

HOW TO GET A QUOTE

Please send the following information to quote@kairoshealthaz.org:

- ✓ Current census (in Excel form) of all eligible participants, including:
 - date of birth, gender, home ZIP code
 - plan election, tier selection
 - status (active, COBRA, retiree, opt-out/waiving)*
- ✓ Current medical and pharmacy plan designs: Summary of Benefits and Coverage, or SBC
- ✓ Medical carrier rates by tier: prior year, current year, and renewal quote (if available)**
- ✓ For the most recent 24 months, minimum: (a) monthly paid medical and pharmacy claims; and (b) enrolled participants
- ✓ Large claim reports for the most recent 24 months; include the following:
 - total paid claim amounts over \$25,000
 - primary diagnosis
 - status (active, terminated, COBRA, retiree)
- ✓ **If self-funded:** current administrative fee(s) and specific and aggregate stop loss levels, terms, and premiums
- ✓ Employee/employer premium contribution amounts/percentages by plan
- ✓ Employer contribution amounts to HSA/HRA accounts, if applicable

Send that all here 

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**Please indicate whether you require employees to enroll in medical coverage as a condition of employment (no opt-out/no waiver). If enrollment is not required, please indicate whether, and how, you incentivize new hires to opt out of or waive coverage.*

***Please indicate if there are separate rates for dual spouse coverage. Also, indicate on the census which employees are enrolled as dual spouses.*

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