

Large Group Proposal Request

Broker Name: _____

Broker of Record Yes No

Group Name: _____

Group Address: _____

Nature of Business: _____

Current Carrier: _____

Years with current carrier: _____

Renewal Date: _____

Current Plan Design:

Plan Type: Copay: Deductible:

Coinsurance: Limit: Rx:

Employer Contribution:

Current Rates:

Single: H/W: P/C: Family:

Renewal Rates:

Single: H/W: P/C: Family:

Proposed:

Plan Design:

Tier Structure:

Include

- Census: employee gender, date of birth, dependent status, zip code, ee spousal waivers & employees in waiting period
- Renewal Letter
- Current List Bill
- Benefit Summary

Circle: Aetna Atlantis Cigna Empire GHI Health Net HIP Horizon MDNY

 Oxford United Health Care Vytra

Spreadsheet Options:

Would you like the spreadsheet to be addressed to you or the Client? _____

Do you want a formal proposal?

Please note if you would like a formal proposal please allow a 4 day turn around from the date we received the carrier rates.

Union Quotes

All the above information is required in addition to the items below.

1. Current Collective Bargain agreement.
2. LM-2's (Financials).

Self Funded Groups

Below is a list of what is needed to evaluate a self insured group.

Please provide as much information you can in electronic format.

- In-force plan design
- Aggregate Stop Loss Report
- Paid claims over the last 10 months
- Month by month lives exposure to match claims experience and time period
- Large or shock claims over \$25,000; including diagnosis and prognosis
- Fixed Administrative Expense (rates)
- Specific or Individual Pooling Level
- Specific Insurance Rates
- Claim liability factors
- Copy of actual Stop Loss Contract

1. Is plan contributory or non contributory?
2. Who is doing cobra administration?
3. Who is doing flexible administration?
4. **Current commission**

Network

- Does the TPA rent their network or contract with a carrier?
- What is the per ee per month fee?
- Will the client interface with the TPA?