

Nevada Stop-Loss Disclosure

Required for ALL Stop-Loss Contracts or Policies

See page 3 for Disclosure Instructions. This Disclosure does not supplement, replace or substitute the terms of a contract or policy. Read the policy in its entirety.

Insurer Information

Insurer Legal Business Name		Phone		Today's Date
Street Address		City	State	Zip

Insured information

Employer Legal Business Name

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Stop-Loss Contract Features

Contract Type:		Effective Date:	Termination Date:
Covered Employees*:		Covered Lives*:	
Specific Attachment Point (Employer obligation)		\$	
Aggregate Attachment Point	% (% of expected claims below specific att. point)	\$	(Dollar equivalent of % of expected claims)
Minimum Participation Requirements _x <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No			

Liability Exposure

	Monthly Cost †	Contract Period Cost †
Fixed Costs (NAC 689B.350 subsection 7(a))		
Specific Stop-Loss Premium	\$	\$
Aggregate Stop-Loss Premium	\$	\$
Other Fixed Fees (if any)	\$	\$
Subtotal Fixed Costs	\$	\$
Variable Costs (NAC 689B.350 subsection 7(a))		
Retained Claims Not Covered by Stop-Loss		
Minimum	\$	\$
Expected	\$	\$
Maximum	\$	\$
Other Variable Fees (if any)		
Minimum	\$	\$
Expected	\$	\$
Maximum	\$	\$
Total Employer Outlay (Claims Liability) NAC 689B.350 subsection 7(g)		
Minimum	\$	\$
Expected	\$	\$
Maximum	\$	\$

*This item should reflect the expected enrollment at the coverage effective date.

_xMinimum participation requirements may apply. This policy may terminate if the anticipated level of enrollment is not met.

†Monthly and Contract Period Costs should be based on enrollment expected on the coverage effective date.

Nevada Stop-Loss Disclosure

Limitations on Coverage

- Any benefits covered by the underlying plan that are excluded by the stop-loss contract or policy:

Explanation of any Monthly Aggregate Accommodation

- Provide a description of any monthly aggregate accommodation features included in the stop-loss contract or policy such as partial payments under aggregate coverage during the policy year rather than waiting until the end of the contract or policy year:
- References to sections of a stop-loss contract or policy if the contract or policy is provided along with the disclosure form:

Description of Terminal Liability Funding

- Include the cost of processing claims before and after the termination of the contract or policy:
- References to sections of a stop-loss contract or policy if the contract or policy is provided along with the disclosure form:

*This Disclosure does not supplement, replace or substitute the terms of a policy.
Read the policy in its entirety.*

Nevada Stop-Loss Disclosure Instructions

- The purpose of the Nevada Stop-Loss Disclosure form is to help an employer make an informed decision about self-insuring major medical (medical, prescriptions, dental, vision, etc.) coverage with stop-loss reinsurance. The disclosure form should provide enough information to the employer that it can understand its expected and maximum liability under a self-insured arrangement with stop-loss reinsurance. The disclosure is to be provided by a stop-loss insurer to an employer prior to the effective date of a stop-loss contract.
- The contract type is the period of coverage for stop-loss where the first number represents the number of calendar months covered and the second number represents the number of months covered plus the run out period. For example, a contract starting 1/1/2017 and ending 12/31/2017 with the ability to submit claims to the reinsurer for claims incurred during the contract and paid through 12/31/2018 would be a 12 /24 contract. Please note that Nevada Administrative Code (“NAC”) 689B.350 subsection 5(d) requires that the contract provide at least 12 months of coverage and 12 months of run out.
- Expenses associated with providing the stop-loss coverage (e.g. commissions, administrative expenses, risk profits, etc.) should be included in the “Other Fixed Fees” or “Other Variable Fees” fields of the “Liability Exposure” section.
- The “Total Employer Outlay” is to be calculated as Fixed Costs + {Minimum, Expected, or Maximum} Variable Costs. For example, the Total Employer Outlay (Min) would be:
$$\text{Total Employer Outlay (Min)} = \text{Subtotal Fixed Costs} + \text{Retained Claims Not Covered by Stop Loss (Min)} + \text{Other Variable Fees (if any) (Min)}$$
- Sections “Limitations on Coverage,” “Description of Monthly Accommodations,” and “Description of Terminal Liability Funding” can be populated with references to sections of a stop-loss contract or policy if the contract or policy is provided along with the disclosure form. The “Limitations on Coverage” section should include an explanation of any benefits covered by the underlying plan that are excluded by the stop-loss policy.
- The policy for stop loss insurance is renewable at the option of the insurance company.

Employer Name (PRINT)

Employer (Signature)

Date

Producer of Record (PRINT)

Producer of Record (Signature)

Date
