

2023 Underwriting Guidelines

Stop Loss – Specific and Aggregate

Minimum Group Size	100 eligible employees
Minimum Specific Deductible	\$50,000 for 100 to 199 eligible employees. \$75,000 for 200 or more eligible employees. Requests for a lower deductible may be considered on an exception basis by the Director of Underwriting.
Aggregate Deductible	Minimum corridor of 125%. Requests for lower corridors may be considered on an exception basis by the Director of Underwriting.
Minimum Annual Aggregate Deductible	Greater of 95% of the first monthly Aggregate Deductible times 12 or a fixed dollar amount as set by the Underwriter or Director of Underwriting.
Contract Terms	18/12, 15/12, 12/12, 12/15, and 12/18 contract basis are standard. 18/12, 15/12, and 12/12 contracts will be converted to a Paid contract in Year 2. An alternate contract basis may be considered on an exception basis by Director of Underwriting, and may be subject to established run-in limits. Requests for first-year Paid contracts will not be considered.
Run-in Limit	Standard is 3 or 6 months of estimated claims; may be subject to a specified dollar limit.
Maximum Benefit Limits regardless of Underlying Plan maximum	Specific: Lifetime and Annual Maximums are Unlimited per person. Aggregate: Maximum Reimbursement per contract period is \$1,000,000.
Disclosure Statement	Required within 30 days or less of the effective date for groups with fewer than 200 employees; 45 days or less for groups with 200 to 499 employees; 60 days or less for groups with 500 or more employees. Exceptions may be considered by the Senior Underwriter or Director of Underwriting. Receipt no later than 15 days after the effective date on all groups. Disclosures will be waived for existing UPMC Health Plan total replacement clients.
Firm Rates and Factors	Groups with fewer than 200 employees will receive firm rates and factors 30 days before the effective date

	with a completed and signed Disclosure Statement. Groups with 200 to 499 employees will receive firm rates 45 days before the effective date with a completed and signed Disclosure Statement. Groups with 500 or more employees will receive firm rates 60 days before the effective date with a completed and signed Disclosure Statement. Exceptions will be considered by the Senior Underwriter or Director of Underwriting.
Lasering/Exclusions	Applicable on new business only and may be continued at renewal with the agreement of the Plan Sponsor. No new lasers will be applied at renewal.
Stop Loss with UPMC Health Plan as an optional TPA	Stop Loss coverage assumes that a minimum of 50 percent of enrolled employees are enrolled in a plan that is offered by UPMC Health Plan. Exceptions may be considered by the Director of Underwriting.
Participation	A minimum of 75 percent of eligible employees must have coverage in a health benefit plan either through a plan offered by the employer group, a spouse's employer, a program, a union, a Marketplace, or other comparable coverage.
COBRA participants	Limited to 5 percent of the enrolled population.
Retirees 65 or older	Excluded from coverage.
Rate Guarantees/Rate Caps	Rate guarantees and/or rate caps will not be considered on a standard basis. Exceptions may be considered by the Director of Underwriting.
Actively-at-work, disabled, hospital confined	Waived with a completed and signed Disclosure Statement.
Specific Advance Funding	Standard with specific stop loss when UPMC Health Plan is the sole underlying TPA. Cannot not be offered when pharmacy benefit administration is carved out with another carrier. Cannot be offered when another medical TPA is offered as optional coverage.
Aggregate Accommodation	Available for aggregate stop loss.
Terminal Liability Option (TLO)	Available for specific and aggregate stop loss. Must be requested and purchased 12 months before termination of the policy. Payment of covered expenses will be extended by 3 months from policy period. Applies only when the employer is moving to a fully insured policy.
Aggregating Specific Deductible	Available upon request.
Reporting	Costs may be incurred based on the data that is provided by the employer and/or its medical and pharmacy carriers. Refer to the stop loss proposal for additional details.

