

Medical Stop Loss Disclosure for Small Employers

Insurer Name

[Insert insurer's legal name]

Features of Stop Loss Contract

Contract Effective Date _____ Contract Termination Date _____

Specific Attachment Point Per Individual _____

Aggregate Attachment Point _____% of expected claims

Renewability of Contract at Termination Date (check one)

Contract is not Renewable

Contract is Renewable at the Option of the Insurer (insurer will not non-renew contract based on change in employees' health or amount of claims)

Contract is Renewable at the Option of the Insurer (insurer may non-renew contract based on change in employees' health or amount of claims or due to material changes in participation percentage and/or in number of covered employees/lives)

Contract is Guaranteed Renewable

Costs of the Medical Stop Loss Contract

Based on _____ # of employees and/or _____ # of covered lives expected to be covered under the employer's self-funded plan on the effective date. Material changes to employees or lives, as determined during medical plan enrollment, will affect the premium amounts below.

Monthly Specific Premium \$ _____

Monthly Aggregate Premium \$ _____

Other Monthly Fees \$ _____

Total Monthly Costs \$ _____

Limitations of Coverage

[Insert all applicable limitations and exclusions found in medical stop loss contract. Add additional pages, if necessary.]