235 East Broadway, Suite 960
Long Beach, CA 90802
Toll Free: (888) 797-3467
Website: www.rxreins.com

RxReins
The Prescription for Stop Loss Solutions

REQUEST FOR QUOTE

Stop Loss Coverage for Group Prescription Drug Plans

Please provide the following items to obtain a quote for prescription drug stop loss insurance:

1. RxReins RFQ form completed in its entirety
2. Census file
3. Plan copay grid
4. Most recent 12-24 months of month by month claims and enrollment data (by Plan)
5. Top 50 Drugs by cost
6. Copy of the Summary Plan Description (SPD) or EOC

A. TYPE OF QUOTE REQUESTING:

☐ Aggregate Only ☐ Guaranteed Cost

B. REQUESTED BY:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext.: _____ Mobile: _____

E-mail: _____

C. EMPLOYER INFORMATION:

Company: _____

City: _____ State: _____ Zip: _____

D. NEW PLAN ADMINISTRATION:

Who will be the TPA: _____

Who will be the new PBM: _____

E. REQUESTED COVERAGE:

Proposed Effective Date: _____

Plan Design:

Mandatory Generic	☐ Yes ☐ No
Mandatory Mail Maintenance	☐ Yes ☐ No
Step Therapy	☐ Yes ☐ No
Over-the-Counter	☐ Yes ☐ No

Covered / Excluded Drugs:

Sexual Dysfunction	☐ Yes ☐ No
Fertility Agents	☐ Yes ☐ No
Growth Hormones	☐ Yes ☐ No
ACA Medication Included:	☐ Yes ☐ No

Enrolled Employee Census

	EE Only	EE + 1/Spouse	EE + Child/ren	EE + Fam
Under 30				
30 - 39				
40 - 44				
45 - 49				
50 - 54				
55 - 59				
60 - 64				
65 +				
Total				

Total Female EE's _____ Total Male EE's _____

F. CURRENT PLAN INFORMATION

Existing Carrier: _____

Renewal Date: _____