

**UTAH ACCIDENT & HEALTH SURVEY  
STOP-LOSS SUPPLEMENT INSTRUCTIONS  
For Reporting Year 2025**

The Stop-Loss Supplement is an addition to the Utah Accident & Health Survey for companies who reported stop loss business on part 1, line 12 of their Utah Accident & Health Survey. If your company does not have any Stop-Loss business on the Utah Accident & Health Survey then your company is exempt from filing the Stop-Loss Supplement.

This supplement is designed to collect detailed data on stop-loss insurance coverage in Utah. All data reported on the supplement form should represent the year-end totals of the report year ending December 31st and balance to the data reported on part 1, line 12 of the Utah Accident & Health Survey.

Submit the completed supplement to the Utah Insurance Department secure file upload website <https://forms.uid.utah.gov/fileUploads/>. Select the **HEALTH RESEARCH\*Notify All**. The supplement must be submitted by April 1, 2026. The only acceptable data submission method is through the secure portal. A UtahID is required to submit the form. Instructions for creating an account are available at: <https://insurance.utah.gov/wp-content/uploads/CreatingYourUtahID.pdf>

Failure to meet the filing deadline may result in enforcement penalties under Utah Code § 31A-2-308. For questions on completing this reporting form contact the Research Analyst at [healthresearch@utah.gov](mailto:healthresearch@utah.gov).

**SIGNATURE FORM**

The signature form submitted to the Utah Insurance Department by your company with the Accident and Health Survey covers the follow-up supplements, such as the Administrative Services and Stop Loss Supplement.

**TERMINOLOGY USED IN THE SURVEY**

**Stop-Loss Insurance** is coverage purchased to limit the financial risk of a group health benefit plan. Under this policy, the stop-loss insurer assumes liability for losses that exceed a defined threshold, subject to policy limits.

Stop-loss insurance includes:

- Specific stop-loss: Protects against high-cost claims from individual members (claims exceeding the specific attachment point).
- Aggregate stop-loss: Protects against total claims exceeding a set amount across the entire group (claims exceeding the aggregate attachment point).

Employers or plan administrators typically purchase stop-loss insurance for self-funded or unfunded plans to avoid assuming full financial responsibility for all claims. With stop-loss, the employer pays for claims up to the attachment point(s), and the insurer covers amounts above those levels.

This coverage helps manage risk while allowing the employer or administrator to retain control over plan design and claims processing. Specific stop-loss addresses claim severity, while aggregate stop-loss addresses claim frequency.

**Specific Stop-Loss** coverage limits the employer group's financial responsibility for eligible medical expenses incurred by any one covered individual. This is also referred to as the individual stop-loss, individual attachment point, or individual deductible.

The minimum attachment point is typically determined by the stop-loss carrier based on factors such as the group's demographics, historical claims data, expected future claims, and the employer's risk tolerance. The ideal specific stop-loss level is often set as a percentage of the group's projected claims, balancing cost with risk protection.

**Specific Attachment Point** is the dollar threshold at which the stop-loss insurer begins to reimburse medical claims for a single individual. Once an individual's eligible claims exceed this amount during the policy year, the stop-loss carrier is responsible for covering additional costs.

Also known as the specific limit or individual stop-loss deductible, this threshold defines when financial liability shifts from the employer to the insurer for that individual's claims.

**Aggregate Stop-loss Insurance** protects against an unusually high frequency of medium and large claims for the entire group. It provides a limit on the dollar amount of eligible expenses that an employer or group health benefit plan would pay, in total, during a contract period.

**Aggregate Attachment Point** is the dollar threshold at which aggregate stop-loss coverage begins to reimburse a group health benefit plan for total claims. It represents the maximum amount the employer is responsible for during the contract period before the stop-loss insurer pays. This limit is typically calculated as a percentage of expected claims (e.g., 125%) and is based on factors such as past claims experience and projected costs. No reimbursement is made until total paid claims exceed this amount.

**Reinsurance** coverage takes effect after the initial liability of a claim (specific stop-loss) or claims (aggregate Stop-Loss) has been paid. This coverage is separate from and in addition to stop-loss insurance coverage (see stop-loss insurance coverage). Also referred to as excess risk insurance or excess of loss reinsurance.

**Part 1**  
**STOP-LOSS INSURANCE COVERAGE IN UTAH**

**COLUMN DEFINITIONS**

**Number of Insured Members**

The total number of people covered under a policy, including both the main insured individuals and any dependents. This applies to both individual and group policies. While individual policies cover one family, and group policies cover many individuals and their families under one plan, the method of counting insured members is the same: all covered individuals are included in the total.

**Number of Insured Policies**

For individual policies, enter the number of insured policyholders. For group policies, enter the number of subscribers (certificate holders).

**Direct Premiums Written**

The total premiums collected for policies written during the report year for stop-loss insurance.

**Direct Premiums Earned**

For stop-loss insurance, enter the portion of the premium paid by the insured that was attributed to the insurer's loss experience, expenses, and profit during the report year.

**Direct Losses Paid**

Enter actual amount of losses paid by the insurer during the report year for each A&H insurance category.

**Direct Losses Incurred**

Enter the total amount of losses incurred by the insurer during the report year for each A&H insurance category.

**ROW DEFINITIONS**

**Self-Funded Health Benefit Plan**

Include business that provides stop-loss coverage for any self-funded or (ERISA) eligible employer-sponsored groups with health benefit plans Utah. These self-funded plans provide major medical or comprehensive hospital and medical health benefits and act as the primary health coverage for employees and their dependents.

**Other**

Loss coverage that does not fall under the definition of self-funded health benefit plan or employer group health benefit plan.

**Part 2**  
**OTHER STOP-LOSS BUSINESS**

Description of other types of stop-loss coverage not specifically addressed under self-funded health benefit plans.

**Part 3**  
**STOP-LOSS INSURANCE COVERAGE FOR UTAH**  
**SELF-FUNDED HEALTH BENEFIT PLANS BY GROUP AND PLAN TYPE**

**COLUMN DEFINITIONS**

**Number of Members**

Enter the total number of members in self-funded health benefit plans administered by the self-funded group, including all dependents. For group policies, the total number of members must equal the number of subscribers plus dependents.

**Cumulative Member Months**

Enter the cumulative year-end member months for each self-funded health benefit plan category. If your company reports self-funded business, member months must also be reported, even if the year end membership is zero. To calculate member months, count the number of members during each month of the year (12 counts total) and then add them together.. This sum is the cumulative member months. Example: if your company had 10 members during each of the twelve months, the calculation is 10 members x 12 months = 120 member months.

**Number of Groups**

This is the total number of employer groups covered as of the last day of the reporting period. It counts employer groups, not the number of subscribers or plans.

Enter the number of employer groups for each category based on the type of health benefit plan they have. Since a single employer can have multiple plan types, the counts in this column may not add up to the overall total number of groups.

For example, if one employer offers five different types of plans (e.g., FFS, PPO, EPO, HMO, HMO-POS), the total number of groups is still one, because there is only one employer group covered, even though they have multiple plans.

The unit of analysis is the *employer group*, not individual plans. Therefore, totals in this column may not equal the sum of rows as groups with multiple plans are counted once per plan type but only once overall.

**Direct Premiums Earned**

Enter the portion of the premium paid by the insured that was allocated to the insurer's loss experience, expenses, and profit during the report year for each stop-loss insurance category.

**Direct Losses Paid**

Enter the actual amount of losses paid by the insurer during the report year for each stop-loss insurance category.

**Direct Losses Incurred**

Enter the total amount of losses incurred by the insurer during the report year for each stop-loss insurance category.

**ROW DEFINITIONS**

**Group Categories** - These are group sizes of employee health benefit plans that are being protected by stop-loss insurance coverage

- **Small Group (1 to 50)**  
Insured policies issued to a group organization of 1 to 50 employees.
- **Large Group (51 to 100)**  
Insured policies issued to a group organization of 51 to 100 employees.
- **Large Group (101 or more)**  
Insured policies issued to a group organization of 101 or more employees.

**Total**

Total of Small Group and Large Group categories. Note that the value in column 3 (“Number of Groups”) may not match the sum of group counts reported in the subtotals for lines 1.7, 2.7, 3.7, and 4.7.

**Plan Categories** - (These are types of employee health benefit plans that are being protected by stop-loss insurance coverage.)

**Indemnity / Fee For Service Plan (FFS)**

Under a traditional indemnity or fee for service plan (FFS), members may use any provider, as long as the services are a covered benefit. There are no preferred provider networks and all services are reimbursed at the same cost-sharing level (typically a fixed percentage of billed charges), regardless of which provider they choose. Members generally pay a fixed coinsurance amount after the deductible.

If the FFS plan includes a PPO rider that allows members to pay lower co-payments or coinsurance when using preferred network providers, the plan must be reported as a PPO for this survey.

**Preferred Provider Organization Plan (PPO)**

Under a PPO plan, members pay lower deductibles and coinsurance when they use physicians or hospitals within the preferred provider network. PPOs may not restrict members to use only preferred providers, as doing so would be an EPO which is prohibited under Utah code. Instead, PPOs offer financial incentives to encourage members to stay within the preferred provider network. Members may seek care from out-of-network providers, but reimbursement is lower

and their out-of-pocket are typically higher. Previously, PPO plans that required permission from a primary care physician or gatekeeper, or required other types of preauthorization before receiving services from out-of-network providers, were classified as a PPO with POS features for survey purposes. All PPO plans with POS features must now be classified as a PPO plan. Do not report them under “other”.

### **Exclusive Provider Organization Plan (EPO)**

Under an EPO plan, members must use the EPO network providers exclusively, except in emergencies. Services received outside of the EPO network are not covered. EPO plans are similar to HMO plans in that they limit coverage to a defined network of providers. EPO plans differ from HMO plans in that they are offered by a standard accident & health insurance carrier that may offer PPO products and does not qualify as a licensed HMO .

### **Health Maintenance Organization Plan (HMO)**

Under an HMO plan, the member must use the HMO network providers exclusively, except in the case of an emergency. Services outside of the HMO network are not covered. Only licensed HMOs can offer HMO plans in Utah.

### **Health Maintenance Organization Plan with Point of Service Features (HMO w / POS Features or POS)**

Use this category if the HMO plan has a point-of-service, indemnity carve out, out-of-network rider, or other option where members may use providers who are outside of the HMO network for routine medical services(not emergencies), but at a lower reimbursement rate (e.g., costs the member more to use non-network providers).

### **Other Plans**

Use the “other plans” category for plans that do not fit into any previous categories. If this category is used, provide a brief description of the plan features and explain why the other categories do not apply. PPO plans with POS features must not be placed in this category; they belong in the PPO category. In most cases this category should not be used, as Utah self-funded health benefit plans generally fit in one of the established categories.

## **Part 4-A**

### **STOP-LOSS INSURANCE SPECIFIC ATTACHMENT POINTS**

This table is a measure of the number of individual members and groups that are in a self-funded health benefit plan covered by stop-loss insurance coverage broken out by specific attachment points. It does not measure aggregate attachment points.

### **COLUMN DEFINITIONS**

#### **Number of Members Covered**

Enter the total number of members in a self-funded health plan who are covered by stop-loss insurance, categorized by a specific individual attachment point (deductible).

## **Number of Employer Groups Covered**

This is a count of the number of employer groups with a particular type of health benefit plan. Enter the total number of employer groups in a self-funded health plan that are covered by stop-loss insurance, broken out by the specific individual stop-loss attachment point (deductible).

The counts in this column may not add up to the total number of groups reported in the subtotals and totals for a particular table. For example, in part 4-A, if a single employer group has one plan with a \$10,000 attachment point (line 1.2) and another plan with an attachment point at \$20,000 (line 1.3), the total number of groups (line 1.22) would still be one, not two because there is only one employer, even though the employer sponsors two separate health benefit plans.

The unit of analysis is the employer group. Therefore, unlike other column categories, this column may not sum to the total due to double counting. Report the actual number of employer groups applicable for each row category.

### ***Group Categories***

- **Small Group (1 to 50)**  
Insured policies issued to a group organization of 1 to 50 employees.
- **Large Group (51 to 100)**  
Insured policies issued to a group organization of 51 to 100 employees.
- **Large Group (101 or more)**  
Insured policies issued to a group organization of 101 or more employees.

### **ROW DEFINITIONS**

#### **None**

Total number of members and groups protected under a stop-loss insurance policy without a specific individual stop-loss attachment point (deductible).

#### **\$10,000 – \$19,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$10,000 and \$19,999.

#### **\$20,000 – \$29,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$20,000 and \$29,999.

#### **\$30,000 – \$39,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$30,000 and \$39,999.

**\$40,000 – \$49,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$40,000 and \$49,999.

**\$50,000 – \$59,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$50,000 and \$59,999.

**\$60,000 – \$69,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$60,000 and \$69,999.

**\$70,000 – \$79,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$70,000 and \$79,999.

**\$80,000 – \$89,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$80,000 and \$89,999.

**\$90,000 – \$99,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$90,000 and \$99,999.

**\$100,000 – \$199,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific attachment point (individual stop-loss deductible) between \$100,000 and \$199,999.

**\$200,000 – \$299,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$200,000 and \$299,999.

**\$300,000 – \$399,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$300,000 and \$399,999.

**\$400,000 – \$499,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$400,000 and \$499,999.

**\$500,000 – \$599,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point (deductible) between \$500,000 and \$599,999.

**\$600,000 – \$699,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point ( deductible) between \$600,000 and \$699,999.

**\$700,000 – \$799,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point ( deductible) between \$700,000 and \$799,999.

**\$800,000 – \$899,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point ( deductible) between \$800,000 and \$899,999.

**\$900,000 – \$999,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point ( deductible) between \$900,000 and \$999,999.

**\$1,000,000 – \$1,999,999**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point ( deductible) between \$1,000,000 and \$1,999,999.

**\$2,000,000 or More**

Total number of members and groups protected under a stop-loss insurance policy with a specific individual stop-loss attachment point ( deductible) of \$2,000,000 or more.

**Total**

Enter the total number of members and groups protected under a stop-loss insurance policy.  
Note: The “Number of Groups Covered”(Columns 2, 4, 6) may not necessarily add up to the total number of groups reported in the totals of lines 1.22. Refer to the definition of “Number of Groups” for more information. Line 1.22 should balance to the number of members and groups reported in part 3.

**Part 4-B**

**STOP-LOSS INSURANCE AGGREGATE ATTACHMENT POINTS**

This table reflects the number of individual members and groups participating in a self-funded health benefit plans covered by stop-loss insurance. The data is broken out by aggregate attachment points . Please note that this does not include information on specific attachment points.

**COLUMN DEFINITIONS**

**Number of Members Covered**

The total number of members in a group health benefit plan who are covered by stop-loss insurance broken out by an aggregate stop-loss attachment point ( deductible).

## **Number of Groups Covered**

The total number of employer groups with members enrolled in a group health benefit plan covered by stop-loss insurance and broken out by an aggregate attachment point (aggregate stop-loss deductible). For each row category, enter the number of distinct employer groups. .

"Number of groups covered" refers to the count of unique employer groups offering stop-loss coverage. Unlike other columns, the values in this column may not add up to the total number of groups reported in the subtotals and totals for a particular table.

For example, in part 4-B, if a single group had a plan with an attachment point at 85% to 89% (line 1.2) and another with a 90% to 94% attachment point (line 1.3), the total group (line 1.12) is counted once, not twice even though it appears in two categories - because it represents one employer group with multiple plans.

The unit of analysis is the employer group, not the number of plans. Therefore, this column may not total due to double counting across categories. Report the actual number of distinct employer groups that apply to each row category.

### ***Group Categories***

- **Small Group (1 to 50)**  
Insured policies issued to a group organization of 1 to 50 employees.
- **Large Group (51 to 100)**  
Insured policies issued to a group organization of 51 to 100 employees.
- **Large Group (101 or more)**  
Insured policies issued to a group organization of 101 or more employees.

## **ROW DEFINITIONS**

### **None**

Total number of members and groups protected under a stop-loss insurance policy without an aggregate stop-loss attachment point (deductible).

### **85% - 89%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 85% to 89% of expected paid claim costs.

### **90% - 94%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 90% to 94% of expected paid claim costs.

**95% - 99%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 95% to 99% of expected paid claim costs.

**100% - 104%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 100% to 104% of expected paid claim costs.

**105% - 109%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 105% to 109% of expected paid claim costs.

**110% - 114%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 110% to 114% of expected paid claim costs.

**115% - 119%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 115% to 119% of expected paid claim costs.

**120% - 124%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 120% to 124% of expected paid claim costs.

**125% - 129%**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) between 125% to 129% of expected paid claim costs.

**130% or More**

Total number of members and groups protected under a stop-loss insurance policy with an aggregate stop-loss attachment point (deductible) at least 130% or more of expected paid claim costs.

**Total**

Enter the total number of members and groups protected under a stop-loss insurance policy.

Note: The “Number of Groups Covered” (Columns 2, 4 and 6) may not necessarily add up to the total number of groups reported in the totals of lines 1.12. Refer to the definition of “Number of

Groups” for additional guidance. Line 1.12 must align with the number of members and groups reported in part 3.

**PART 5**  
**REINSURANCE CARRIERS**

List the names of all commercial health insurance carriers providing reinsurance (excess risk or excess of loss) to your company as of Dec. 31 of the reporting year. Include NAIC company codes where applicable.



**UTAH INSURANCE  
DEPARTMENT**

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