AGENDA ITEM

Consent Agenda

REPORT TO: **Work Session (11/10/25)**

REPORT TO: **Voting Meeting (11/13/25)**

ITEM NO: 648/2025

SUBJECT: Approve the annual renewal for Medical Stop Loss coverage with HM Insurance Group of Alpharetta, GA, and authorize the Chairman to execute all related documents, subject to the review and approval of the County Attorney. The estimated annual cost is $2,291,979.00.

Meetings:

Work Session Date: 11/10/25

Voting Meeting Date: 11/13/25

Executive Summary:

Presenter: DLJ

Recommendation:
Department recommends approval of this renewal.

Purpose of Request:
Approve the annual renewal for Medical Stop Loss coverage with HM Insurance Group of Alpharetta, GA, and authorize the Chairman to execute all related documents, subject to the review and approval of the County Attorney. The estimated annual cost is $2,291,979.00.

History:

Facts and Issues:
This renewal will experience a 50% increase in cost due to claims experiences. HM has paid out $4,137,846.00 in stop loss reimbursements with additional payments pending.

Five (5) carriers were sought out for quotes, regarding stop loss coverage; however, all five declined to quote based on claims experience.

Premiums for this renewal will be $2,291,979.00.

Options:

Funding Requested $ 2,291,979.00

Are funds within current budget? Yes

Source of Funds Group Health Insurance Fund

Does the action involve a Resolution, Ordinance, Contract, Agreement, etc.?	Yes
Has it been reviewed by the County Attorney?	Yes
Is there a deadline for this item?	

Approvals:

Submit	Approve	Purchasing	Budget
LJ	LJ	AY	JM
Finance	**Attorney**	**Administration**	**Clerk**
TS	JL	CR	JR

Attachments:

Financial Supplement
Stop Loss Renewal - Confirmation of Sold Rates
Stop Loss Quote Sheet

HALL COUNTY BOARD OF COMMISSIONERS
FINANCIAL SUPPLEMENT REPORT

AGENDA ITEM 648/2025

Funds Requested: $ 2,291,979.00

Request Budgeted: Yes

Proposed Source of Funding:

Group Health Insurance Fund

Budget Transfer Requested:

Yes

Funding Source Items:

Fiscal Year	Fund	Division	Account	Amount
2026	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	$1,145,990.00
2027	601-GROUP INSURANCE FUND	1556 - GROUP INSURANCE	552400-EMPLOYER INSURANCE PREMIUMS	$1,145,989.00

Budget Transfer Items:

Additional Information/Comments:

Renewal documents forthcoming, as HR just met with Administration to discuss options on 10/21/2025.

Contact for Questions: DLJ **Phone:** 770-531-6712