

INFORMATION REQUIRED FOR LARGE GROUP MEDICAL QUOTE

Benefit Design & Strategies, LLC

In order for our agency to produce a proposal report with accurate and solid rates, we ask that the following information, required of most Vermont carriers and TPA's/reinsurers serving the state be collected for large employer groups (over 50 full-time employees):

1. Current census in an Electronic Format (if dual plans are offered, please indicate plan selected for each employee). If there are out-of-state employees, the home zip codes of each are requested. Contact BDS for the information that should be included with your census.
2. If there have been significant changes (greater than 20%) in enrollment over the past two years, please provide enrollment totals by month or quarter.
3. Current medical premiums for plan year and dollar amount or percentage of employer contribution (if your company has different classes of employees, please indicate):

	<u>Current Premium</u>	<u>\$ _____ or % of Employer Contribution</u>
Single	\$ _____	\$ _____ or _____ %
Two- Person	\$ _____	\$ _____ or _____ %
Family	\$ _____	\$ _____ or _____ %

4. New Hire/Rehire Probationary or Waiting Period policy.
5. Current Plan Design or Schedule of Benefits (a one-page summary should be sufficient)
6. Specifications for Proposed Plan Design and Other Aspects of Proposed Quote if modifications are to be made.
7. If currently Self-Funded, working and COBRA rates that incorporate Administration Fees, Network Access Fees, Stop Loss Premiums and Projected Claims.

	<u>For Active Employees</u>	<u>COBRA Rates</u>
Single	\$	\$
Two-Person	\$	\$
Parent/Child	\$	\$
Family	\$	\$

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LARGE GROUP MEDICAL QUOTE INFORMATION (con't)

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8. Claims Experience for 2-plus years by month, if available. (If aggregate claims include health and other benefit [i.e. dental, vision], please supply a break down of claims experience by type, if available.)
9. High Risk Claims. Please list any potentially high-risk claimants (employees or dependents) giving information requested below. A high risk individual is one with actual or projected claims generally exceeding \$20,000, but this threshold is generally dependent on the group size. This information will be kept confidential shared only with underwriters of carriers and representatives of TPA's/reinsurers.

<u>AGE</u>	<u>GENDER</u>	<u>DATE</u>	<u>DIAGNOSIS</u>	<u>TREATMENT & PROGNOSIS</u>	<u>EST. COST</u>
—	—	—	—	—	\$ _____
—	—	—	—	—	\$ _____

10. Current Funding Mechanism. Please indicate if current plan is (circle one):

- a. fully insured
- b. partially self-insured: Specific Stop-Loss Breakpoint: \$ _____
Aggregate Stop-Loss Breakpoint: \$ _____
- c. high deductible with employer-paid supplemental health plan (SHIP)
- d. fully insured with contingent rating.

If we can be of assistance in the assembling of this information, please contact Ben Bosher at 888-951-9772

Please return information to Benefit Design & Strategies, LLC via email:
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