



**SCHEDULE FOR STOP LOSS INSURANCE**

<b>Policyholder</b>		
Full Legal Group Name of Policyholder (to appear on Policy) <b>Kootenai County</b>		Issue Date <b>12/19/2025</b>
Group Number <b>1100010-01</b>		Policy Period From: <b>1/1/2026</b> To: <b>12/31/2026</b>
		Policy Number <b>ESL-30393</b>
<b>A. SPECIFIC STOP LOSS <input checked="" type="checkbox"/> YES, INCLUDED <input type="checkbox"/> NO, NOT INCLUDED</b>		
<b>1.</b>	<b>Benefit Period 24/12</b>	
	Incurring From <b>1/1/2025</b>	Through <b>12/31/2026</b>
	Paid From <b>1/1/2026</b>	Through <b>12/31/2026</b>
	Run-In Limit, if applicable <b>\$0.00</b>	
<b>2.</b>	<b>Eligible Expenses under Specific Stop Loss</b>	
	<input checked="" type="checkbox"/> Medical	
	<input checked="" type="checkbox"/> Prescription Drugs	
	<input type="checkbox"/> Other	
<b>3.</b>	<b>Specific Deductible Per Covered Person, Per Policy Period \$200,000</b> except for the following Covered Person(s):	
	Covered Person(s) Name	Amount
	Nico Grindall-Gies	\$600,000.00
<b>4.</b>	<b>Aggregating Specific Deductible, Per Policy Period</b>	<b>\$100,000</b>
<b>5.</b>	<b>Specific Percentage Reimbursable Per Covered Person, Per Policy Period</b>	<b>100%</b>
<b>6.</b>	<b>Maximum Specific Reimbursement Per Covered Person, Per Policy Period</b>	<b>Unlimited</b>
<b>7.</b>	<b>Specific Stop Loss Coverage Rate(s) Per Month Per:</b>	
	Employee	<b>\$0.00</b>
	Employee plus Spouse (or plus one)	<b>\$0.00</b>
	Employee plus Child(ren)	<b>\$0.00</b>
	Family	<b>\$0.00</b>
	Composite	<b>\$130.86</b>
	Other	<b>\$0.00</b>

<b>8.</b>	<b>Special Considerations: Limits for Specific Stop Loss, Per Policy Period:</b>	
	<p>The network is BCBS with Blue Card.</p> <p>The claims administrator is Regence BS of Idaho.</p> <p>PBM is Prime Therapeutics.</p> <p>Coverage applies to all active employees and their dependents; COBRA continues and their dependents.</p> <p>Retirees are not covered under stop loss.</p> <p>Expedited Reimbursement is included in stop loss.</p> <p>An Experience Refund option is included however this stop loss coverage must continue for a subsequent policy period and be in force at the time of the refund. BCS will then pay the policyholder 25% of the net positive profits but not to exceed 15% of the Specific Stop Loss Premiums not including broker commissions.</p> <p>At the group's 1st renewal with BCS, no new claimants will be lasered and specific rates will increase no more than 50% assuming the same contract type, same specific deductibles, same commission level, and same administrator.</p> <p>This NNL/Rate Cap option will not apply to any new acquisitions after the effective date of the group.</p> <p>Plan mirroring is included in stop loss coverage.</p> <p>Nico Grindall-Gies is lasered at \$600,000.</p>	
<b>B.</b>	<b>AGGREGATE STOP LOSS</b>	<input checked="" type="checkbox"/> <b>YES, INCLUDED</b> <input type="checkbox"/> <b>NO, NOT INCLUDED</b>
<b>1.</b>	<b>Benefit Period 24/12</b>	
	Incurred From <b>1/1/2025</b>	Through <b>12/31/2026</b>
	Paid From <b>1/1/2026</b>	Through <b>12/31/2026</b>
	<b>Run-In Limit, if applicable \$0.00</b>	
<b>2.</b>	<b>Eligible Expenses under Aggregate Stop Loss</b>	
	<input checked="" type="checkbox"/> Medical	
	<input checked="" type="checkbox"/> Prescription Drugs	
	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision <input type="checkbox"/> Other
<b>3.</b>	<b>Aggregate Percentage Reimbursable, Per Policy Period</b>	<b>100%</b>
<b>4.</b>	<b>Maximum Aggregate Benefit Per Policy Period</b>	<b>\$2,000,000</b>
<b>5.</b>	<b>Minimum Annual Aggregate Deductible, Per Policy Period</b>	<b>\$15,118,878</b>
<b>6.</b>	<b>Loss Limit Per Covered Person, Per Policy Period</b>	<b>\$200,000</b>
<b>7.</b>	<b>Monthly Aggregate Factor(s) Per Covered Person:</b>	
	Employee	<b>\$0.00</b>
	Employee plus Spouse (or plus one)	<b>\$0.00</b>
	Employee plus Child(ren)	<b>\$0.00</b>
	Family	<b>\$0.00</b>
	Composite	<b>\$1,780.16</b>
	Other	<b>\$0.00</b>

<b>8.</b>	<b>Monthly Aggregate Rate(s) Per:</b>	
	Employee	<b>\$0.00</b>
	Employee plus Spouse (or plus one)	<b>\$0.00</b>
	Employee plus Child(ren)	<b>\$0.00</b>
	Family	<b>\$0.00</b>
	Composite	<b>\$10.81</b>
	Other	<b>\$0.00</b>
<b>9.</b>	<b>Special Considerations: Limits for Aggregate Stop Loss, Per Policy Period:</b>	
	The network is BCBS with Blue Card.	
	The claims administrator is Regence BS of Idaho.	
	PBM is Prime Therapeutics.	
	Coverage applies to all active employees and their dependents; COBRA continues and their dependents.	
	Retirees are not covered under stop loss.	
	Expedited Reimbursement is included in stop loss.	
	An Experience Refund option is included however this stop loss coverage must continue for a subsequent policy period and be in force at the time of the refund. BCS will then pay the policyholder 25% of the net positive profits but not to exceed 15% of the Specific Stop Loss Premiums not including broker commissions.	
	At the group's 1st renewal with BCS, no new claimants will be lasered and specific rates will increase no more than 50% assuming the same contract type, same specific deductibles, same commission level, and same administrator.	
	This NNL/Rate Cap option will not apply to any new acquisitions after the effective date of the group.	
	Plan mirroring is included in stop loss coverage.	
	Nico Grindall-Gies is lasered at \$600,000.	
<b>C. COVERED PERSONS</b>		
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
RETIREEES		
Under age 65	Covered	<input checked="" type="checkbox"/> Not Covered
Age 65 And Over (must be Medicare Primary)	Covered	<input checked="" type="checkbox"/> Not Covered
<b>D. ENDORSEMENTS</b>		
NONE	CHANGE ENDORSEMENT	
TERMINAL LIABILITY	<input checked="" type="checkbox"/> OTHER <b>Experience Refund, Independent Resolution Dispute and Plan Mirroring Endorsements</b>	

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) <b>Kootenai County</b>			
Address <b>451 Government Way</b>	Address <b>Coeur d’Alene</b>	Address <b>ID</b>	Address <b>83814</b>

\_\_\_\_\_  
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.