

# Quote Checklist

Meeting deadlines on quality RFP submissions is much easier when we're working with complete data. It also helps in our ability to deliver consistently good risk selection for appropriately pricing the business. Please use our Quote Checklist to help ensure you're providing all the information needed for timely and efficient turnaround. We are pleased to be considered for your clients' Stop Loss coverage and will work to guard their financial health with the right protection at the right price.

## Group Information

- Name
- Address of Headquarters
- SIC Code/Type of Industry

## Broker Information

- Company Name
- Company Address
- Current/Proposed Commissions

## Census

- Employee-Only Census – Provide (in an Excel format) the following data:
  - Plan Election (plan name/ID should match back to current/proposed plans provided)
  - Sex
  - Date of Birth or Age
  - Tier (e.g., single/family election)
  - Status (active, retiree or COBRA)
  - ZIP Code
- Summary Plan Document (SPD) – If the SPD is not available, please provide current/proposed medical/pharmacy plan designs

## RFP Information

- Effective Date
- Due Date
- Current/Proposed Third Party Administrator
- Current/Proposed Provider Network
- Current/Proposed Pharmacy Vendor (if carved out)
- Current Stop Loss Carrier (if self-funded)
- Actual Eligible Employee Count (to determine true participation)

## Stop Loss Terms

- Specific Deductible (current and proposed)
- Current/Proposed Contract
- Coverages Included in Specific/Aggregate Coverage (i.e., medical, Rx, STD, dental)
- Domestic Reimbursement (if hospital)
- Current Lasers
- Current Rate Cap
- Retirees Covered Under Specific/Aggregate

## Rates

- Current Specific/Aggregate Rates and Aggregate Factors (and renewal if available)
- Fully Insured Current Rates (and renewal if available)

*Note: If rates are on a four-tier basis, please provide four-tier enrollment.*

*Continued...*

## Claims Information

- Large Claims (including a 50% report with diagnosis and paid amount for the current policy year and two years prior)
- Aggregate Claims (monthly paid claims and monthly enrollment for the current policy year and two years prior)
- Specify Monthly Subscriber or Contracts for Enrollment (not members)
- If Rx is carved out, large claims information including:
  - **Specific:** Sum and detail with drug name, claimant ID or name (matching to medical)
  - **Aggregate:** Monthly experience for the current policy year and two years prior
- Time Period for Any Run-Out Involved

### About HM Insurance Group

About HM Insurance Group HM Insurance Group (HM) provides insurance and reinsurance coverage to protect businesses from the financial risk associated with catastrophic health care costs. A recognized leader in Employer Stop Loss, the company delivers protection for a range of group sizes. HM also offers managed care solutions, including Provider Excess Loss insurance and Health Plan Reinsurance.

HM Life Insurance Company, HM Life Insurance Company of New York and Highmark Casualty Insurance Company are all rated "A" (Excellent) by AM Best Company.\* Through its insurance companies, HM Insurance Group holds insurance licenses in 50 states and the District of Columbia and maintains sales offices across the country.

For more information, contact your HM sales representative or visit [hmig.com](https://www.hmig.com)



800.328.5433 | [hmig.com](https://www.hmig.com)

MTG-1833 (R8/22)

\*AM Best Company, September 2021.

Stop Loss coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, in all states except New York under policy form series HMP-SL (11/16), HMP-SL (08/19) or HMP-SL (06/20) or similar. In New York, Stop Loss coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HMP-SL (11/16) or HMP-SL (06/20) or similar. In all states except New York, Managed Care Reinsurance coverage is underwritten or reinsured by HM Life Insurance Company, Pittsburgh, PA, or Highmark Casualty Insurance Company, Pittsburgh, PA, under policy form series HM PEL 1105, HC PEL 1105, HMP PEL (08/19), HMP PEL (09/20), HML 1105 ELR, HMC 1105 ELR, HM 1005-ELR or similar. In New York, Managed Care Reinsurance coverage is underwritten under policy form series HMNY PEL 1105 or similar or reinsured by HM Life Insurance Company of New York, New York, NY. The coverage or service requested may not be available in all states and is subject to individual state approval. Reinsurance agreements only reflect a form number when required by applicable state law.