

## 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