



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

## REQUEST FOR QUOTE (RFQ)

### 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mandatory Mail Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Step Therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Over-the-Counter	<input type="checkbox"/> Yes	<input type="checkbox"/> No

##### Covered / Excluded Drugs:

Sexual Dysfunction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fertility Agents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Growth Hormones	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ACA Medication Included:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 \_\_\_\_\_ Male EE's \_\_\_\_\_

#### F. CURRENT PLAN INFORMATION

Existing Carrier: \_\_\_\_\_  
Renewal Date: \_\_\_\_\_