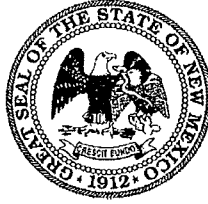


STATE OF NEW MEXICO  
OFFICE OF SUPERINTENDENT OF INSURANCE

*Superintendent of Insurance*  
John G. Franchini - (505) 827-4299

*Deputy Superintendent*  
Robert Doucette - (505) 827-5832



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Santa Fe, NM 87501

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**Bulletin 2016-018**  
**August 22, 2016**

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TO: MEDICAL STOP LOSS COVERAGE PROVIDERS  
FROM: JOHN G. FRANCHINI, SUPERINTENDENT OF INSURANCE  
DATE: AUGUST 22, 2016  
RE: SECOND STOP LOSS DATA CALL

FILED  
2016 AUG 22 AM 11 11  
OFFICE OF  
SUPERINTENDENT  
OF INSURANCE


This Bulletin is issued pursuant to Sections 59A-2-8 NMSA 1978 of the New Mexico Insurance Code, 13.1.2 *et seq.* NMAC.

The New Mexico Office of Superintendent of Insurance (OSI) is conducting a second survey to obtain New Mexico-specific data on medical stop loss insurance coverage information. New Mexico's Insurance Code grants the OSI the authority to regulate medical stop loss coverage. Pursuant to this statute and the superintendent's authority to conduct market surveys and inquiries under 59A-4-3 NMSA 1978, the OSI requires insurance carriers selling medical stop loss coverage in New Mexico in 2014 and 2015 to answer the survey questions contained in the spreadsheet "second stop loss survey.xlsx" by Friday, September 30, 2016. The spreadsheet, a printout of which is attached, is available on OSI's website at <http://osi.state.nm.us/LifeHealthFiling/index.aspx>.

Please contact Alan Seeley at [alan.seeley@state.nm.us](mailto:alan.seeley@state.nm.us) if you have any questions about this Bulletin or the survey.

**DONE AND ORDERED** on this 22<sup>nd</sup> day of August, 2016.

OFFICE OF SUPERINTENDENT OF INSURANCE

  
JOHN G. FRANCHINI  
Superintendent of Insurance

New Mexico Office of Superintendent of Insurance

STOP LOSS SURVEY

Stop loss insurer:  
 Name of company contact for survey:  
 Phone for company contact for survey:  
 Email for company contact for survey:

Add  
 columns for  
 more plans,  
 if needed

Provide the following information for each New Mexico plan that the company insured where the policy year ended in 2015:

	Plan 1	Plan 2	Plan 3
Policy effective date			
Policy expiration date			
Average number of covered employees			
Premium for aggregate stop loss coverage			
Premium for specific stop loss coverage			
Total premium for policy			
Aggregate attachment point, in dollars, based on actual policy year exposures			
Individual attachment point, in dollars			
Second individual attachment point (if any), in dollars			
Add rows here for additional individual attachment points, if needed.			
Are there any other claim-triggering specifications, e.g. aggregating-individual, tiered attachment? If you answered "yes," please describe:			
Expected dollar amount of claims (per covered employee) to be incurred by plan, that was used in pricing the policy			
Total dollar amount of claims that stop loss insurer incurred because individual attachment points were breached			
Total dollar amount of claims that stop loss insurer incurred because aggregate attachment point was breached			
Total dollar amount of claims that stop loss insurer incurred on the policy			
The policy provides stop loss coverage for claims _____ by the plan during the policy period: Fill in the blank with one of the following: paid; incurred; reported; other If you entered "other," please describe:			

Submit completed survey to Alan Seeley at alan.seeley@state.nm.us