



BCS Insurance Company
 2 Mid America Plaza, Suite 200
 Oakbrook Terrace, Illinois 60181
 800.621.9215
 bcsins.com

SCHEDULE FOR STOP LOSS INSURANCE

Policyholder		
Full Legal Group Name of Policyholder (to appear on Policy) Laramie County Government	Issue Date: 4/28/2023	
	Policy Period From: 7/1/2023 To: 6/30/2024	
Group Number 4600037-01	Policy Number ESL-30360	
A. SPECIFIC STOP LOSS [X] YES, INCLUDED [] NO, NOT INCLUDED		
1. Benefit Period 12/18		
Incurred From 7/1/2023	Through 6/30/2024	
Paid From 7/1/2023	Through 12/30/2024	
Run-In Limit, if applicable \$0.00		
2. Eligible Expenses under Specific Stop Loss		
<input checked="" type="checkbox"/> Medical		
<input checked="" type="checkbox"/> Prescription Drugs		
<input type="checkbox"/> Other		
3. Specific Deductible Per Covered Person, Per Policy Period \$100,000 except for the following Covered Person(s):		
Covered Person(s) Name	Amount	Laser Condition (if applicable)
N/A	N/A	N/A
4. Aggregating Specific Deductible, Per Policy Period	\$100,000	
5. Specific Percentage Reimbursable Per Covered Person, Per Policy Period	100%	
6. Maximum Specific Reimbursement Per Covered Person, Per Policy Period	Unlimited	
7. Specific Stop Loss Coverage Rate(s) Per Month Per:		
Employee	\$120.75	
Employee plus Spouse (or plus one)	\$271.57	
Employee plus Child(ren)	\$273.38	
Family	\$461.03	
Composite	\$0.00	
Other	\$0.00	

Special Considerations: Limits for Specific Stop Loss, Per Policy Period:
 The network is BC and/or BS network.
 The claims administrator is BCBS of Wyoming.
 PBM is Prime Therapeutics.
 8. Retirees are covered under stop loss. Both retirees under age 65 are covered and retirees age 65 and over are covered. Retirees age 65 and over must be Medicare primary.
 NNL Option: At the groups renewal on 7/1/2024, no new claimants will be lasered and specific rates will increase no more than 50% assuming the same contract type and specific deductibles.
 The maximum individual claim that will be applied towards aggregate coverage will be equal to the specific deductible.

B. AGGREGATE STOP LOSS YES, INCLUDED NO, NOT INCLUDED

1.	Benefit Period 24/12	
	Incurred From 7/1/2022	Through 6/30/2024
	Paid From 7/1/2023	Through 6/30/2024
	Run-In Limit, if applicable \$0.00	
2.	Eligible Expenses under Aggregate Stop Loss	
	<input checked="" type="checkbox"/> Medical	
	<input checked="" type="checkbox"/> Prescription Drugs	
	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision <input type="checkbox"/> Other
3.	Aggregate Percentage Reimbursable, Per Policy Period	100%
4.	Maximum Aggregate Benefit Per Policy Period	\$1,000,000
5.	Minimum Annual Aggregate Deductible, Per Policy Period	\$6,952,283
6.	Loss Limit Per Covered Person, Per Policy Period	\$100,000
7.	Monthly Aggregate Factor(s) Per Covered Person:	
	Employee	\$0.00
	Employee plus Spouse (or plus one)	\$0.00
	Employee plus Child(ren)	\$0.00
	Family	\$0.00
	Composite	\$1,679.30
	Other	\$0.00
8.	Monthly Aggregate Rate(s) Per:	
	Employee	\$0.00
	Employee plus Spouse (or plus one)	\$0.00
	Employee plus Child(ren)	\$0.00

Family	\$0.00
Composite	\$4.38
Other	\$0.00
9.	<p>Special Considerations: Limits for Aggregate Stop Loss, Per Policy Period: The network is BC and/or BS network. The claims administrator is BCBS of Wyoming. PBM is Prime Therapeutics. Retirees are covered under stop loss. Both retirees under age 65 are covered and retirees age 65 and over are covered. Retirees age 65 and over must be Medicare primary. NNL Option: At the groups renewal on 7/1/2024, no new claimants will be lasered and specific rates will increase no more than 50% assuming the same contract type and specific deductibles. The maximum individual claim that will be applied towards aggregate coverage will be equal to the specific deductible.</p>
C. COVERED PERSONS	
EMPLOYEES	<input checked="" type="checkbox"/> Covered Not Covered
DEPENDENTS	<input checked="" type="checkbox"/> Covered Not Covered
COBRA BENEFICIARIES	<input checked="" type="checkbox"/> Covered Not Covered
RETIREES	
Under age 65	<input checked="" type="checkbox"/> Covered Not Covered
Age 65 And Over (must be Medicare Primary)	<input checked="" type="checkbox"/> Covered Not Covered
D. ENDORSEMENTS	
<input checked="" type="checkbox"/> NONE	CHANGE ENDORSEMENT
TERMINAL LIABILITY	OTHER

By signing below, the Policyholder agrees to all the above terms and conditions, and binds the Stop Loss Policy to which this Schedule will be affixed. The Company reserves the right to revise coverage terms and conditions if this Schedule is not signed by the Policyholder's authorized representative and returned to the Company within thirty (30) days of the Schedule's "Issue Date." In connection with making this Application, and as a condition of obtaining the coverage the Stop Loss Policy provides or would provide, the Policyholder authorizes and permits the Company to request, access and obtain, and will use its best efforts to make reasonably available to the Company or its authorized agent, detailed claims information, clinical information, and claims and clinical data, beyond the Complete Claims History (as defined in the Application), to facilitate the performance of detailed claims analyses.

Full Legal Name of Group (to appear on Policy) Laramie County Government			
Address 310 W 19th #140	City CHEYENNE	State WY	Zip Code 82001

Signature of Policyholder's Authorized Representative

Date

Title

If the terms of a signed Proposal and a signed Schedule conflict, the terms of the signed Schedule shall govern.