

Request for Proposal

Revised 9/8/15

General Group Information							
Company Name: ABC Company							
	55 Main Stre						
	Hunt Valley		State:	MD	ZIP Code:	21030	
Contact Name:					Owner	21000	
		•					
	410-555-888				410-555-9999	_	
Contact Email:	sdoe@al	<u>oc.com</u>	Nature of	Business:	HVAC	SIC Code:	1711
Carrier History							
Current Med	lical Carrier:	CareFirst			Renewal Date:	January	1, 2016
Have you been with me			last 5 vears?	Yes	✓ No		•
-	urrent Plan:	Fully	-	If Funded			
	Rates, Be	enefits & E	Employer Co	ontribution	n Information		
Enrollment Tier	- Plan 1	# of EEs	Current	Rates	Renewal Rates	Employee De	duction/Pay
Individual							,
Husband & Wife							
Parent & Child(ren)							
Family							
Monthly Totals							
			Benefits				
Benefit - Pla	un 1	Current		Renewal			
Plan Nam			Current				
In Network Deductibl	-						
Out of Network Deduction							
In Network Coinsurar							
Out of Network Coins							
In Network Out-of-Po							
Out of Network Out o							
Prescription Deductible							
Prescription Copays							
Use t	his space to en	ter rate and	benefit informa	ition if more	than one plan is off	ered	
Enrollment Tier	- Plan 2	# of EEs	Current	Rates	Renewal Rates	Employee De	duction/Pay
Individual							-
Husband & Wife							
Parent & Child(ren)							
Family							
Monthly Totals							
Benefit - Plan 2			Current		R	enewal	
Plan Name							
In Network Deductible (Ind/Fam)							
Out of Network Deductible (Ind/Fam)							
In Network Coinsurar							
Out of Network Coins							
In Network Out-of-Po							
Out of Network Out o	of Pocket						
Prescription Deductil	ble						
Prescription Copays							

Rates, Benefits & Employer Contribution Information (continued)

Use this space to enter rate and benefit information if more than one plan is offered

Enrollment Tier - Plan 3	# of EEs	Current Rates	Renewal Rates	Employee Deduction/Pay
Individual				
Husband & Wife				
Parent & Child(ren)				
Family				
Monthly Totals				

Enrollment Tier - Plan 4	# of EEs	Current Rates	Renewal Rates	Employee Deduction/Pay
Individual				
Husband & Wife				
Parent & Child(ren)				
Family				
Monthly Totals				

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Benefit - Plan 4	Current	Renewal
Plan Name		
In Network Deductible (Ind/Fam)		
Out of Network Ded. (Ind/Fam)		
In Network Coinsurance		
Out of Network Coinsurance		
In Network Out-of-Pocket Max		
Out of Network Out of Pocket		
Prescription Deductible		
Prescription Copays		

Plans to be Quoted

You may select a pre-built HealthyAdvantage plan or select the box to match current benefits below*

Traditional PPO) Plans	QHDHP Option	IS	R	x Plans
PPO 250/100		QHDHP 2600/1	00	🗌 Rx 0	1
PPO 0/50		QHDHP 2600/8	^ا	🗌 Rx 2	:50
PPO 500/80		QHDHP 3500/1	00	🗌 Rx Iı	ntegrated
PPO 1000/70		QHDHP 5000/1	00		
		QHDHP 4000/7	70 (MVP/Bronze)	MEC	COnly
		HDHP Options	3		
2500/100		3500/80			
2500/80		5000/100			
3500/100		HealthySolution	ıs (3000/100)		
Quote GBS Plan(s)	closest to current plans				
Quote with Specific	: & Aggregate Stop Loss	🗌 Quote w	vith Aggregate Stop Loss Only	у	
If Quoting MEC/MVP:	Lowest Paid Full Time	e Annual Wage*			(W-2 Box 1 Income)
Consultant Name:	Consultant Name		Completed	d by:	Assistant
Agency Name:	Consultant Agency,	Inc.			
Consultant Email:	consultant@agencying	c.com	Consultant P	hone:	410-222-1111

Employee Census Data

			ployee cells		Enrollmont Statu	ie Codo Koj	1
	Enrollment Status Code E Employee C				lovoo Only	y	
				ES	Employee Only		
					Individual & Adult		
				EC	Individual & Child(ren) Individual & Family		
				F			
			Date of				COBRA
Last Name	First Name	ZIP	Birth	Age	Gender	Coverage	(Y/N)
Example Last Name	Example First	21201	12/1/1981	33	M	E	N
Smith	Jack	21030	1/8/1981	34	M	E	N
Doe	Sally	21234	2/22/1978	37	F	ES	N
Johnson	Tim	21234	3/14/1992	23	M	E	N
James	Joe	21121	11/7/1967	47	M	F	N
Lincoln	Denver	21120	12/21/1972	42	F	EC	Ν
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