

Gallagher Benefit Services

Request for Information

Specific and Aggregate Stop Loss Insurance

Questions	RESPONSES
Stop Loss Provider Name	
Date Completed	
Responses Effective Through	sample answer: 12/31/2020 or 1/1/2021

Questions	RESPONSES	
1	<p>Explain your ownership structure in detail.</p> <p>Please explain:</p>	
2	<p>How long has your organization been in business for stop loss insurance?</p> <p>Year established</p>	
	<p>Additional Information:</p>	
3	<p>Has your company done business under other names? If yes, please provide historical background information.</p> <p>Identify any interests your organization may have with associated vendors (claims administrators, brokerage firms, managed care firms, etc.).</p> <p>Yes No</p>	
	<p>If yes, please explain:</p>	
	<p>Additional Information:</p>	
4	<p>Have you ever been suspended from writing this line of coverage?</p> <p>Yes No</p>	
	<p>If yes, please explain:</p>	
	<p>Additional Information:</p>	

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Questions	RESPONSES
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5	Is your organization licensed to do business in all 50 states and U.S. territories? If no, identify the states/territories in which you are not currently licensed.	Yes No	
		If no, please explain:	
		Additional Information:	
6	What percentage of the risk does your company assume? If less than 100%, please identify additional reinsurer(s) and the respective percentage of assumed liability.	%	
		If less than 100%, please explain:	
		Additional Information:	
7	Who has final claim decision-making authority with respect to specific and aggregate claims?		
8	How many stop loss clients do you currently have in your block of business and what is the annualized premium?	# of Clients	
		Annualized premium	
9	How many stop loss clients do you currently have with Gallagher and what is the annualized premium?	# of Clients	
		Annualized premium	

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10	BUCA Block of Business: What percentage of your block of business is with BUCA's?	Aetna	
		BCBS	
		Cigna	
		UHC	
11	Do you have ineligible industries or other ineligible categories?	Yes No	
	a. Captives	Eligible Ineligible	
	b. Casinos	Eligible Ineligible	
	c. Employee Leasing / PEOs	Eligible Ineligible	
	d. Hospitals	Eligible Ineligible	
	e. Indian Tribes	Eligible Ineligible	
	f. METS / MEWAs	Eligible Ineligible	
	g. Mining	Eligible Ineligible	
	h. Other ineligible industries or categories	Please list:	

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12	Do you have a minimum specific deductible amount?	Yes No	
		If yes, add minimum amount:	
13	Do you have a minimum group size?	Yes No	
		If yes, add minimum # of EEs:	
14	Do you offer a pharmacy only policy?	Specific: Yes No	
		Aggregate: Yes No	
		Additional Information:	
15	Claims covered period: Do you agree to offer a Paid claims covered period? If yes, under what criteria?	Yes No	
		If no, please explain:	
		Additional Information:	

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16	Formal Disclosure: Will you agree to no client signature required at new business or renewal?	Yes No	
		If no, please explain:	
		Additional Information:	
17	In most cases, we require that your organization work directly with Gallagher Benefit Services rather than our client's claims administrator (TPAs, BCBS plans, carriers, etc.) on such things as: ➤ Renewals ➤ Specific & Aggregate contract concerns ➤ Plan Document/SPD adoption / approval ➤ Plan amendments	Agree Disagree	
		If disagree, please explain:	
		Additional Information:	
18	Waive Active at Work: On new business and renewals, do you agree to waive actively at work for covered employees and dependents per the employer's plan document other than any lasers put in place on new business?	Agree Disagree	
		If disagree, please explain:	
		Additional Information:	
19	If a client acquires a new company during the contract year, do you agree to waive the actively at work, dependent non-confinement and pre-existing condition limitation provisions for the newly acquired employees, their dependents, spouses, domestic partners, FMLA, retirees (if applicable), and COBRA beneficiaries?	Agree Disagree	
		If disagree, please explain:	
		Additional Information:	

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20	Firm Rate Guarantee: Will you commit to a rate guarantee at least 3 months prior to effective date and for public sector more than 3 months?	Yes No	
		If no, please explain:	
		Additional Information:	
21	Laser Policy: Do you agree to offer a no new lasers at renewal option? If yes, at what cost and under what terms?	Yes No	
		If yes, please explain:	
		Additional Information:	
22	Rate Cap Guarantee at Renewal: Will you offer a rate cap at renewal? If yes, please provide details including any additional cost.	Yes No	
		If yes, please explain:	
		Additional Information:	
23	What fees will be considered as part of claims (example, shared savings fees, negotiated savings, and state surcharges)		
24	Will you allow "non-covered" alternative care, if approved by your case managers or negotiated as part of an out of network cost negotiation?	Yes No	
		If no, please explain:	
		Additional Information:	

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25	Do you offer advance funding or quick pay options for stop loss claims? If yes, please provide details including any additional cost.	Yes No Specific	
		Yes No Aggregate	
		If yes, please explain:	
		Additional Information:	
26	Dividend Eligible: Do you offer the potential for a client dividend? If yes, please explain and note any additional costs? (Include any renewal requirements)	Yes No	
		If yes, please explain:	
		Additional Information:	
27	Changes in Rates and Terms: Do you agree to no change in rates or terms unless the nature of the risk is impacted by 15% or more from changes in enrollment, benefits, networks, and/or claim administrators?	Agree Disagree	
		If disagree, please explain:	
		Additional Information:	
28	Specific Coverage Maximums: All GBS clients must have unlimited specific coverage maximums. Do you agree to this?	Agree Disagree	
		If disagree, please explain:	
		Additional Information:	

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29	When do you require notification of a specific claim?	% of Specific Deductible or	
		Amount of Claim, or	
		Or other, please explain:	
		Additional Information:	
30	How often do you require aggregate claim reporting information?		
31	BUCA Reconciliation: Will you commit to reconcile issues with BUCA's?	Yes No	
		If no, please explain:	
		Additional Information:	
32	Who are your preferred TPA's? Will you commit to reconcile issues with them?	Preferred TPA's	
		Yes No	
		If no, please explain:	
		Additional Information:	

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33	Do you offer any special contract provisions or features (please include potential cost)?	Details:	
34	If you cover hospitals then what is your domestic reimbursement percentage?	Details:	
35	Does your organization offer “preferred provider network” pricing based upon the client’s network(s)?	Details:	
35	If yes, provide a listing of the preferred provider networks your organization has rated; identify the status level for each and the associated percentage of savings discount.	Details:	
36	Are there any networks ineligible?	Details:	
37	How are you effectively managing large claims?	Details:	

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HEALTHCARE REFORM RELATED	RESPONSES
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	<p>External Review Appeals</p> <p>Under health care reform, non-grandfathered plans must include an external review option. A claim filed in a timely manner (consistent with the requirement of the stop-loss policy) and denied by the claim administrator is subject to appeal. A claim properly incurred and adjudicated (denied) in one coverage period and subsequently appealed by the participant, including an external review, could easily extend beyond that coverage period.</p> <p>How does your organization address claims that were denied in one coverage period and paid in another coverage period?</p>	<p>Please explain:</p>	
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I understand and hereby certify that all information provided in this RFI is true and correct.

Questionnaire Completed By
(typed signature is acceptable)

Stop Loss Provider Name

Date

Email Address

Phone Number