

MEDICAL STOP LOSS QUOTE REQUIREMENTS

In order to process a request for a quote efficiently and accurately, please forward the following information in electronic format to your sales representative with commission level requirements. If additional information to quote is needed by the carrier, please provide the name of the contact person, phone number and email address.

For Specific Excess

1. Name of account, city, state and zip code of site group.
2. Provide a complete census including: type of coverage, gender, zip code, and age/date of birth. Identify any retirees; and if they are covered. Indicate whether Medicare is primary or secondary, and retiree eligibility requirements.
3. Include the zip code breakdown if you have multiple locations and describe nature of business (SIC Code).
4. Large loss reports which show current contract year and two (2) previous contract year claims in excess of 50% of the specific deductible including to/from paid dates and diagnosis/prognosis. Also include a list of any member that is currently disabled, on COBRA or on waiver of premium benefits.
5. Include a copy of the self-funded plan document(s) or plan summary(s) of benefits, name of current TPA, and name(s) of current or proposed PPO networks. Include any proposed plan design changes.
6. Current stop loss carrier, rates, deductible level, contract type (i.e., 12/12, 12/15, 15/12, PAID, etc.), effective date and any contract limitations or exclusions.
7. Indicate if specific coverage currently includes additional products other than medical only (i.e. dental, vision, prescription drugs), and include relevant plan documents and historical claims data.
8. Requested quote options; effective date, deductibles, contract types, coverages (med/rx/etc), maximum liability and quote deadline.
9. Include a copy of the current stop loss policy schedule along with the renewal proposal (if available).

For Aggregate Excess

1. Type of Contract requested (i.e., 12/12, 12/15, 15/12, PAID, etc.).
2. Monthly paid claims and monthly enrollment for the current and prior two (2) contract years.
3. Current aggregate attachment factors, contract type (i.e., 12/12, 12/15, 15/12, PAID, etc.) and premium rate.
4. Indicate if aggregate coverage currently includes additional products other than medical only (i.e. dental, vision, prescription drugs), and include relevant plan documents and historical claims data.
5. Requested quote options; contract types, and coverages (med/rx/etc).