



2020 – 2021 AGREEMENT

Inmate Excess Medical Insurance and/or Claims Administration Management

The Montana Association of Counties (MACo) makes available, and acts as administrator for, programs operated by Correctional Risk Services, Inc. (CRS) that offers certain insurance for covered medical expenses for inmates that are a County responsibility, and as a separate option, offers claims administration for medical services provided to detention center/jail inmates,

Correctional Risk Services, Inc (CRS) will provide the Montana Association of Counties (MACo) and the County, inmate excess medical insurance for those county jail inmates that the County is directly responsible for payment of medical costs, subject to the terms and conditions of the Participation Agreement and the Statement of Inmate Benefits, and/or provide for claims administration management for all of its county jail inmates.

Effective dates of coverage: November 1, 2020 to October 31, 2021

Please check the box(es) next to the programs offered to designate which program(s) you are joining.
Note: Inmate Excess Medical Insurance must be purchased to be eligible for optional coverages.

Inmate Excess Medical Insurance (includes Claims Administration)
Cost = \$.91 per inmate per day

Optional Coverage for treatment of Mental or Nervous Disorders:
Cost = \$.03 per inmate per day

Optional Coverage for treatment of Substance Abuse:
Cost = \$.03 per inmate per day

Optional Coverage for treatment of Pregnancy (Maternity):
Cost = \$.02 per inmate per day

Optional Coverage for treatment of AIDS, ARC, or HIV:
Cost = \$.03 per inmate per day

Optional Coverage for Security and Guarding: Once combined \$10,000 medical and guarding deductible is met, coverage pays 50% of the cost of guarding an Inmate by a Sheriff's deputy during covered medical treatment, when guarding is required by the Inmate's behavioral and medical circumstance. Cost = \$.06 per inmate per day

Claims Administration Only (Automatically included in Medical Insurance Coverage)
(For standalone coverage, contact CRS for terms and conditions and applicable fees).

Accepted: \_\_\_\_\_ County, Montana Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: Presiding Officer, Board of County Commissioners