**Southwest Florida Water Management District**

**ITN 003-19 Stop Loss Insurance**

**Exhibit III**

**Questionnaire**

**General Information:**

1. Do you agree to cover Active employees, dependents, retirees (under / over 65), and COBRA participants under your stop loss policy?
2. What is your company’s current rating from a recognized financial rating service (i.e., A.M. Best)?
3. Are the proposed Individual Stop Loss (ISL) and Aggregate Stop Loss (ASL) rates net of commissions?
4. Are proposed ISL and ASL rates firm?

**Account Services:**

1. Provide the name, title, contact information and resume of the individual who would have direct daily account responsibility. If more than one person will be filling this role, please respond with complete information for all.
2. Describe the services provided by your account service team.
3. What is your account service team’s average response time to client requests or questions?

**Data and Reporting:**

1. Describe the standard reports you will provide regarding the stop loss insurance utilization. Please indicate in your description if any reports would be provided at an additional cost over the fees associated with the programs.
2. Can you accept claims information directly from Cigna in order to determine any applicable stop loss recovery amounts?

**Stop Loss Reinsurance:**

1. Renewal notification is required 60 days prior to the renewal date. Can you comply with this requirement? If “No”, please outline your proposed alternative.
2. What is the length of the rate guarantee proposed? Are you willing to provide a multiple year stop loss rate guarantee? If so, please provide the details of your guarantee(s).
3. Please confirm your stop loss quote contains no lasers upon implementation and no new lasers upon renewal.
4. Do you accept the ASO carriers’ standard reporting as satisfactory proof of loss, and reimburse accordingly? How do you handle claimants that have reached the stop loss reimbursement limits and may have claims with masked sensitive codes?
5. Does your Company hold the entire risk of the client’s stop loss policy, or are you in a first-dollar arrangement that may require approval before a reimbursement can be made, if applicable?
6. Please confirm that you will accept the Health Coverage Provisions found in the SBC as covered services under your stop loss contract.
7. Does your Company agree to monthly self-billing by the client for the premiums due?
8. Upon underwriting approval, does your Company offer a maximum renewal rate cap on specific rates?
9. What is the time frame for reimbursements once the claim information is submitted for payment?
10. How many months of current year experience are required to offer a firm renewal?
11. What are the percentage options offered by your company for specific corridor?
12. Describe any performance guarantee programs your company proposes.