

# BANKERS HEALTH PLANS

11101 ROOSEVELT BOULEVARD N. ST. PETERSBURG, FLORIDA 33716

## ERISA Stop-Loss Plan – Large Group

### Request for Proposal

(51 or more covered employees)



#### A. Employer

Name of Employer \_\_\_\_\_ Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Address \_\_\_\_\_ SIC Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Due Date \_\_\_\_\_

Date Requested \_\_\_\_\_ Effective Date \_\_\_\_\_

Please list health carriers for the last 5 years, including current and renewal rates for current plan:

#### B. Eligibility Information

1. Total Number of Eligible Employees at ALL locations (including those not insured under the plan) \_\_\_\_\_

2. Please list all insureds currently on COBRA \_\_\_\_\_

3. Are union members covered under this plan? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many \_\_\_\_\_

4. Are retirees covered under this plan? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many \_\_\_\_\_

5. Has the employer ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Employer Contribution? Employee Coverage \_\_\_\_\_% Dependent Coverage \_\_\_\_\_% Participation \_\_\_\_\_%

#### C. Group Health Insurance Coverage

(Please choose from one of the following)				
<b>Deductible</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Deductible (Individual/Family)	\$250/\$500	\$500/\$1,000	\$1,000/\$2,000	\$1,250/\$2,500
Out-of-Network Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,250/\$6,500
<b>Coinsurance</b> (In-Network / Out-of-Network)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coinsurance Limit	80% / 60%	90% / 60%	100% / 60% *	
In-Network Deductible (Individual/Family)	\$2,000 / \$4,000	\$1,000 / \$4,000	\$0 / \$4,000	
Out-of-Network Deductible (Individual/Family)	\$4,500 / \$9,000	\$4,500 / \$9,000	\$20,000 / \$40,000	
<b>HSA*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

- \* HSA plans are available with \$1,250, \$2,500, and \$5,000 deductibles. 100% In-Network Coinsurance available with all HSA deductible options.

- Office visit and Rx Copays do not apply when HSA elected (Deductibles and Coinsurance apply), except for Preventive.

- In-network and out-of-network deductibles and out-of-pocket amounts accumulate separately.

- Office Visit and Rx Copays are payable before charges are subject to deductible/coinsurance and are not counted toward OOP limits.

#### D. Stop Loss Coverage

<b>Contract Type:</b>	<input type="checkbox"/> 12 / 12	<input type="checkbox"/> 12 / 15	<input type="checkbox"/> 15 / 12
<b>Lifetime Maximum</b>	<input type="checkbox"/> \$1.0 million	<input type="checkbox"/> \$1.5 million	<input type="checkbox"/> \$2.0 million
<b>Specific Stop Loss</b>	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000
<b>Deductible Options</b>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	
<b>Aggregate Stop Loss</b>	<input type="checkbox"/> 120%	<input type="checkbox"/> 125%	<input type="checkbox"/> 130%
<b>Attachment Points:</b>	<input type="checkbox"/> 135%	<input type="checkbox"/> 140%	<input type="checkbox"/> 150%
<b>Max Aggregate Benefit</b>	<input type="checkbox"/> \$1.0 million	<input type="checkbox"/> \$1.5 million	<input type="checkbox"/> \$2.0 million
<b>Terminal Liability</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

#### E. Servicing Agent

Name \_\_\_\_\_ Florida Agent License No \_\_\_\_\_

Agency Name \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ Telephone No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax No \_\_\_\_\_

Agent Signature \_\_\_\_\_

# ERISA Stop Loss Census



Employer: \_\_\_\_\_

	Name	Gender	Date of Birth	EE=Employee ES=Employee/Spouse EC=Employee/Child(ren) ESC=Employee/Spouse/Child(ren)	Spouse Date of Birth	# Children Covered	Date of Hire	PT=Parttime (Employer Defined) NC=No Cov WP=Wait Period	Zip Code
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