WELTON G. CADWELL
District 5

**BOARD OF COUNTY COMMISSIONERS
LAKE COUNTY, FLORIDA
OFFICE OF THE COUNTY MANAGER
AGENDA ITEM COVER SHEET**

DATE: 08/19/2014

MEETING DATE: 09/09/2014

TO: David Heath, County Manager

ITEM TYPE: Consent Item

THRU:

Dottie Keedy, Community Services Director

ITEM ID: 1678

BY: Linda Green, Office Associate V

SUBJECT: Quote for renewal of the Catastrophic Inmate Medical Insurance Policy.

RECOMMENDATION/REQUIRED ACTION:

Request approval and signature of the quote from HRH/Hunt Insurance Group, Inc. to renew the catastrophic/hospital inmate medical insurance policy effective October 1, 2014 through September 30, 2015, and authorize the County Manager to sign all related implementation documentation. The fiscal impact is \$47,746.00 (Expense).

BACKGROUND SUMMARY:

On January 25, 2011, the Board approved a request for HRH/Hunt Insurance Group, Inc. (administrator of insurance programs on behalf of the Florida Sheriff's Association), to provide catastrophic/hospital inmate medical insurance. The contract was for three years and this is the last year of the contract.

Catastrophic inmate medical insurance coverage includes reimbursement for claims paid related to an inmate's off-site inpatient hospital services and/or outpatient surgery that exceed a specific deductible, subject to Average Daily Maximum (ADM) limits.

Staff recommends approving renewal of the catastrophic medical insurance policy with a deductible per inmate of \$80,000.00 with a limit of coverage per inmate of \$500,000.00. This deductible is being recommended based on the fact that the average length of inpatient stay for inmates is five days and the cost of providing health care continues to rise. With a lower deductible the County stands a better chance of recovering hospital and health care costs should a claim occur.

The ADM rate is \$20,000.00 for the first three days and \$12,000.00 for each day thereafter. Prior year's policy provided an ADM of \$12,000.00 for the first three days and \$8,000.00 for each day thereafter. This will result in a benefit to the County as it will provide a potential increase in claim reimbursement.

The annual premium is \$47,746.00.

Fiscal Impact: \$47,746.00 (Expense).

Account No.:

UNIMERICA INSURANCE COMPANY

SUBSEQUENT POLICY PERIOD OFFER



Employer: LAKE COUNTY
Effective Date: OCTOBER 01, 2014
Producer: TAMARA VOLKERT
Underwriter: NAOMI ZELLERS
Sales Reps: KURT HAAG
Date: 08/13/2014

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		\$80,000	\$85,000	\$100,000
Specific Maximum		\$500,000	\$500,000	\$500,000
EMPLOYEE	980	\$4.06	\$3.69	\$2.90
FAMILY	0	\$0.00	\$0.00	\$0.00
Total Lives/Annual Premium	980	\$47,745.60	\$43,394.40	\$34,104.00
Commission		17%	17%	17%
Benefits Covered		MED	MED	MED
Specific Contract Basis		12/18	12/18	12/18

CONDITIONS AND ASSUMPTIONS

- ~ MINIMUM ANNUAL PREMIUM: 90% OF ANNUAL PREMIUM SHOWN ABOVE
 - HOSPITAL AVERAGE DAILY MAXIMUM: \$20,000 (DAYS 1-3) & \$12,000 (DAY 4 AND EACH DAY THEREAFTER)
 - INCLUDES COVERAGE FOR AIDS/HIV & PREGNANCY
 - ~ Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this offer.
 - ~ The Plan will have Network: current discounts (50% or more depending upon Hospital) Case Manager: N/A TPA: N/A
 - ~ Current plan has been quoted.
 - ~ Retirees N/A covered for medical benefits.
 - ~ This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.
 - ~ The Subsequent Policy Period Offer is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this offer and coverage.
 - ~ In executing this form, the employer or its authorized representative, is acknowledging acceptance of the new rates, factors and terms. The employer or its authorized representative further acknowledges that all material facts, terms and conditions stated in the employers plan document and the Policy/Agreement remain unchanged and in full force and effect, unless noted above.
- Until we obtain the signed Subsequent Policy Period Offer, the rates and factors are subject to change as additional information is received. This Offer is valid for the stated effective date noted above provided the employer or its authorized representative elects one of the above options, signs the acknowledgment and we receive the completed Offer by 9/25/14.**

Circle Coverages & Options Elected	Signature: <i>[Handwritten Signature]</i>
Dated: 9.19.14	Title: County Manager

- Y. Any payment of, or because of punitive or exemplary charges.
- Z. If this plan is new to the "Plan Sponsor", expenses for an "illness" of an "inmate" who is hospitalized on the effective date or within 72 hours after the effective date of this plan. This would not apply to a new inmate arriving during the 72 hour period.

Plan Sponsor Lake County

Plan Document Reviewed and Approved by:

Wendy Heath
Name and Title

9-19-14
Date

Initial number of Inmates on the Effective Date: **980**



September 15, 2014

Ms. Carey Boucher
Hunt Insurance Group LLC/Willis
3606 Maclay Boulevard South, Suite 204
Tallahassee, FL 32312

Re:	Specific Stop Loss Coverage
County:	Lake County
Address:	551 West Main St. Tavares, FL 32778
Effective/Expiration:	10/01/2014 – 09/30/2015
Liability per Inmate:	\$500,000
Specific Deductible:	\$80,000
Annual Premium:	\$47,745.60
Buy-Backs Included:	AIDS/HIV/Pregnancy.
Average Daily Maximum (ADM):	\$20,000 Days 1-3 and \$12,000 days thereafter

We have approved the Specific Excess Loss coverage for the county listed above. The new policy declarations for Lake County will be issued upon receipt of the signed Plan Document, Subsequent Policy Period Offer and applicable premium.

Please let me know if you have any questions regarding this matter, and thank you for choosing Optum.

Sincerely,

Naomi Zellers, Senior Underwriter
3803 North Elm Street
Greensboro, NC 27455
email: naomi.zellers@optum.com
Phone: 336-540-7662

Inmate Medical Benefit Plan Document

PLAN SPONSOR: Lake County

EFFECTIVE DATE: October 1, 2014

DEFINITIONS:

- A. AVERAGE DAILY MAXIMUM (ADM) means the maximum allowable amount on a per day basis shown in the Schedule of Insurance.
- B. EDUCATIONAL OR REHABILITATIVE CARE means care for restoration (by education or training) of one's ability to function in a normal or near normal manner following any illness or injury. This type of care includes, but is not limited to, physical therapy, occupational therapy, and speech therapy.
- C. EXPERIMENTAL PROCEDURE means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are: (a) limited to research; (b) not proven in an objective manner to have therapeutic value or benefit; (c) restricted to use by medical facilities capable of carrying out scientific studies; (d) of questionable medical effectiveness; or (e) would be considered inappropriate medical treatment. To determine, in its sole discretion, whether a procedure is experimental, the Plan will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Food and Drug Administration, the Department of Health and Human Services, the National Institute of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.
- D. HOSPITAL means an acute care facility which meets all of the following criteria:
1. such hospital is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility;
 2. operates as a hospital pursuant to applicable law;
 3. operates primarily for the reception, care, and treatment of sick or injured persons who are not sick or injured "Inmates";
 4. provides 24-hour nursing service by "Registered Nurses" on duty or on call;
 5. has a staff of one or more "Physicians" at all times;
 6. provides organized facilities and equipment for diagnosis and treatment of acute medical, surgical and psychiatric ward conditions on premises; and
 7. is not primarily a psychiatric hospital, long-term care facility; extended care facility; nursing rest or custodial care or convalescent home; a place for the aged, drug addicts, alcoholics or runaways; or similar establishments.
- E. ILLNESS means a sickness or disease. "Illness" does not include learning disabilities, attitudinal disorders, or disciplinary problems.

- F. INJURY means bodily injury resulting from an accidental, unforeseen event. For purposes of this Plan Document, an attempted suicide shall be deemed to be an accidental, unforeseen event
- G. INMATE means a person(s) arrested by a designated licensed authority or in the care, custody and control of the “Plan Sponsor”. Such persons (i) will remain “Inmates” up until the date of discharge from incarceration as designated by the governing body or judicial entity that sentenced such “Inmate” or any date earlier as deemed appropriate by the same governing body; or a judicial entity with lawful jurisdiction; and will cease to be “Inmates” as of the date of discharge from incarceration, even if such date of discharge occurs while such “Inmate” is hospitalized.
- H. INPATIENT means an “Inmate” who meets all of the following criteria:
1. such “Inmate” is admitted as an inpatient to the “Hospital”; or is being held for observation and or testing at a hospital facility.
 2. such “Inmate” incurs expenses for room and board that are charged to the “Named Insured” or the lawfully appointed designee of the Plan Sponsor.
- I. MEDICALLY NECESSARY means necessary and appropriate for the diagnosis or treatment of an “Illness” or “Injury” based on generally accepted current medical practice. A service, medicine or supply will not be considered “Medically Necessary” if it:
1. is provided only as a convenience to the “Inmate”;
 2. is not appropriate for the “Inmate’s” diagnosis or symptoms; or
 3. exceeds (in scope, duration or intensity) that level of care, which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- J. MENTAL OR NERVOUS DISORDER means a mental or emotional disease or disorder that is listed in the current edition of the Diagnostic and Statistical manual for Mental Disorders of the American Psychiatric Association and denotes the following:
1. a disease of the brain with predominant behavioral symptoms;
 2. a disease of the mind or personality, evidenced by abnormal behavior; or
 3. a disorder of conduct evidenced by socially deviant behavior.
- K. ON SITE CLINIC means a clinic or medical facility providing any kind of healthcare, psychological, nutritional, or psychiatric services located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- L. ORGAN TRANSPLANT PROCEDURES means any transplant procedure including, but not limited to, kidney, cornea, heart, lung, heart-lung, liver, pancreas and bone marrow transplants.

- M. OUTPATIENT SURGICAL CENTER means any outpatient same-day surgery center which meets both of the following criteria:
1. has facilities that are operated primarily for the purpose of performing surgical procedures and is licensed by the State in which it resides.
 2. such center is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- N. PHYSICIAN means a person performing services within the scope of his or her license, who is a duly licensed: (1) doctor of medicine (MD), (2) doctor of osteopathy (DO), or physician assistant (PA).
- O. PLAN COVERAGE PERIOD means a 12 month period commencing on the Effective Date shown above or such shorter period of time if this plan is terminated earlier.
- P. PLAN ADMINISTRATOR means the Plan Sponsor who shall undertake the administration of claims or a Third Party Administrator hired by the Plan Sponsor to perform the said duties. The Administrator shall:
1. Supervise the administration and adjustment of all claims and verify the accuracy and computation of all claims,
 2. Maintain accurate records of all claims payments,
 3. Provide case management to appropriately manage the care of all "Hospital Inpatient Services".
- Q. REASONABLE AND CUSTOMARY means the usual charge made by a group, entity or person who renders or furnishes similar services, treatments or supplies; provided the charge is not in excess of the general level of charges made by others who render or furnish the same or similar services, treatments or supplies to persons; (1) who reside in the same geographical area (as determined by the Center for Medicare and Medicaid ("CMS") Guidelines); and (2) whose "Illness" or "Injury" is comparable in nature and severity.
- In determining whether a charge is reasonable, one or more of the following factors may be considered:
1. the level of skill, extent of training and experience required to perform the procedure or service;
 2. the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services;
 3. The severity of the nature or "Illness" or "Injury" being treated; the amount charged for the same or comparable services, medicines or supplies in other parts of the country.
 4. the cost to the provider of providing the service, medicine, or supply;
- R. REGISTERED NURSE means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after his/her name.

S. SUBSTANCE ABUSE means alcohol, drug or chemical abuse, overuse or dependency.

T. SURGERY means:

1. an invasive diagnostic procedure performed by a "Physician"; or
2. The treatment of "Illness" by manual or instrumental operations performed by a "Physician" while the patient is under general or local anesthesia.

PLAN BENEFIT DESCRIPTION:

The Plan covers the following Allowable Medical Expenses incurred by an "Inmate" for the treatment of an "Injury" or "Illness" during the Plan Coverage Period. Such charges are covered at the Plan Benefit Coinsurance and subject to:

- the Limitations shown in the Schedule of Benefits;
- the Exclusions; and
- All other terms and conditions of the Plan.

SCHEDULE OF BENEFITS:

Plan Benefit Coinsurance:	100% of "Allowable Medical Expenses"
Inpatient Hospital Services:	Limited to the lesser of the amount paid or an "Average Daily Maximum" (ADM) per admission of \$20,000 days 1-3 and \$12,000 days thereafter.
Outpatient Surgical Services:	Limited to \$40,000 per outpatient surgical visit.

ALLOWABLE MEDICAL EXPENSES:

Inpatient Hospital Services:

The following services provided and billed by a "Hospital" while the "Inmate" is an "Inpatient". All services and supplies must be administered by or under the direction of a "Physician".

- A. Emergency Room Services and Ambulance Services as long as the "Inmate" is admitted to the "Hospital" on an "Inpatient" basis for further services and or treatment within 24 hours.
- B. The use of any type of room and board; operating, treatment, recovery and daily room and board.
- C. Services and supplies that are routinely provided by the "hospital" to "inpatients."
- D. Supplies including but not limited to:
 - Dressings
 - Sutures
 - Casts
 - Other supplies which are deemed "medically necessary."

- E. Diagnostic Testing including but not limited to:
- Radiological
 - Ultrasonographic
 - Laboratory
 - Radiation Therapy or treatment
- (Psychometric behavioral and educational testing is not included.)
- F. Other Charges:
- Oxygen and other gases and their administration thereof
 - Anesthetics and their administration thereof
- G. Hemodialysis (services and charges by the “hospital”) as long as it is done on an “inpatient” basis.
- H. Processing and administration of blood or administration of blood components

Outpatient Surgical Services:

Services provided and billed by a “Hospital” or an “Outpatient Surgical Center” for “Surgery”. The “Inmate” must be discharged within 24 hours of admission. All services and supplies must be administered by or under the direction of a “Physician”.

EXCLUSIONS:

- A. Any expenses which are not “Medically Necessary”.
- B. Any expenses in excess of the “Reasonable and Customary” charge.
- C. Any expenses which were incurred prior to the Effective Date of the Plan.
- D. Consulting Fees.
- E. Expenses which are covered, recoverable, or attributable to, any other medical or hospitalization benefit policy or insurance.
- F. Dental, Vision or hearing services unless the services are the direct result of an “Injury”, or “Illness”.
- G. Services that do not qualify as “Hospital Inpatient Services” or “Outpatient Surgical Services”, including, but not limited to:
1. “Physician” office visits
 2. Services rendered at the site of the emergency
 3. Healthcare services or medicine administered or provided at a jail or correctional facility
 4. Prescription drugs provided to an “inmate” not on an “inpatient” or “surgical outpatient” basis.
- H. “On site Clinic” services expenses.
- I. “Experimental Procedures”, drugs, or research studies, or any services or supplies not considered legal in the United States.

- J. "Organ Transplant Procedures" or any organ donations.
- K. "Mental or Nervous Disorders", rehabilitation treatment.
- L. "Substance Abuse" expenses, programs for the rehabilitation treatment thereof.
- M. Dependent care and any related expenses.
- N. Any expenses related to or from War, whether declared or undeclared, hostilities, invasion or civil war.
- O. Any expenses resulting from and "injury" or "illness" that is a direct result of a nuclear or radioactive accident.
- P. Any expenses which are incurred after the "inmate" is released from custody or control from the correctional authorities.
- Q. "Expenses for, in connection with, or arising out of providing security or guarding of any "inmate" while such "inmate" is an "inpatient" in a "hospital" or such "inmate" is receiving "outpatient surgical services". "Injuries" sustained by the "inmate" as a direct result of the "inmate" needing to be restrained or controlled will be considered covered expenses so long as it can be shown that only reasonable force was exercised by law enforcement personnel.
- R. Any custodial care, "Educational or Rehabilitative Care" or nursing services expenses while primarily confined to receive such services.
- S. Any expenses that result from services solely for cosmetic or aesthetic purposes.
- T. Expenses for vocational or recreational therapy or vocational rehabilitation.
- U. Expenses for preventative care, including routine physical examinations, prenatal examinations and educational programs.
- V. The following expenses for conception and childbirth:
 - Any drug, treatment or procedure that either promotes or prevents conception or childbirth
 - Artificial insemination, treatment of infertility, impotency and sterilization
 - Abortion (unless the life of the mother would be endangered if the fetus was carried to term)
 - Care of newborn infants.

Allowable Medical Expenses related to complications of pregnancy are covered.
- W. The following cosmetic, weight loss or body transforming services
 - Weight modification, surgery for obesity
 - Wiring of teeth, Gastric bypass, lap band or any related surgery
 - Breast augmentation , reduction and sex/gender changes
- X. Marriage, Family or Child Counseling.

UNIMERICA INSURANCE COMPANY

SUBSEQUENT POLICY PERIOD OFFER



Employer: LAKE COUNTY
 Effective Date: OCTOBER 01, 2014
 Producer: TAMARA VOLKERT
 Underwriter: NAOMI ZELLERS
 Sales Reps: KURT HAAG
 Date: 08/13/2014

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		\$80,000	\$85,000	\$100,000
Specific Maximum		\$500,000	\$500,000	\$500,000
EMPLOYEE	980	\$4.06	\$3.69	\$2.90
FAMILY	0	\$.00	\$.00	\$.00
Total Lives/Annual Premium	980	\$47,745.60	\$43,394.40	\$34,104.00
Commission		17%	17%	17%
Benefits Covered		MED	MED	MED
Specific Contract Basis		12/18	12/18	12/18

CONDITIONS AND ASSUMPTIONS

- ~ MINIMUM ANNUAL PREMIUM: 90% OF ANNUAL PREMIUM SHOWN ABOVE
 - HOSPITAL AVERAGE DAILY MAXIMUM: \$20,000 (DAYS 1-3) & \$12,000 (DAY 4 AND EACH DAY THEREAFTER)
 - INCLUDES COVERAGE FOR AIDS/HIV & PREGNANCY
 - ~ Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this offer.
 - ~ The Plan will have Network: current discounts (50% or more depending upon Hospital) Case Manager: N/A TPA: N/A
 - ~ Current plan has been quoted.
 - ~ Retirees N/A covered for medical benefits.
 - ~ This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.
 - ~ The Subsequent Policy Period Offer is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this offer and void the offer and coverage.
 - ~ In executing this form, the employer or its authorized representative, is acknowledging acceptance of the new rates, factors and terms. The employer or its authorized representative further acknowledges that all material facts, terms and conditions stated in the employers plan document and the Policy/Agreement remain unchanged and in full force and effect, unless noted above.
- Until we obtain the signed Subsequent Policy Period Offer, the rates and factors are subject to change as additional information is received. This Offer is valid for the stated effective date noted above provided the employer or its authorized representative elects one of the above options, signs the acknowledgment and we receive the completed Offer by 9/25/14.***

Circle Coverages & Options Elected	Signature:
Dated:	Title:

Inmate Medical Benefit Plan Document

PLAN SPONSOR: **Lake County**

EFFECTIVE DATE: **October 1, 2013**

DEFINITIONS:

- A. AVERAGE DAILY MAXIMUM (ADM) means the maximum allowable amount on a per day basis shown in the Schedule of Insurance.
- B. EDUCATIONAL OR REHABILITATIVE CARE means care for restoration (by education or training) of one's ability to function in a normal or near normal manner following any illness or injury. This type of care includes, but is not limited to, physical therapy, occupational therapy, and speech therapy.
- C. EXPERIMENTAL PROCEDURE means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are: (a) limited to research; (b) not proven in an objective manner to have therapeutic value or benefit; (c) restricted to use by medical facilities capable of carrying out scientific studies; (d) of questionable medical effectiveness; or (e) would be considered inappropriate medical treatment. To determine, in its sole discretion, whether a procedure is experimental, the Plan will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Food and Drug Administration, the Department of Health and Human Services, the National Institute of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.
- D. HOSPITAL means an acute care facility which meets all of the following criteria:
 - 1. such hospital is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility;
 - 2. operates as a hospital pursuant to applicable law;
 - 3. operates primarily for the reception, care, and treatment of sick or injured persons who are not sick or injured "Inmates";
 - 4. provides 24-hour nursing service by "Registered Nurses" on duty or on call;
 - 5. has a staff of one or more "Physicians" at all times;
 - 6. provides organized facilities and equipment for diagnosis and treatment of acute medical, surgical and psychiatric ward conditions on premises; and
 - 7. is not primarily a psychiatric hospital, long-term care facility; extended care facility; nursing rest or custodial care or convalescent home; a place for the aged, drug addicts, alcoholics or runaways; or similar establishments.
- E. ILLNESS means a sickness or disease. "Illness" does not include learning disabilities, attitudinal disorders, or disciplinary problems.

- F. INJURY means bodily injury resulting from an accidental, unforeseen event. For purposes of this Plan Document, an attempted suicide shall be deemed to be an accidental, unforeseen event
- G. INMATE means a person(s) arrested by a designated licensed authority or in the care, custody and control of the "Plan Sponsor". Such persons (i) will remain "Inmates" up until the date of discharge from incarceration as designated by the governing body or judicial entity that sentenced such "Inmate" or any date earlier as deemed appropriate by the same governing body; or a judicial entity with lawful jurisdiction; and will cease to be "Inmates" as of the date of discharge from incarceration, even if such date of discharge occurs while such "Inmate" is hospitalized.
- H. INPATIENT means an "Inmate" who meets all of the following criteria:
1. such "Inmate" is admitted as an inpatient to the "Hospital"; or is being held for observation and or testing at a hospital facility.
 2. such "Inmate" incurs expenses for room and board that are charged to the "Named Insured" or the lawfully appointed designee of the Plan Sponsor.
- I. MEDICALLY NECESSARY means necessary and appropriate for the diagnosis or treatment of an "Illness" or "Injury" based on generally accepted current medical practice. A service, medicine or supply will not be considered "Medically Necessary" if it:
1. is provided only as a convenience to the "Inmate";
 2. is not appropriate for the "Inmate's" diagnosis or symptoms; or
 3. exceeds (in scope, duration or intensity) that level of care, which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- J. MENTAL OR NERVOUS DISORDER means a mental or emotional disease or disorder that is listed in the current edition of the Diagnostic and Statistical manual for Mental Disorders of the American Psychiatric Association and denotes the following:
1. a disease of the brain with predominant behavioral symptoms;
 2. a disease of the mind or personality, evidenced by abnormal behavior; or
 3. a disorder of conduct evidenced by socially deviant behavior.
- K. ON SITE CLINIC means a clinic or medical facility providing any kind of healthcare, psychological, nutritional, or psychiatric services located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- L. ORGAN TRANSPLANT PROCEDURES means any transplant procedure including, but not limited to, kidney, cornea, heart, lung, heart-lung, liver, pancreas and bone marrow transplants.

- M. **OUTPATIENT SURGICAL CENTER** means any outpatient same-day surgery center which meets both of the following criteria:
1. has facilities that are operated primarily for the purpose of performing surgical procedures and is licensed by the State in which it resides.
 2. such center is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- N. **PHYSICIAN** means a person performing services within the scope of his or her license, who is a duly licensed: (1) doctor of medicine (MD), (2) doctor of osteopathy (DO), or physician assistant (PA).
- O. **PLAN COVERAGE PERIOD** means a 12 month period commencing on the Effective Date shown above or such shorter period of time if this plan is terminated earlier.
- P. **PLAN ADMINISTRATOR** means the Plan Sponsor who shall undertake the administration of claims or a Third Party Administrator hired by the Plan Sponsor to perform the said duties. The Administrator shall:
1. supervise the administration and adjustment of all claims and verify the accuracy and computation of all claims,
 2. maintain accurate records of all claims payments,
 3. provide case management to appropriately manage the care of all "Hospital Inpatient Services".
- Q. **REASONABLE AND CUSTOMARY** means the usual charge made by a group, entity or person who renders or furnishes similar services, treatments or supplies; provided the charge is not in excess of the general level of charges made by others who render or furnish the same or similar services, treatments or supplies to persons; (1) who reside in the same geographical area (as determined by the Center for Medicare and Medicaid ("CMS") Guidelines); and (2) whose "Illness" or "Injury" is comparable in nature and severity.
- In determining whether a charge is reasonable, one or more of the following factors may be considered:
1. the level of skill, extent of training and experience required to perform the procedure or service;
 2. the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services;
 3. the severity of the nature or "Illness" or "Injury" being treated; the amount charged for the same or comparable services, medicines or supplies in other parts of the country.
 4. the cost to the provider of providing the service, medicine, or supply;
- R. **REGISTERED NURSE** means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after his/her name.

- S. **SUBSTANCE ABUSE** means alcohol, drug or chemical abuse, overuse or dependency.
- T. **SURGERY** means:
1. an invasive diagnostic procedure performed by a "Physician"; or
 2. the treatment of "Illness" by manual or instrumental operations performed by a "Physician" while the patient is under general or local anesthesia.

PLAN BENEFIT DESCRIPTION:

The Plan covers the following Allowable Medical Expenses incurred by an "Inmate" for the treatment of an "Injury" or "Illness" during the Plan Coverage Period. Such charges are covered at the Plan Benefit Coinsurance and subject to:

- the Limitations shown in the Schedule of Benefits;
- the Exclusions; and
- all other terms and conditions of the Plan.

SCHEDULE OF BENEFITS:

Plan Benefit Coinsurance:	100% of "Allowable Medical Expenses"
Inpatient Hospital Services:	Limited to the lesser of the amount paid or an "Average Daily Maximum" (ADM) per admission of \$20,000 for the first three days and \$12,000 for each day thereafter.
Outpatient Surgical Services:	Limited to \$40,000 per outpatient surgical visit.

ALLOWABLE MEDICAL EXPENSES:

Inpatient Hospital Services:

The following services provided and billed by a "Hospital" while the "Inmate" is an "Inpatient". All services and supplies must be administered by or under the direction of a "Physician".

- A. Emergency Room Services and Ambulance Services as long as the "Inmate" is admitted to the "Hospital" on an "Inpatient" basis for further services and or treatment within 24 hours.
- B. The use of any type of room and board; operating, treatment, recovery and daily room and board.
- C. services and supplies that are routinely provided by the "hospital" to "inpatients."
- D. Supplies including but not limited to:
 - Dressings
 - Sutures
 - Casts
 - Other supplies which are deemed "medically necessary."

- E. Diagnostic Testing including but not limited to:
- Radiological
 - Ultrasonographic
 - Laboratory
 - Radiation Therapy or treatment
- (Psychometric behavioral and educational testing is not included.)
- F. Other Charges:
- Oxygen and other gases and their administration thereof
 - Anesthetics and their administration thereof
- G. Hemodialysis (services and charges by the “hospital”) as long as it is done on an “inpatient” basis.
- H. Processing and administration of blood or administration of blood components

Outpatient Surgical Services:

Services provided and billed by a “Hospital” or an “Outpatient Surgical Center” for “Surgery”. The “Inmate” must be discharged within 24 hours of admission. All services and supplies must be administered by or under the direction of a “Physician”.

EXCLUSIONS:

- A. Any expenses which are not “Medically Necessary”.
- B. Any expenses in excess of the “Reasonable and Customary” charge.
- C. Any expenses which were incurred prior to the Effective Date of the Plan.
- D. Consulting Fees.
- E. Expenses which are covered, recoverable, or attributable to, any other medical or hospitalization benefit policy or insurance.
- F. Dental, Vision or hearing services unless the services are the direct result of an “Injury”, or “Illness”.
- G. Services that do not qualify as “Hospital Inpatient Services” or “Outpatient Surgical Services”, including, but not limited to:
1. “Physician” office visits
 2. Services rendered at the site of the emergency
 3. Healthcare services or medicine administered or provided at a jail or correctional facility
 4. Prescription drugs provided to an “inmate” not on an “inpatient” or “surgical outpatient” basis.
- H. “On site Clinic” services expenses.

- I. "Experimental Procedures", drugs, or research studies, or any services or supplies not considered legal in the United States.
- J. "Organ Transplant Procedures" or any organ donations.
- K. "Mental or Nervous Disorders", rehabilitation treatment.
- L. "Substance Abuse" expenses, programs for the rehabilitation treatment thereof.
- M. Dependent care and any related expenses.
- N. Any expenses related to or from War, whether declared or undeclared, hostilities, invasion or civil war.
- O. Any expenses resulting from and "injury" or "illness" that is a direct result of a nuclear or radioactive accident.
- P. Any expenses which are incurred after the "inmate" is released from custody or control from the correctional authorities.
- Q. "Expenses for, in connection with, or arising out of providing security or guarding of any "inmate" while such "inmate" is an "inpatient" in a "hospital" or such "inmate" is receiving "outpatient surgical services". "Injuries" sustained by the "inmate" as a direct result of the "inmate" needing to be restrained or controlled will be considered covered expenses so long as it can be shown that only reasonable force was exercised by law enforcement personnel.
- R. Any custodial care, "Educational or Rehabilitative Care" or nursing services expenses while primarily confined to receive such services.
- S. Any expenses that result from services solely for cosmetic or aesthetic purposes.
- T. Expenses for vocational or recreational therapy or vocational rehabilitation.
- U. Expenses for preventative care, including routine physical examinations, premarital examinations and educational programs.
- V. The following expenses for conception and childbirth:
 - Any drug, treatment or procedure that either promotes or prevents conception or childbirth
 - Artificial insemination, treatment of infertility, impotency and sterilization
 - Abortion (unless the life of the mother would be endangered if the fetus was carried to term)
 - Care of newborn infants.

Allowable Medical Expenses related to complications of pregnancy are covered.
- W. The following cosmetic, weight loss or body transforming services
 - Weight modification, surgery for obesity
 - Wiring of teeth, Gastric bypass, lap band or any related surgery
 - Breast augmentation , reduction and sex/gender changes

**BOARD OF COUNTY COMMISSIONERS
LAKE COUNTY, FLORIDA
OFFICE OF THE COUNTY MANAGER
AGENDA ITEM COVER SHEET**

DATE: 08/29/2013

TO: David Heath, County Manager

THRU:

Dottie Keedy, Community Services Director

MEETING DATE: 09/24/2013

ITEM TYPE: Consent Item

ITEM ID: 857

BY: Linda Green, Office Associate V

SUBJECT: Quote for Renewal of the Catastrophic Inmate Medical Insurance Policy.

RECOMMENDATION/REQUIRED ACTION:

Request approval of the quote from HRH/Hunt Insurance Group, Inc. to renew the catastrophic/hospital inmate medical insurance policy effective October 1, 2013 through September 30, 2014 and authorize the County Manager to sign all related implementation documentation. The fiscal impact is \$47,746.00 (Expense).

BACKGROUND SUMMARY:

On January 25, 2011, the Board approved a request for HRH/Hunt Insurance Group, Inc. (administrator of insurance programs on behalf of the Florida Sheriff's Association), to provide catastrophic/hospital inmate medical insurance.

Catastrophic inmate medical insurance coverage includes reimbursement for claims paid related to an inmate's off-site inpatient hospital services and/or outpatient surgery that exceed a specific deductible, subject to Average Daily Maximum (ADM) limits.

Staff recommends approving renewal of the catastrophic medical insurance policy with a deductible per inmate of \$80,000.00 with a limit of coverage per inmate of \$500,000.00. The deductible is being recommended based on the fact that the average length of inpatient stay for inmates is five days and the cost of providing health care continues to rise. With a lower deductible the County stands a better chance of recovering hospital and health care costs should a claim occur.

The ADM rate is \$20,000.00 for the first three days and \$12,000.00 for each day thereafter. Prior year's policy provided an ADM of \$12,000.00 for the first three days and \$8,000.00 for each day thereafter. This will result in a benefit to the County as it will provide a potential increase in claim reimbursement.

With the advent of Armor Correctional Health Services on October 1, 2013, staff will revisit the possibility of adjusting the deductible per inmate next fiscal year.

The fiscal impact is \$47,746.00 for the annual premium.

Fiscal Impact: \$47,746.00 (Expense)/County funded

Account No.:

Fund Name	Fund Number	Org Code	Object Code	Project Number	Amount
General Fund	0010	7073210	830459		\$47,746.00

Advertised Date:

Paper:

Attachments:

1.	Inmate Medical 2013-2014 Benefit Plan
2.	Inmate Medical 2013-2014 Subsequent Policy Offer

STAFF APPROVALS AND DATES:

Green, Linda	Created/Initiated - 08/29/2013
Likely, Brenda	Approved - 08/29/2013
Keedy, Dottie	Approved - 08/29/2013
Nguyen, Binh	Approved - 08/30/2013
Koontz, Steve	Approved - 08/30/2013
Minkoff, Sanford A.	Approved - 09/03/2013
Booth, Niki	Final Approval - 09/12/2013

ACTION TAKEN BY BOARD:

Action: New

Continued/Deferred Until:

Other:



LAKE COUNTY
FLORIDA
MODIFICATION OF CONTRACT

1. Modification No.: 1 Effective Date: 10/1/2012	2. Contract No.: 11-0031 Effective Date: 10/1/2011
3. Contracting Officer: Susan Dugan Telephone Number: (352) 343-9768	5. Contractor Name and Address: Hunt Insurance Group 3606 Maclay Boulevard S. Suite 101 Tallahassee, Florida 32312 850.385.3636
4. Issued By: Procurement Services Lake County Administration Building 315 W. Main St., Suite 441 Tavares, Florida 32778-7800	
6. SPECIAL INSTRUCTIONS: Contractor is required to sign Block 8 showing acceptance of the below written modification and <u>return this form to address shown in Block 4 within ten (10) days after receipt</u> , preferably by certified mail to ensure a system of positive receipts. Retain a photocopy of the signed copy of this modification and attach to original of contract, which was previously provided.	
7. DESCRIPTION OF MODIFICATION: Renew agreement effective October 1, 2012 through September 30, 2013 per the plan document signed by the County Manager and approved by the BCC on October 12, 2012.	
8. Contractor's Signature <u>NOT REQUIRED</u> Name: _____ Title: _____ Date: _____	9. Lake County, Florida By: <u>Susan Dugan</u> Senior Contracting Officer <u>10/12/2012</u> Date
10. Distribution: Original - Bid No. 11-0031	

Subsequent Policy Period Offer



Employer: LAKE COUNTY
 Effective Date: OCTOBER 01, 2012
 Stop Loss Carrier: UNIMERICA INSURANCE COMPANY
 Life Carrier:
 Producer: DAVID DUNBAR
 Underwriter: NAOMI ZELLERS
 Sales Reps: KURT HAAG
 Date: 09/04/2012

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		\$50,000	\$75,000	\$100,000
Specific Maximum		\$500,000	\$500,000	\$500,000
EMPLOYEE	1,000	\$6.06	\$4.21	\$3.07
FAMILY	0	\$.00	\$.00	\$.00
Total Lives/Annual Premium	1,000	\$72,720.00	\$50,520.00	\$36,840.00
Benefits Covered		MED	MED	MED
Specific Contract Basis		12/18	12/18	12/18

CONDITIONS AND ASSUMPTIONS

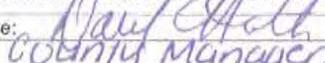
- MINIMUM ANNUAL PREMIUM: 90% OF ANNUAL PREMIUM SHOWN ABOVE
 - HOSPITAL AVERAGE DAILY MAXIMUM: \$20,000 (DAYS 1-3) & \$12,000 (DAY 4 AND EACH DAY THEREAFTER)
 - INCLUDES COVERAGE FOR AIDS/HIV & PREGNANCY
 - This offer directly reflects commission of 17 %. Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this offer.
 - Assumes current plan design as stated in Plan Document.
 - Assumes the plan will have PPO: current discounts (50%) Case Manager: N/A TPA: N/A
 - Retirees are not covered for medical benefits.
 - This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.
 - In executing this form, the employer or its authorized representative, is acknowledging acceptance of the new rates, factors and terms. The employer or its authorized representative further acknowledges that all material facts, terms and conditions stated in the employers plan document and the Policy/Agreement remain unchanged and in full force and effect, unless noted above.
 - The Subsequent Policy Period Offer is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this offer can void the offer and coverage.
- Until we obtain the signed Subsequent Policy Period Offer, the rates and factors are subject to change as additional information is received. This Offer is valid for the stated effective date noted above provided the employer or its authorized representative elects one of the above options, signs the acknowledgment and we receive the completed Offer by 9/27/12.*

Circle Coverages & Options Elected

Dated:

Signature:

Title:


 COUNTY Manager, LAKE CO.

Inmate Medical Benefit Plan Document

PLAN SPONSOR: Lake County

EFFECTIVE DATE: October 1, 2012

DEFINITIONS:

- A. AVERAGE DAILY MAXIMUM (ADM) means the maximum allowable amount on a per day basis shown in the Schedule of Insurance.
- B. EDUCATIONAL OR REHABILITATIVE CARE means care for restoration (by education or training) of one's ability to function in a normal or near normal manner following any illness or injury. This type of care includes, but is not limited to, physical therapy, occupational therapy, and speech therapy.
- C. EXPERIMENTAL PROCEDURE means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are: (a) limited to research; (b) not proven in an objective manner to have therapeutic value or benefit; (c) restricted to use by medical facilities capable of carrying out scientific studies; (d) of questionable medical effectiveness; or (e) would be considered inappropriate medical treatment. To determine, in its sole discretion, whether a procedure is experimental, the Plan will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Food and Drug Administration, the Department of Health and Human Services, the National Institute of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.
- D. HOSPITAL means an acute care facility which meets all of the following criteria:
1. such hospital is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility;
 2. operates as a hospital pursuant to applicable law;
 3. operates primarily for the reception, care, and treatment of sick or injured persons who are not sick or injured "Inmates";
 4. provides 24-hour nursing service by "Registered Nurses" on duty or on call;
 5. has a staff of one or more "Physicians" at all times;
 6. provides organized facilities and equipment for diagnosis and treatment of acute medical, surgical and psychiatric ward conditions on premises; and
 7. is not primarily a psychiatric hospital, long-term care facility; extended care facility; nursing rest or custodial care or convalescent home; a place for the aged, drug addicts, alcoholics or runaways; or similar establishments.
- E. ILLNESS means a sickness or disease. "Illness" does not include learning disabilities, attitudinal disorders, or disciplinary problems.

- F. INJURY means bodily injury resulting from an accidental, unforeseen event. For purposes of this Plan Document, an attempted suicide shall be deemed to be an accidental, unforeseen event
- G. INMATE means a person(s) arrested by a designated licensed authority or in the care, custody and control of the "Plan Sponsor". Such persons (i) will remain "Inmates" up until the date of discharge from incarceration as designated by the governing body or judicial entity that sentenced such "Inmate" or any date earlier as deemed appropriate by the same governing body; or a judicial entity with lawful jurisdiction; and will cease to be "Inmates" as of the date of discharge from incarceration, even if such date of discharge occurs while such "Inmate" is hospitalized.
- H. INPATIENT means an "Inmate" who meets all of the following criteria:
1. such "Inmate" is admitted as an inpatient to the "Hospital"; or is being held for observation and or testing at a hospital facility.
 2. such "Inmate" incurs expenses for room and board that are charged to the "Named Insured" or the lawfully appointed designee of the Plan Sponsor.
- I. MEDICALLY NECESSARY means necessary and appropriate for the diagnosis or treatment of an "Illness" or "Injury" based on generally accepted current medical practice. A service, medicine or supply will not be considered "Medically Necessary" if it:
1. is provided only as a convenience to the "Inmate";
 2. is not appropriate for the "Inmate's" diagnosis or symptoms; or
 3. exceeds (in scope, duration or intensity) that level of care, which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- J. MENTAL OR NERVOUS DISORDER means a mental or emotional disease or disorder that is listed in the current edition of the Diagnostic and Statistical manual for Mental Disorders of the American Psychiatric Association and denotes the following:
1. a disease of the brain with predominant behavioral symptoms;
 2. a disease of the mind or personality, evidenced by abnormal behavior; or
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- K. ON SITE CLINIC means a clinic or medical facility providing any kind of healthcare, psychological, nutritional, or psychiatric services located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- L. ORGAN TRANSPLANT PROCEDURES means any transplant procedure including, but not limited to, kidney, cornea, heart, lung, heart-lung, liver, pancreas and bone marrow transplants.

- M. **OUTPATIENT SURGICAL CENTER** means any outpatient same-day surgery center which meets both of the following criteria:
1. has facilities that are operated primarily for the purpose of performing surgical procedures and is licensed by the State in which it resides.
 2. such center is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- N. **PHYSICIAN** means a person performing services within the scope of his or her license, who is a duly licensed: (1) doctor of medicine (MD), (2) doctor of osteopathy (DO), or physician assistant (PA).
- O. **PLAN COVERAGE PERIOD** means a 12 month period commencing on the Effective Date shown above or such shorter period of time if this plan is terminated earlier.
- P. **PLAN ADMINISTRATOR** means the Plan Sponsor who shall undertake the administration of claims or a Third Party Administrator hired by the Plan Sponsor to perform the said duties. The Administrator shall:
1. supervise the administration and adjustment of all claims and verify the accuracy and computation of all claims,
 2. maintain accurate records of all claims payments,
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- Q. **REASONABLE AND CUSTOMARY** means the usual charge made by a group, entity or person who renders or furnishes similar services, treatments or supplies; provided the charge is not in excess of the general level of charges made by others who render or furnish the same or similar services, treatments or supplies to persons; (1) who reside in the same geographical area (as determined by the Center for Medicare and Medicaid ("CMS") Guidelines); and (2) whose "Illness" or "Injury" is comparable in nature and severity.
- In determining whether a charge is reasonable, one or more of the following factors may be considered:
1. the level of skill, extent of training and experience required to perform the procedure or service;
 2. the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services;
 3. the severity of the nature or "Illness" or "Injury" being treated; the amount charged for the same or comparable services, medicines or supplies in other parts of the country.
 4. the cost to the provider of providing the service, medicine, or supply;
- R. **REGISTERED NURSE** means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after his/her name.

S. **SUBSTANCE ABUSE** means alcohol, drug or chemical abuse, overuse or dependency.

T. **SURGERY** means:

1. an invasive diagnostic procedure performed by a "Physician"; or
2. the treatment of "Illness" by manual or instrumental operations performed by a "Physician" while the patient is under general or local anesthesia.

PLAN BENEFIT DESCRIPTION:

The Plan covers the following Allowable Medical Expenses incurred by an "Inmate" for the treatment of an "Injury" or "Illness" during the Plan Coverage Period. Such charges are covered at the Plan Benefit Coinsurance and subject to:

- the Limitations shown in the Schedule of Benefits;
- the Exclusions; and
- all other terms and conditions of the Plan.

SCHEDULE OF BENEFITS:

Plan Benefit Coinsurance:	100% of "Allowable Medical Expenses"
Inpatient Hospital Services:	Limited to the lesser of the amount paid or an "Average Daily Maximum" (ADM) per admission of \$20,000 ADM for the first three days and \$12,000 ADM for each day thereafter.
Outpatient Surgical Services:	Limited to \$40,000 per outpatient surgical visit.

ALLOWABLE MEDICAL EXPENSES:

Inpatient Hospital Services:

The following services provided and billed by a "Hospital" while the "Inmate" is an "Inpatient". All services and supplies must be administered by or under the direction of a "Physician".

- A. Emergency Room Services and Ambulance Services as long as the "Inmate" is admitted to the "Hospital" on an "Inpatient" basis for further services and or treatment within 24 hours.
- B. The use of any type of room and board; operating, treatment, recovery and daily room and board.
- C. services and supplies that are routinely provided by the "hospital" to "inpatients."
- D. Supplies including but not limited to:
 - Dressings
 - Sutures
 - Casts
 - Other supplies which are deemed "medically necessary."

- E. Diagnostic Testing including but not limited to:
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 - Radiation Therapy or treatment
- (Psychometric behavioral and educational testing is not included.)
- F. Other Charges:
- Oxygen and other gases and their administration thereof
 - Anesthetics and their administration thereof
- G. Hemodialysis (services and charges by the “hospital”) as long as it is done on an “inpatient” basis.
- H. Processing and administration of blood or administration of blood components

Outpatient Surgical Services:

Services provided and billed by a “Hospital” or an “Outpatient Surgical Center” for “Surgery”. The “Inmate” must be discharged within 24 hours of admission. All services and supplies must be administered by or under the direction of a “Physician”.

EXCLUSIONS:

- A. Any expenses which are not “Medically Necessary”.
- B. Any expenses in excess of the “Reasonable and Customary” charge.
- C. Any expenses which were incurred prior to the Effective Date of the Plan.
- D. Consulting Fees.
- E. Expenses which are covered, recoverable, or attributable to, any other medical or hospitalization benefit policy or insurance.
- F. Dental, Vision or hearing services unless the services are the direct result of an “Injury”, or “Illness”.
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1. “Physician” office visits
 2. Services rendered at the site of the emergency
 3. Healthcare services or medicine administered or provided at a jail or correctional facility
 4. Prescription drugs provided to an “inmate” not on an “inpatient” or “surgical outpatient” basis.
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- J. "Organ Transplant Procedures" or any organ donations.
- K. "Mental or Nervous Disorders", rehabilitation treatment.
- L. "Substance Abuse" expenses, programs for the rehabilitation treatment thereof.
- M. Dependent care and any related expenses.
- N. Any expenses related to or from War, whether declared or undeclared, hostilities, invasion or civil war.
- O. Any expenses resulting from and "injury" or "illness" that is a direct result of a nuclear or radioactive accident.
- P. Any expenses which are incurred after the "inmate" is released from custody or control from the correctional authorities.
- Q. "Expenses for, in connection with, or arising out of providing security or guarding of any "inmate" while such "inmate" is an "inpatient" in a "hospital" or such "inmate" is receiving "outpatient surgical services". "Injuries" sustained by the "inmate" as a direct result of the "inmate" needing to be restrained or controlled will be considered covered expenses so long as it can be shown that only reasonable force was exercised by law enforcement personnel.
- R. Any custodial care, "Educational or Rehabilitative Care" or nursing services expenses while primarily confined to receive such services.
- S. Any expenses that result from services solely for cosmetic or aesthetic purposes.
- T. Expenses for vocational or recreational therapy or vocational rehabilitation.
- U. Expenses for preventative care, including routine physical examinations, premarital examinations and educational programs.
- V. The following expenses for conception and childbirth:
 - Any drug, treatment or procedure that either promotes or prevents conception or childbirth
 - Artificial insemination, treatment of infertility, impotency and sterilization
 - Abortion (unless the life of the mother would be endangered if the fetus was carried to term)
 - Care of newborn infants.

Allowable Medical Expenses related to complications of pregnancy are covered.
- W. The following cosmetic, weight loss or body transforming services
 - Weight modification, surgery for obesity
 - Wiring of teeth, Gastric bypass, lap band or any related surgery
 - Breast augmentation , reduction and sex/gender changes

- X. Marriage, Family or Child Counseling.
- Y. Any payment of, or because of punitive or exemplary charges.
- Z. If this plan is new to the "Plan Sponsor", expenses for an "illness" of an "inmate" who is hospitalized on the effective date or within 72 hours after the effective date of this plan. This would not apply to a new inmate arriving during the 72 hour period.

Plan Sponsor Lake County

Plan Document Reviewed and Approved by:

David K. Heath, County Manager
Name and Title

10/10/12
Date

Initial number of Inmates on the Effective Date: **1000**

Inmate Medical Benefit Plan Document

PLAN SPONSOR: Lake County

EFFECTIVE DATE: October 1, 2011

DEFINITIONS:

- A. **AVERAGE DAILY MAXIMUM (ADM)** means the maximum allowable amount on a per day basis shown in the Schedule of Insurance.
- B. **EDUCATIONAL OR REHABILITATIVE CARE** means care for restoration (by education or training) of one's ability to function in a normal or near normal manner following any illness or injury. This type of care includes, but is not limited to, physical therapy, occupational therapy, and speech therapy.
- C. **EXPERIMENTAL PROCEDURE** means any medical procedure, equipment, treatment or course of treatment, or drugs or medicines that are: (a) limited to research; (b) not proven in an objective manner to have therapeutic value or benefit; (c) restricted to use by medical facilities capable of carrying out scientific studies; (d) of questionable medical effectiveness; or (e) would be considered inappropriate medical treatment. To determine, in its sole discretion, whether a procedure is experimental, the Plan will consider, among other things, commissioned studies, opinions and references to or by the American Medical Association, the Food and Drug Administration, the Department of Health and Human Services, the National Institute of Health, the Council of Medical Specialty Societies and any other association or program or agency that has the authority to review or regulate medical testing or treatment.
- D. **HOSPITAL** means an acute care facility which meets all of the following criteria:
1. such hospital is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility;
 2. operates as a hospital pursuant to applicable law;
 3. operates primarily for the reception, care, and treatment of sick or injured persons who are not sick or injured "Inmates";
 4. provides 24-hour nursing service by "Registered Nurses" on duty or on call;
 5. has a staff of one or more "Physicians" at all times;
 6. provides organized facilities and equipment for diagnosis and treatment of acute medical, surgical and psychiatric ward conditions on premises; and
 7. is not primarily a psychiatric hospital, long-term care facility; extended care facility; nursing rest or custodial care or convalescent home; a place for the aged, drug addicts, alcoholics or runaways; or similar establishments.
- E. **ILLNESS** means a sickness or disease. "Illness" does not include learning disabilities, attitudinal disorders, or disciplinary problems.

- F. INJURY means bodily injury resulting from an accidental, unforeseen event. For purposes of this Plan Document, an attempted suicide shall be deemed to be an accidental, unforeseen event
- G. INMATE means a person(s) arrested by a designated licensed authority or in the care, custody and control of the "Plan Sponsor". Such persons (i) will remain "Inmates" up until the date of discharge from incarceration as designated by the governing body or judicial entity that sentenced such "Inmate" or any date earlier as deemed appropriate by the same governing body; or a judicial entity with lawful jurisdiction; and will cease to be "Inmates" as of the date of discharge from incarceration, even if such date of discharge occurs while such "Inmate" is hospitalized.
- H. INPATIENT means an "Inmate" who meets all of the following criteria:
1. such "Inmate" is admitted as an inpatient to the "Hospital"; or is being held for observation and or testing at a hospital facility.
 2. such "Inmate" incurs expenses for room and board that are charged to the "Named Insured" or the lawfully appointed designee of the Plan Sponsor.
- I. MEDICALLY NECESSARY means necessary and appropriate for the diagnosis or treatment of an "Illness" or "Injury" based on generally accepted current medical practice. A service, medicine or supply will not be considered "Medically Necessary" if it:
1. is provided only as a convenience to the "Inmate";
 2. is not appropriate for the "Inmate's" diagnosis or symptoms; or
 3. exceeds (in scope, duration or intensity) that level of care, which is needed to provide safe, adequate and appropriate diagnosis or treatment.
- J. MENTAL OR NERVOUS DISORDER means a mental or emotional disease or disorder that is listed in the current edition of the Diagnostic and Statistical manual for Mental Disorders of the American Psychiatric Association and denotes the following:
1. a disease of the brain with predominant behavioral symptoms;
 2. a disease of the mind or personality, evidenced by abnormal behavior; or
 3. a disorder of conduct evidenced by socially deviant behavior.
- K. ON SITE CLINIC means a clinic or medical facility providing any kind of healthcare, psychological, nutritional, or psychiatric services located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- L. ORGAN TRANSPLANT PROCEDURES means any transplant procedure including, but not limited to, kidney, cornea, heart, lung, heart-lung, liver, pancreas and bone marrow transplants.

- M. **OUTPATIENT SURGICAL CENTER** means any outpatient same-day surgery center which meets both of the following criteria:
1. has facilities that are operated primarily for the purpose of performing surgical procedures and is licensed by the State in which it resides.
 2. such center is not located at a jail, prison, correctional institution, house of correction, or similar facility or upon the grounds or premises of such facility.
- N. **PHYSICIAN** means a person performing services within the scope of his or her license, who is a duly licensed: (1) doctor of medicine (MD), (2) doctor of osteopathy (DO), or physician assistant (PA).
- O. **PLAN COVERAGE PERIOD** means a 12 month period commencing on the Effective Date shown above or such shorter period of time if this plan is terminated earlier.
- P. **PLAN ADMINISTRATOR** means the Plan Sponsor who shall undertake the administration of claims or a Third Party Administrator hired by the Plan Sponsor to perform the said duties. The Administrator shall:
1. supervise the administration and adjustment of all claims and verify the accuracy and computation of all claims,
 2. maintain accurate records of all claims payments,
 3. provide case management to appropriately manage the care of all "Hospital Inpatient Services".
- Q. **REASONABLE AND CUSTOMARY** means the usual charge made by a group, entity or person who renders or furnishes similar services, treatments or supplies; provided the charge is not in excess of the general level of charges made by others who render or furnish the same or similar services, treatments or supplies to persons: (1) who reside in the same geographical area (as determined by the Center for Medicare and Medicaid ("CMS") Guidelines); and (2) whose "Illness" or "Injury" is comparable in nature and severity.
- In determining whether a charge is reasonable, one or more of the following factors may be considered:
1. the level of skill, extent of training and experience required to perform the procedure or service;
 2. the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services;
 3. the severity of the nature or "Illness" or "Injury" being treated; the amount charged for the same or comparable services, medicines or supplies in other parts of the country.
 4. the cost to the provider of providing the service, medicine, or supply;
- R. **REGISTERED NURSE** means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after his/her name.

S. **SUBSTANCE ABUSE** means alcohol, drug or chemical abuse, overuse or dependency.

T. **SURGERY** means:

1. an invasive diagnostic procedure performed by a "Physician"; or
2. the treatment of "Illness" by manual or instrumental operations performed by a "Physician" while the patient is under general or local anesthesia.

PLAN BENEFIT DESCRIPTION:

The Plan covers the following Allowable Medical Expenses incurred by an "Inmate" for the treatment of an "Injury" or "Illness" during the Plan Coverage Period. Such charges are covered at the Plan Benefit Coinsurance and subject to:

- the Limitations shown in the Schedule of Benefits;
- the Exclusions; and
- all other terms and conditions of the Plan.

SCHEDULE OF BENEFITS:

Plan Benefit Coinsurance:	100% of "Allowable Medical Expenses"
Inpatient Hospital Services:	Limited to the lesser of the amount paid or an "Average Daily Maximum" (ADM) per admission of \$12,000 for the first three days and \$8,000 thereafter.
Outpatient Surgical Services:	Limited to \$24,000 per outpatient surgical visit.

ALLOWABLE MEDICAL EXPENSES:

Inpatient Hospital Services:

The following services provided and billed by a "Hospital" while the "Inmate" is an "Inpatient". All services and supplies must be administered by or under the direction of a "Physician".

- A. Emergency Room Services and Ambulance Services as long as the "Inmate" is admitted to the "Hospital" on an "Inpatient" basis for further services and or treatment within 24 hours.
- B. The use of any type of room and board; operating, treatment, recovery and daily room and board.
- C. services and supplies that are routinely provided by the "hospital" to "inpatients."
- D. Supplies including but not limited to:
 - Dressings
 - Sutures
 - Casts
 - Other supplies which are deemed "medically necessary."

- F. Diagnostic Testing including but not limited to:
 - Radiological
 - Ultrasonographic
 - Laboratory
 - Radiation Therapy or treatment
 (Psychometric behavioral and educational testing is not included.)
- F. Other Charges:
 - Oxygen and other gases and their administration thereof
 - Anesthetics and their administration thereof
- G. Hemodialysis (services and charges by the "hospital") as long as it is done on an "inpatient" basis.
- H. Processing and administration of blood or administration of blood components

Outpatient Surgical Services:

Services provided and billed by a "Hospital" or an "Outpatient Surgical Center" for "Surgery". The "Inmate" must be discharged within 24 hours of admission. All services and supplies must be administered by or under the direction of a "Physician".

EXCLUSIONS:

- A. Any expenses which are not "Medically Necessary".
- B. Any expenses in excess of the "Reasonable and Customary" charge.
- C. Any expenses which were incurred prior to the Effective Date of the Plan.
- D. Consulting Fees.
- E. Expenses which are covered, recoverable, or attributable to, any other medical or hospitalization benefit policy or insurance.
- F. Dental, Vision or hearing services unless the services are the direct result of an "Injury", or "Illness".
- G. Services that do not qualify as "Hospital Inpatient Services" or "Outpatient Surgical Services", including, but not limited to:
 1. "Physician" office visits
 2. Services rendered at the site of the emergency
 3. Healthcare services or medicine administered or provided at a jail or correctional facility
 4. Prescription drugs provided to an "inmate" not on an "inpatient" or "surgical outpatient" basis.
- H. "On site Clinic" services expenses.
- I. "Experimental Procedures", drugs, or research studies, or any services or supplies not considered legal in the United States.

- J. "Organ Transplant Procedures" or any organ donations.
- K. "Mental or Nervous Disorders", rehabilitation treatment.
- L. "Substance Abuse" expenses, programs for the rehabilitation treatment thereof.
- M. Dependent care and any related expenses.
- N. Any expenses related to or from War, whether declared or undeclared, hostilities, invasion or civil war.
- O. Any expenses resulting from and "injury" or "illness" that is a direct result of a nuclear or radioactive accident.
- P. Any expenses which are incurred after the "inmate" is released from custody or control from the correctional authorities.
- Q. "Expenses for, in connection with, or arising out of providing security or guarding of any "inmate" while such "inmate" is an "inpatient" in a "hospital" or such "inmate" is receiving "outpatient surgical services". "Injuries" sustained by the "inmate" as a direct result of the "inmate" needing to be restrained or controlled will be considered covered expenses so long as it can be shown that only reasonable force was exercised by law enforcement personnel.
- R. Any custodial care, "Educational or Rehabilitative Care" or nursing services expenses while primarily confined to receive such services.
- S. Any expenses that result from services solely for cosmetic or aesthetic purposes.
- T. Expenses for vocational or recreational therapy or vocational rehabilitation.
- U. Expenses for preventative care, including routine physical examinations, premarital examinations and educational programs.
- V. The following expenses for conception and childbirth:
 - Any drug, treatment or procedure that either promotes or prevents conception or childbirth
 - Artificial insemination, treatment of infertility, impotency and sterilization
 - Abortion (unless the life of the mother would be endangered if the fetus was carried to term)
 - Care of newborn infants.

Allowable Medical Expenses related to complications of pregnancy are covered.
- W. The following cosmetic, weight loss or body transforming services
 - Weight modification, surgery for obesity
 - Wiring of teeth, Gastric bypass, lap band or any related surgery
 - Breast augmentation, reduction and sex/gender changes
- X. Marriage, Family or Child Counseling.
- Y. Any payment of, or because of punitive or exemplary charges.

- Z. If this plan is new to the "Plan Sponsor", expenses for an "illness" of an "inmate" who is hospitalized on the effective date or within 72 hours after the effective date of this plan. This would not apply to a new inmate arriving during the 72 hour period.

Plan Sponsor Lake County

Plan Document Reviewed and Approved by:

Jennifer Hill

Jennifer Hill, Chairman

9-20-11
Date

Initial number of Inmates on the Effective Date: 1000

INMATE MEDICAL INSURANCE APPLICATION

Name of prospective insured: LAKE COUNTY

Name of Governmental Facility: LAKE COUNTY SHERIFF OFFICE

Contact Person: _____

(Street) Address: 551 WEST MAIN STREET, TAVARES, FL 32718

Telephone Number: 352 7424054 Fax Number: 352 7424039

Email Address: _____ Tax ID # _____

Average Inmate daily population (Include those housed at other facilities and for whom you are responsible; Exclude inmates you are housing for others and for whom you are not responsible)

Inmate; Average Daily Population: 1000

Maximum County Jail Capacity: _____ Average Length of Detention: _____

Estimated percentage of Inmates kept under 30 days: _____
30 days to 6 months: _____, 6 months to 1 year: _____, over 1 year: _____

Do you contract with a Correctional Healthcare Provider? Yes No
If yes, who? _____

Do you have a discount agreement in place with the local Hospitals and Doctors?
 Yes No What %: 45% OFF U-C CHARGES

Do you have case management staff to assure proper monitoring of a Hospital stay?
 Yes No

Do you have an on premises infirmary? Yes No

What Hospital is the primary caregiver? FLORIDA HOSPITAL WATERMAN
For Profit Not for Profit

It is presumed that a large percentage of inmates are most likely indigent and eligible for Medicaid. In your negotiations with the healthcare providers, you should attempt to negotiate a reimbursement agreement under Medicaid or Medicare valuations. In the majority of cases the County Jails medical services volume of Inpatient and Outpatient Surgical Services is an insignificant financial impact to the providers' bottom line, but it definitely has an impact to the Counties bottom line, even with a discount off the billed amounts. A Medicaid or Medicare reimbursement would be reasonable and fair for this type of population.



Hunt Insurance Group, LLC
Willis North America
3806 Maclay Boulevard South
Tallahassee, FL 32312
(800) 763-4868 • (850) 385-2124 Fax
www.inmatemedicalinsurance.com

MEDICAL APPLICATION - PAGE 2

OFF-SITE Inpatient Hospital, Outpatient Surgical Procedures and Physicians Services Claims

Total of all claims when combined which exceed \$10,000 per inmate that have occurred in the past four years and listed by year. Please list the Names (or member #), and "Paid Claims Amounts" and "Pending Payments Amounts" for the following individuals.

Year	Inmate	Diagnosis	Paid Claims	Pending Payment
2011	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
2010	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
2009	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____
2008	1. _____	_____	_____	_____
	2. _____	_____	_____	_____
	3. _____	_____	_____	_____

(If more lines are needed please add additional document).

Are any of these inmates currently in your Care, Custody or Control? Yes No

If yes, current prognosis: _____

Is there anyone currently Off-Site — Inpatient at this time? Yes No

Name: _____

Diagnosis: _____ Prognosis: _____

Name: _____

Diagnosis: _____ Prognosis: _____

Name: _____

Diagnosis: _____ Prognosis: _____

Date: 9/26/11 Signature: Jennifer Stee Title: Chair

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [BY SUBSTANTIAL] CIVIL PENALTIES.

(Not applicable in CO, HI, NE, OH, OR, OK, or VT. In IL, IA, ME, TN, and VA, insurance benefits may also be denied)



United Insurance Group, LLC
 Willis North America
 603 Broadway, 14th Floor, New York, NY 10038
 Telephone: 1-800-345-2222
 www.inpatientmedicalinsurance.com

Subsequent Policy Period Offer

Health

Employer: LAKE COUNTY
 Effective Date: OCTOBER 01, 2011
 Stop Loss Carrier: UNIMERICA INSURANCE COMPANY
 Life Carrier:
 Producer: DAVID DUNBAR
 Underwriter: ZELLERS, NAOMI
 Sales Reps: KURT HAAG
 Date: 08/01/2011

SPECIFIC COVERAGE		Option 1	Option 2	Option 3
Specific Deductible Amount		\$75,000	\$100,000	\$125,000
Specific Maximum		\$500,000	\$500,000	\$500,000
COMPOSITE	1,000	\$4.21	\$3.10	\$2.30
Total Lives/Annual Premium	1,000	\$50,520.00	\$37,200.00	\$27,600.00
Benefits Covered		MED	MED	MED
Specific Contract Basis		12/18	12/18	12/18

CONDITIONS AND ASSUMPTIONS

- MINIMUM ANNUAL PREMIUM: 90% OF ANNUAL PREMIUM SHOWN ABOVE
- HOSPITAL AVERAGE DAILY MAXIMUMS: \$12,000 (DAYS 1-3) & \$8,000 (DAY 4 AND EACH DAY THEREAFTER)
- INCLUDES COVERAGE FOR HIV/AIDS & PREGNANCY

This offer directly reflects commission of 17%. Other compensation or bonuses may be indirectly reflected in this quote. Contact your broker/agent if you have any questions relating to their compensation for this offer.

Assumes the plan will have PPO: current discounts Case Manager: N/A TPA: N/A

Assumes current plan design as stated in Plan Document.

This document may contain Protected Health Information (PHI) and should only be shared with individuals designated to view such information per HIPAA regulations.

Retirees are not covered for medical benefits.

The Subsequent Policy Period Offer is based on data submitted, plus other information furnished relevant to underwriting the risk, including all claims or possible claims, paid, pending or denied pending additional information, or which the employer or its authorized representative should otherwise be aware of. Any inaccuracy in the data submitted or failure to disclose any such information can change the terms, conditions, rates or factors of this offer can void the offer and coverage.

In executing this form, the employer or its authorized representative, is acknowledging acceptance of the new rates, factors and terms. The employer or its authorized representative further acknowledges that all material facts, terms and conditions stated in the employers plan document and the Policy/Agreement remain unchanged and in full force and effect, unless noted above.

Until we obtain the signed Subsequent Policy Period Offer, the rates and factors are subject to change as additional information is received. This Offer is valid for the stated effective date noted above provided the employer or its authorized representative elects one of the above options, signs the acknowledgment and we receive the completed Offer by 10/1/2011.

Circle Coverages & Options Elected
 Dated: _____

Signature: _____
 Title: _____