



Quote Request for Large Employer

Affordable Care Act Compliant Plans

Select one: Preliminary Request
 Final Underwritten Request, must submit the following: minimum two years claims history, current medical/pharmacy plan design, renewal information, high cost claims and census.

Employer and Agent Information

By signing below, I certify that all the information contained in this quote request and any attached documents are correct to the best of my knowledge.

Agent Name _____ Agent Signature _____

Agency Name _____ Proposed Effective Date ____ / ____ / ____

Employer Name _____ Federal Tax ID Number _____

Employee Contact Name _____ Email _____

Street Address _____

City _____ State _____ ZIP _____

Phone (____) ____ - _____ Fax (____) ____ - _____

Nature of Business _____ SIC Code _____ Years in Business ____

Current Health Carrier _____ Current New Hire Waiting Period _____

Employee Information

Number of Total Employees _____ Number of Benefit Eligible Employees _____

Number of Employees on Current Health Plan _____

Number of Former Employees Currently on COBRA _____ (Demographics Needed)

Employer Contribution Dollar Amount Toward Premium: E \$ _____ ES \$ _____ EC \$ _____ F \$ _____

Or

Employer Contribution Percentage Toward Premium: E % _____ ES % _____ EC % _____ F % _____

E = Employee Only ES = Employee plus Spouse EC = Employee plus Children F = Family

Current or Requested Health Plan Information

Deductible Amt. \$ _____ + Coinsurance Amt. \$ _____ = OOP Max \$ _____ In-Network Coinsurance % _____
(Out-of-Pocket = Deductible + Coinsurance) (Example 80/20)

PCP Co-Pay \$ _____ Pharmacy Co-Pay \$ _____ Pharmacy Deductible \$ _____ ER Co-Pay \$ _____

Current Rates: E \$ _____ ES \$ _____ EC \$ _____ F \$ _____

Renewal Rates: E \$ _____ ES \$ _____ EC \$ _____ F \$ _____

HDHP: Yes No

Requested Tier (Select One): 2-tier (Employee, Family)

3-tier (Employee, Two-Person, Family)

4-tier (Employee, Employee + Spouse, Employee + Child(ren), Family)

Please Provide the Following

Two – three years renewal reports to include:

- Claims by month
- High cost claims reports
- Enrollment reports by month

SBC/SBCs for current plans

Census on Avera Health Plans census template

Commission load request _____

Ancillary Quotes

Life Yes No Amount _____

Dental Yes No Amount _____

Other Products _____