

GENERAL QUOTING REQUIREMENTS

- Requested effective date for coverage
- Location of group (city, state, zip) – if multiple locations please advise
- Nature of business (SIC code)
- Electronic census that includes:
 - ✓ Age
 - ✓ Gender
 - ✓ Zip codes
 - ✓ Plan design elected (if multiple plans offered to employees)
 - ✓ Coverage elected: Employee only or Family
 - ✓ Status: Active, Cobra, Retiree
- PPO's group currently has; what is wanted (if different)
- Claims experience (current year and 2 years history):
 - ✓ Aggregate reports with monthly enrollment and paid claims totals
 - ✓ Shock or 50% reports with large claimants diagnoses
 - ✓ *If currently fully insured* and claims reporting is not available: 3 years rate history must be submitted. Medical applications may be required by some carriers.
- Current plan design (grids or SPD) & proposed plan design (if different)
 - ✓ In and out of network benefit design
 - ✓ Deductibles, Coinsurance, Out of Pockets, Copayments and Lifetime Maximum
 - ✓ RX benefits (if to be included under specific and/or aggregate)
- What would you like to see quoted for stop loss?
 - ✓ Specific Deductible levels
 - ✓ Aggregating Specific Deductible options
 - ✓ Contract type (12/15, 18/12, etc.)
 - ✓ Medical and Rx covered under both specific and aggregate
- Current and renewal rates
- Date quote is needed