

KAIROS

HEALTH ARIZONA, INC.
In cooperation with the Trust



STRENGTH IN NUMBERS



A SOLUTION FOR ALL



TRANSPARENCY AND
INTEGRITY



INTERESTED IN A QUOTE?

Submit the following information to
jennifer.darnall@kairoshealthaz.org:

1. Employee census (date of birth, gender, home ZIP code, plan election, and tier selection, preferably in Excel)
2. Minimum of most recent 12 months' claims experience, broken out by:
 - medical claims
 - pharmacy claims
3. Large claim report for the corresponding time frame, including:
 - total claim amounts over \$50,000
 - primary diagnosis
 - active/termed/COBRA status
4. Current stop loss rate and specific stop loss deductible
5. Plan design benefit summaries
6. Rate history (two years, if available)

Please note: Supplemental or clarifying information may be requested after initial underwriting.