

# Employer Stop-Loss Quoting Checklist



## Broker Information

- Broker Name, Address, and e-Contact Information
- Client Manager Name, Address, and e-Contact Information

## Company Information

- Name, Address, and e-Contact Information
- SIC Code or Description of Business

## Current Plan Information

- For Every Offered Plan
  - 2 Previous Renewal Rates, Current Rates, and Renewal Rates when available
  - Schedule of Benefits/Plan Document
- Current Effective Date, Carrier, Network, TPA, and PBM

## Current Census

- In Excel Spreadsheet or .csv
- For Every Employee, includes:
  - Name, Home ZIP Code, DOB, Current Plan Selection with Coverage Tier, and Waiver Reason

## Claims Data

- Complete claims file for every member in Excel spreadsheet or .csv covering past two years plus current
  - For smaller, fully-insured employers, where complete claims file may not be available, we will accept all available data (e.g. HRA, HSA, Health Risk Questionnaires)
- Claims File includes all paid, denied, unpaid, and pending claims
- Claims File includes, for every claim line:
  - Allowed Amounts, Paid Amounts, Member Identifiers, Paid and Incurred Dates, Servicing Provider NPI (when available), and Diagnosis Codes

## Proposal Information

- Desired Effective Date and Contract Period (e.g., 12/12, 12/15, 24/12)
- Desired Specific Deductible and Aggregate Corridor
- Desired Plan Designs, Network, TPA, PBM, and/or RBP Vendor

All information should be submitted to [StopLossRFP@coverys.com](mailto:StopLossRFP@coverys.com).

RFP Submission or Status questions: Contact [dkonrad@coverys.com](mailto:dkonrad@coverys.com) or [StopLossRFP@coverys.com](mailto:StopLossRFP@coverys.com).