

Stop Loss coverage from Florida Blue

For companies who choose to self-fund their health plans.



Health benefits are an integral part of your company’s compensation package. Self-funded health plans offer more financial flexibility to you, by using a benefit package that is unique to, and tailored for, your company’s needs. Stop Loss coverage from Florida Blue can help provide financial protection for your company by capping and further defining your financial exposure.

A self-funded health plan from Florida Blue with:	Stop Loss from Florida Blue	Stop Loss from other insurers*
Protection from catastrophic claims	•	•
Immediate Stop Loss reimbursement credit on monthly invoice	•	
No coverage gaps/Stop Loss wraps around plan document	•	
Gene Therapy benefit	•	
Improved cash flow	•	
Reduction in operating costs	•	•
Access to superior network	•	•
Access to managed care	•	•
Elimination of most premium tax	•	•
Control of tax-exempt reserves	•	•
Control of benefit plan	•	•
Discount on medical premium	•	
Seamless transition from medical claim to Stop Loss claim	•	
Streamlined claim coordination, claim filing, and follow-up	•	

Please see the chart above for a comparison of options that can help protect your company from catastrophic events.

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Coverage and contract options



Contract options

Incurred and paid (12/12 contract)

The Stop Loss contract most often used in the first year of a self-funded plan is a 12/12 contract. For your health plan to be reimbursed for a claim covered by a 12/12 contract, the claim must be incurred during the 12 months of the Stop Loss policy period and paid during that same 12-month period.

Contracts with run-in

Run-in refers to claims incurred prior to the effective date of the current Stop Loss policy. If your health plan has been self-funded for some time, there will be claims incurred at the end of a previous policy year, but not yet paid due to processing timeframes. Stop Loss insurance with run-in is offered to cover claims incurred within a specified time period starting before the effective date of the current policy and running to the termination date of the current policy.

Contracts with run-out

Run-out refers to claims incurred within the current Stop Loss policy period, but not paid by the employer's health plan as of the termination date of the current Stop Loss policy. This type of contract covers claims that are incurred within the current policy period, paid within that policy period, or within a specified number of months after the end of the policy period, usually three, six, or 12 months.

New feature:

Gene Therapy benefit

Innovative treatments like Gene Therapies have the potential to cure many diseases, but these therapies come at a high cost for employers. This solution helps reduce the financial burden for groups while providing access to life-changing treatments for their employees.



To learn more about Stop Loss coverage,
contact your broker or sales representative.

Coverage options

Specific deductible

Amount depending on your risk tolerance. Eligible claim amounts for an individual claimant in excess of the individual specific deductible are reimbursed to you.

Aggregate deductible

Protection against the combined total dollar amount of eligible claims exceeding a pre-determined maximum amount. Those individual claimants not reaching their specific deductible are viewed as an aggregate; you are given protection that limits your liability for aggregate claims to a certain amount determined by group size, demographics, and your health plan.

Aggregating specific

For groups that can take on a greater financial liability, this option reduces your monthly premium by adding another deductible layer. When claimant(s) hit the specific deductible, another deductible can be met by a single claimant, or several claimants combined who exceed the specific deductible.

Experience Refund

Groups with lower than anticipated claims costs during a policy year can receive a refund under the specific excess risk contract benefit. Flexible terms can be customized to a group's unique needs.

Specific and aggregate terminal liability

To reduce the risk in changing to a self-funded health plan, Florida Blue Stop Loss coverage offers an option to help you transition without worry. If you have a 12/12 contract, 30 days prior to the contract termination date, you have the option of enacting a three-month claim run-out period to the Stop Loss policy. This enables you to go back to a fully insured health plan without the risk of coverage gaps. A Terminal Liability Option (TLO) rider must be added at policy inception.

*Refer to policy for specific terms and benefits

Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. Policies have limitations and exclusions. Premiums vary with the amount of benefits selected. 121211 0325