

REQUEST FOR INFORMATION



- Group Name & Address
- SIC Code
- Effective Date
- Desired Network or DirectCARE (reference-based pricing)
- Census in Excel/csv (must include all fields below regarding employees and their dependents)
 - First name, last name, date of birth, gender, zip code, full address, relationship, enrollment tier, plan identifier (if multiple plans currently offered), and status
- Number of eligible employees
- Number of enrolled employees
- Listing of COBRA eligible employees with name, coverage tier and end date for COBRA election period
- Current and Desired Plan Matrix(s)
- Latest or upcoming renewal packet from current carrier
- If currently self-insured:
 - Network
 - TPA
 - PBM
 - Stop loss carrier
 - Contract basis
 - Aggregate & specific rates/factors
- Claims data for the current and last 2 years, if available
 - Claims Performance Dashboards
 - Cost & Utilization Reports
 - High Claimant (>\$10k)/Trigger (50%)/Profile Reports

Please provide what you can, and we will let you know if we need anything else.