

Get a Quick and Accurate Stop Loss Quote

Follow the below checklist so your RFP is underwritten without delay.

Basic Information	<input type="checkbox"/> Broker Name and Address <input type="checkbox"/> Group Name and Address <input type="checkbox"/> Effective Date	<input type="checkbox"/> Quote Due Date <input type="checkbox"/> SIC Code
Case-Specific Information	<input type="checkbox"/> Census Data <input type="checkbox"/> Date of Birth <input type="checkbox"/> Gender <input type="checkbox"/> ZIP code <input type="checkbox"/> Coverage Tier <input type="checkbox"/> Indicate TPA, Plan or Network <input type="checkbox"/> Current Plan Design <input type="checkbox"/> Current PPO Network <input type="checkbox"/> Current TPA <input type="checkbox"/> Current and/or Renewal Rates <input type="checkbox"/> Current Commission Level	<input type="checkbox"/> Experience Data <input type="checkbox"/> <i>Specific Stop Loss</i> – 50% report run on policy year (including paid amount and diagnosis) for the current year and two full prior years <input type="checkbox"/> <i>Aggregate Stop Loss</i> – monthly paid claims and enrollment for the current year and one full prior year <input type="checkbox"/> <i>Carve Out PBM</i> – confirm we have reporting with drug name, paid amount and common identifiers
Terms to be Quoted	<input type="checkbox"/> Proposed Commission Level <input type="checkbox"/> Proposed TPA <input type="checkbox"/> Proposed Medical PPO Network	<input type="checkbox"/> Indicate if Organ Transplant Network or Carve-Out Policy <input type="checkbox"/> Indicate if Carve Out PBM
Specific Stop Loss Options (SSL)	<input type="checkbox"/> Specific Stop Loss Deductible (SSL) <input type="checkbox"/> Contract Basis <input type="checkbox"/> Coverage to be Included under SSL (for example, medical or pharmacy)	<input type="checkbox"/> Aggregating Specific Deductible Option <input type="checkbox"/> Terminal Liability Option <input type="checkbox"/> For Hospital Groups – % of domestic claims reimbursement
Aggregate Stop Loss Options (ASL)	<input type="checkbox"/> Aggregate Corridor Percentage <input type="checkbox"/> Contract Basis <input type="checkbox"/> Coverage to be Included under ASL	<input type="checkbox"/> Annual Maximum ASL Reimbursement <input type="checkbox"/> Terminal Liability Option

Ready to submit your quote request?

Email it to StoplossRFP@anthem.com.

Have questions?

Please contact your Anthem Stop Loss Sales Executive.

Anthem[®]

STOP LOSS