

Current Pricing:

Fully Insured	Self-Insured	
	Specific Rate:	Agg Factor:
EE	EE	EE
E+S	E+S	E+S
E+C(ren)	E+C(ren)	E+C(ren)
Family	Family	Family

General Information:

- | | | |
|--|---|--|
| <input type="checkbox"/> Number of lives on the health plan (not including dependents) | <input type="checkbox"/> Specific Deductible Options | <input type="checkbox"/> Aggregate Congregation (additional PEPM) |
| <input type="checkbox"/> Fully Insured or Self Insured | <input type="checkbox"/> Contract Basis if Currently Self Insured | <input type="checkbox"/> Broker Compensation (per employee per month (PEPM) or equivalent) |
| <input type="checkbox"/> Current Carrier or Administrator | <input type="checkbox"/> Aggregate Coverage | <input type="checkbox"/> Proposed PPO Network, Medical Management, or Other Vendors |
| <input type="checkbox"/> Current TPA | <input type="checkbox"/> Please Provide the Estimated TPA Administrative Fee (PEPM) | |

Check List:

Fully Insured

Dependent Level Census

Must have zip, DOB or age, coverage (S|F|ES|EC), status (active, retiree, cobra), gender, plan type (breakdown)

- Current Plan Design (Schedule of Benefits)
- Previous Plan Design
- Previous Tiered Rates

Self-Insured

Dependent Level Census

Must have zip, DOB or age, coverage (S|F|ES|EC), status (active, retiree, cobra), gender, plan type (breakdown)

- | | |
|--|--|
| <input type="checkbox"/> Current year 50% report showing DX, PX and paid amounts, trigger report, pre-cert report, LCM notes, pending and denied report. | <input type="checkbox"/> Experience reports run by effective date. |
| <input type="checkbox"/> 2 prior plan years of large claims provided. | <input type="checkbox"/> Schedule of benefits included. |
| <input type="checkbox"/> If aggregate coverage requested, paid claim experience (for all coverages included). | <input type="checkbox"/> Rates/Factors provided. |

Email SRSBPRFP@strategicrisks.com for a proposal

**Request a
quote today**