





Questionnaire for Quote

Please send completed questionnaire to huntbenefits@huntins.com or fax 850-385-2124

Insured Information						
Name of Prospective Insured:		Tax ID Number:				
Primary Contact:		Fiscal Year:				
Mailing Address:	City:	State:	Zip:			
Email:	Telephone Number:	Fax Number:				
Coverage Information						
Do you currently have insurance for off-site me	edical expenses? 🔿 Yes 🔵 No					
If yes, who is your current carrier?	Desired	Effective Date:				
Would you like your quote to include or exclude	Prior-to-Booking/During Pursuit Coverag	je? 🔵 Include 🔵 Exclud	le 🔵 Both			
Detention Facility Information Check	here if not applicable (i.e., a city without a	a jail): 📃				
Name of Facility:	Max Capacity					
Facility Address:	City:	State:	Zip:			
What was your average monthly inmate pop fiscally responsible; exclude all inmates						
Average Length of Detention:						
Do you house any inmate(s) for which you a	are not financially responsible? OYes	◯ No				
If yes, how many on average?	Comments:					
Please list any other detention facilities that yo Facility Name	bu use to house inmates and the approxin City, State	nate number at each: Count 				
Third Party Administrator and Contrac Do you contract with a Third Party Administrat If yes, who?	tor (TPA) and/or an on-site Correctional H					
If no, would you like assistance with the revi	ew and negotiation of off-site medical bill	s? 🔵 Yes 🔵 No				
Do you have case management staff to assure	e proper monitoring of a Hospital stay? $($	⊖Yes ⊖No				
Do you have an on-site infirmary? OYes) No					
Does the state in which the facility is located h	ave legislation that limits medical expensi	es to a percentage of Medicai	d or Medicare? 🔵 Yes 🔵 No			
If yes, what is the amount?						
Please list the top three hospitals you use and	the contracted rates that you or the Corre	ectional Healthcare Provider h	ave in place:			
Primary Hospital:	Discount off of Billed	d Charge:	◯ For Profit ◯ Not for Profit			
Secondary Hospital:	Discount off Billed C	Charges:	◯ For Profit ◯ Not for Profit			
Tertiary Hospital:	Discount off Billed C	Charges:	◯ For Profit ◯ Not for Profit			
Comments:			- U			

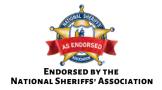
Catastrophic Inmate Medical Insurance Administered by Hunt Insurance Group, LLC

2075 Center Pointe Blvd., Ste. 101, Tallahassee, FL 32308 🖓 Toll Free: (800) 763-4868 🖓 Ohntibenefits@huntins.com OHO www.inmatemedicalinsurance.com

© 2021 Hunt Insurance Group LLC The precise coverage afforded is subject to the terms, conditions and exclusions of the actual policies as issued by the insurance company. This document and all its contents are CONFIDENTIAL and PROPRIETARY and cannot be replaced, disclosed or duplicated to any third party without the prior, written consent of Hunt Insurance Group, LLC.







Claim History

List all inmate medical claims incurred outside the walls of your jail that exceeded a total of \$10,000 per inmate, per year for the past two years. If additional lines are required, please submit this information in an excel spreadsheet.

Inmate Name		Fiscal Year	Primary Diagnosis/Nature of Injury or Illness	Hospitalized Prior-to-Booking or Post Booking?	Amount Billed from Medical Provider (Before Discounts)	Amount Paid to Medical Provider (After Discounts)	Pending Payment to Medical Provider	
Are any of these	inmates	currently still i	in custody? () Yes ()	No				
lf yes, ple	ease indic	cate their nam	e(s) and current prognosi	s:				
Name								
			· ·					
			(inpatient) at this time? (⊖Yes ⊖No				
	ease indic	cate their nam	e(s) and current prognosi					
Name			•	Prognosis				
What measures	have you	ı taken to mitiç	gate the impact of Covid-1	19 in your facility o	or facilities?			
Have you had ar	nv inmate	s hospitalized	I for Covid-19? Yes	∩ No				
			een hospitalized?					
	15 01 1105		cen nospitalized :					
_								
			vith intent to injure, de e, incomplete or misle					
questionnaire	contain	ing any lais		eaung moma	tion is guilty of a	leiony of the t	ind degree.	
Prospective Insu	red Nam	e:			Title:	Date:		
Prospective Insu	red Signa	ature:						
·	5							

2075 Center Pointe Blvd, Ste. 101, Tallahassee, FL 32308 00 Toll Free: (800) 763-4868 00 huntbenefits@huntins.com 00 www.inmatemedicalinsurance.com







Important Information Regarding Negotiation with Hospitals and Providers

Catastrophic Inmate Medical Insurance (CIMI) can be tailored to the contracted agreements you have with medical providers.

Rates for this insurance are established based on multiple factors, including but not limited to, the contracted rates you have with medical providers. From an underwriting perspective, deeper discounts provide a more competitive insurance premium.

It is important that you meet with the administrator and financial persons of your local hospital(s) and medical providers to pre-negotiate discounts on care delivered to arrestees/inmates. Medical providers set the price of their products and services based on the customer served.

There have three general types of customers:

- 1) Those covered by employer-sponsored benefit plans (PPO, HMO, Managed Care type networks),
- 2) Those covered by federally-sponsored benefit plans (Medicare), and
- 3) Those covered by state-sponsored benefit plans (Medicaid).

Medical providers bill customers in the above-referenced categories using a master list of charges, similar to a Manufacturer's Suggested Retail Price (MSRP). Although the exact rate for each service will vary, the discounts a provider allows typically fall in the range of:

Employer sponsored benefit plans (PPO, HMO, etc.)	10% to 40%		
Federally sponsored benefit plans (Medicare)	50% to 60%		
State sponsored benefit plans (Medicaid)	75% to 85%		

If the arrestee/inmate received medical care (under normal circumstances, before being in custody), the medical provider is likely to have accepted Medicaid rates or may not have been paid at all. As a tax-funded entity, you should pursue every avenue to obtain the deepest discounts possible. In most cases, medical services for arrestees/inmates have a minor financial impact on the medical provider's bottom line, though it can significantly impact the county.

If your agency would like assistance with bill review and negotiation of off-site medical bills or you would like to obtain Medicare-based rates for your own staff's use in their negotiation, please contact us for additional information.



Rev 8.21

Catastrophic Inmate Medical Insurance Administered by Hunt Insurance Group, LLC

2075 Center Pointe Blvd, Ste. 101, Tallahassee, FL 32308 👓 Toll Free: (800) 763-4868 👓 huntbenefits@huntins.com 💀 www.inmatemedicalinsurance.com