

## Self-funded new business quote checklist and form for brokers

As your plan's administrator, Geisinger Health Plan (GHP) constantly explores new ways to offer the best possible services. Please see the checklist of required items below for self-funded plans. Contact us with questions at [800-554-4907](tel:800-554-4907) or [GHPBrokerQuotes@thehealthplan.com](mailto:GHPBrokerQuotes@thehealthplan.com).

### ASO with stop loss quoting requirements:

- Member level census:
  - An electronic spreadsheet is required. The spreadsheet must list the employee name (first/last), gender, date of birth, zip code, enrolled plan and enrolled tier (include waivers)
  - Stop loss requires 100+ enrolled employees
- [Employer group application](#)
  - Page 1 must be completed
- Current rates on carrier letterhead
- Renewal rates on carrier letterhead
- Stop loss details - if self-funded with stop loss, please provide:
  - Current specific rates, aggregate rates, factors, and terms
  - Current stop loss policy
  - Stop loss renewal
- Claims data required
  - The most recent 24 consecutive months of medical and Rx claims (should include subscriber and member months)
  - High claimant report for most recent 24 consecutive months (including prognosis, diagnosis, enrollment status)
  - Top provider/facility report for most recent 24 consecutive months

**\*\*Note: reports must be for matching time frames.**

### Plan design

- Copy of current plan design (summary, open enrollment guide, and/or summary plan description) and previous plan designs if benefits changed from previous plan year.
- Outline of any proposed plan changes or vendor changes (pharmacy benefit manager, network, current plan year summary plan descriptions).
- Summary plan description (SPD) (if available)
  - A signed plan document will be required if coverage is placed.

**\*If requesting ASO without stop loss, please submit the employer group application with Page 1 completed along with a member level census.**

Group name: \_\_\_\_\_

Effective date: \_\_\_\_\_

### Bid specifications

Please complete all questions below and return along with the quoting requirements listed above.

- Coverage lines included: medical and Rx
- Contract basis: applies to specific and aggregate
  - 12/12 \_\_\_
  - 12/15 \_\_\_
  - 12/24 \_\_\_
  - 15/12 \_\_\_
  - 18/12 \_\_\_
  - 24/12 \_\_\_
  - Paid \_\_\_
  - Other \_\_\_\_\_
- Specific stop loss coverage:
  - Specific deductible amount: \$ \_\_\_\_\_
  - Aggregating specific deductible: Yes \_\_\_ and amount \$ \_\_\_\_\_; No \_\_\_
- Aggregate stop loss coverage:
  - Lifetime max reimbursement: \$ \_\_\_\_\_
- Terminal liability option: Yes \_\_\_ No \_\_\_
- Broker commission:
  - Broker commission stop loss: \_\_\_%
  - Broker commission ASO fee: \$ \_\_\_\_\_