

FULLY INSURED (RFP) REQUIREMENTS



Groups Currently Fully Insured

GROUP INFORMATION

Check box to confirm documents will be provided or fill in below

Legal & Trade Name

SIC Code

Situs Location

Proposed Effective Date

EMPLOYEE CENSUS INFORMATION (Dependents Not Required)

Check box to confirm documents will be provided

Required: Gender DOB ZIP Coverage Tier

Preferred: Plan Selection COBRA/Retirees

BENEFIT & QUOTING PARAMETERS

Check box to confirm documents will be provided or fill in below

Current & renewal (if available) rates
Attach Document

Description of current plan benefits (required if plan matching or rating with experience)
Attach Document

Requested due date

Requested Plan Design(s) and Network to quote

Requested stop loss parameters (spec deductible, contract type)

Applicable narrative and/or special requests

FULLY INSURED (RFP) REQUIREMENTS



Groups Currently Fully Insured

PRELIMINARY PROPOSAL REQUIREMENTS

- At least 7 months of monthly paid claims data and enrollment
- High cost claimant report to include diagnosis codes and some identifiable member information with a threshold of \$25,000 or 50% of the proposed spec deductible (*whichever is smaller*)
 - Reporting within 5 months of the proposed effective date

FIRM PROPOSAL REQUIREMENTS

- At least 10 months of monthly paid claims data and enrollment
- High cost claimant report to include diagnosis codes and some identifiable member information with a threshold of \$25,000 or 50% of the proposed spec deductible (*whichever is smaller*)

If reporting is positive and comprehensive, a 90 day lock may be available subject to other additional guidelines. Reporting within 60 days of the proposed effective date is preferred when available. Please note, this is the minimally required reporting and data. Depending on the case and the nature of the data, additional information may be required including, but not limited to, longer reporting periods, case management notes, etc. If minimum experience reporting requirements cannot be met to produce a preliminary quote, a purely manual quote can be generated given either IHQs or complete experience reporting will be available as the case progresses.

OTHER INFORMATION (If Available)

- Rx detail utilization with top prescribed drugs by cost (*for PBM analysis as applicable*)
- Top 50 utilized physician report (*for network penetration analysis as applicable*)

MINIMUM EMPLOYEE LIFE COUNT REQUIREMENTS

- 5-15 life groups will be accepted as long as at least one of the following cost containment measures will be in place:
 - RBP solution for non-physician/ancillary benefits
 - Exclusion of specialty Rx
- 15+ life groups will be accepted on a full PPO, traditional Rx strategy
- Minimum spec deductible of \$20,000 applies
- Minimum combined annual premium of \$20,000 applies

DISCLOSURE REQUIREMENTS

Groups unable to meet the Experience Reporting Requirements below will need to complete Individual Health Questionnaires (IHQ):

- Groups 100+ unable to meet experience rating requirements and unable to complete IHQs may be denied.
- Experience reports are not generally accepted and IHQs will be required for groups under 25 employee lives.
- IHQs should be completed within 60 days of the proposed effective date and should be signed no more than 90 days from the proposed effective date.

Please note, electronic IHQs are preferred, but handwritten applications may be accepted. Due to the nature of IHQs, additional information or follow up questions may arise due to illegibility, vagueness, or missing questions. IHQs completed on carrier applications are not accepted at this time. IHQs must be completed on a generic/TPA/advisor or Breckpoint-specific form.

RFP TIMELINES

- Generally, preliminary quotes will not be issued within 30 days of the effective date since disclosure information should be sufficient for a firm quote.
- Generally, no manual quotes would be issued within 15 days of the effective date.

SELF - FUNDED (RFP) REQUIREMENTS



Groups Currently Self-Funded

GROUP INFORMATION

Check box to confirm documents will be provided or fill in below

Legal & Trade Name

SIC Code

Situs Location

Proposed Effective Date

EMPLOYEE CENSUS INFORMATION (Dependents Not Required)

*Please provide the below information and check box to confirm documents are included

Required: Gender DOB ZIP Coverage Tier

Preferred: Plan Selection COBRA/Retirees

BENEFIT & QUOTING PARAMETERS

Check box to confirm documents will be provided or fill in below

Current & renewal (if available) rates & contract terms (including lasers, aggregating spec deductible, etc)
Attach Document

Description of current plan benefits (required if plan matching or rating with experience)
Attach Document

Requested due date

Requested Plan Design(s) and Network to quote

Requested stop loss parameters (spec deductible, contract type)

Applicable narrative and/or special requests

SELF - FUNDED (RFP) REQUIREMENTS



Groups Currently Self-Funded

PRELIMINARY PROPOSAL REQUIREMENTS

- At least 7 months of monthly paid claims data and enrollment
- 50% spec report to include diagnosis codes and some identifiable information
- Pre-cert / CM reports
- Pending/denied/on-hold claim reports

Reporting within 5 months of the proposed effective date

FIRM PROPOSAL REQUIREMENTS

- At least 10 months of monthly paid claims data and enrollment
- 50% spec report
- Pre-cert / CM reports
- Pending/denied/on-hold claim reports
- Trigger reports

If reporting is positive and comprehensive, a 90 day lock may be available subject to other additional guidelines. Reporting within 60 days of the proposed effective date is preferred when available. Please note, this is the minimally required reporting and data. Depending on the case and the nature of the data, additional information may be required including, but not limited to, longer reporting periods, case management notes, etc. If minimum experience reporting requirements cannot be met to produce a preliminary quote, a purely manual quote can be generated given either IHQs or complete experience reporting will be available as the case progresses.

OTHER INFORMATION (If available)

- Rx detail utilization with top prescribed drugs by cost (for PBM analysis as applicable)
- Top 50 utilized physician report (for network penetration analysis as applicable)

MINIMUM EMPLOYEE LIFE COUNT REQUIREMENTS

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