



RFP Request Sheet

Please complete this form and send it, along with required additional information, to the Promise Health Plan sales team.

Date: _____

Broker name: _____

Agency name: _____

Broker address: _____

Broker phone number: _____

Broker commission level: _____

Group name: _____

Group address: _____

Requested effective date: _____

Nature of business/SIC code: _____

Number of eligible employees: _____

Number of enrolled employees: _____

Current carrier: _____

Renewal rates: _____

Markets served and RFP submission requirements:

For groups currently self-funded:

Minimum group size: 25 enrolled employees

(Exceptions for smaller groups will be made on a case-by-case basis.)

Data requirements:

- Electronic census submitted in Excel, displaying the following information for each member:
 - First and last name
 - Gender
 - Coverage type (EE, ES, EC, Fam)
 - Date of birth or age
 - Relationship to employee
 - ZIP code employee resides in
 - Which plan the employee is participating in (if multiple plans)
 - Status (active, COBRA, or retiree)
 - Plan design(s): current and proposed (if different)
- Please specify if the client is looking for 2-tier, 3-tier or 4-tier rates

Claims experience

- Open plan year-to-date and preceding year to include monthly paid medical and prescription drug claims with subscriber counts
- Large claims information for same time period as noted above for any claimants at or greater than 50 percent of Stop Loss deductible to include diagnosis and prognosis detail along with clinical notes
- High-cost pharmacy utilization report with information on the top 25 most expensive medications dispensed, including medication name, cost, and dosage
- Current and renewal Stop Loss rates
- Copy of administrative services agreement with outline of current services and corresponding fees
- Name of pharmacy benefit manager and current financial terms

For groups currently insured:

Minimum group size: 25 enrolled employees

(Exceptions for smaller groups will be made on a case-by-case basis.)

Data requirements:

- Electronic census submitted in Excel, displaying the following information for each member:
 - First and last name
 - Gender
 - Coverage type (EE, ES, EC, Fam)
 - Date of birth or age
 - Relationship to employee
 - ZIP code employee resides in
 - Which plan the employee is participating in (if multiple plans)
 - Status (active, COBRA, or retiree)
 - Plan design(s): current and proposed (if different)
- Plan design(s) current and proposed (if different)
- Please specify if the client is looking for 2-tier, 3-tier or 4-tier rates
- **Claims experience (if available)**
 - Open plan year-to-date and preceding year to include monthly paid medical and prescription drug claims with subscriber counts
 - Large claims information for same time period as noted above for any claimants with claims higher than \$50,000 and include diagnosis and prognosis detail
- Current and renewal rates



For any group, please provide an overview of client goals with respect to the plan offering and benefit strategy—including what's working well and where they view opportunities to improve upon incumbent program.

Please send RFP submissions and related files to:

Roy Pasquarette | Executive Sales Consultant

Insurance & Employer Services

(864) 434-0230

Roy.Pasquarette@Promisehealthplan.com

