



## Actuarial Data Request

The following data elements are required for a quote from BEST Health Plan (electronic submission is preferred).

Groups of 100+ lives
Current plan design and a description of any changes over the past 2 years
Eligibility requirements, including part-time or seasonal employees
Current carriers and any changes over the past 2 years
Current rates and rates for the past 2 years (premiums if fully insured, funding rates if self-insured)
Current renewal rates and information
Employer contribution levels for Employee and Dependents
Census data including: <ul style="list-style-type: none"><li>• Date of birth</li><li>• Gender</li><li>• Plan enrollment and tier (single, family, etc.) for each coverage</li><li>• Zip codes of residence</li><li>• Date of hire if any service requirements to join</li><li>• Employee status (active, COBRA, waiving coverage, etc.)</li></ul>
Rate renewal calculations for the past 2 years. If self-insured, this should include all fixed expenses (stop loss premiums, UR fees, TPA fees, consulting fees, etc.) and indicate the amount of any stop loss recoveries in the appropriate time period.
Description of stop loss coverage if self-insured
Number of employees enrolled by month for the last 24 months
Number of members enrolled by month for the last 24 months
Aggregate medical claims paid by month for the last 24 months and a description of what is included in the claims (i.e., are mental health and pharmacy claims included?)
Aggregate pharmacy claims paid by month for the last 24 months
Aggregate premium paid by month for the last 24 months
Large claims > \$15,000 in the last two years, with diagnoses, prognoses, and indication if claimant is still covered by the plan

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