

## REQUEST FOR PROPOSAL (RFP) REQUIREMENTS

1. Census
  - a. Gender
  - b. Age or DOB
  - c. Coverage type (Single, family, etc)
  - d. Zip code (assuming the EEs are not all in one location)
2. Group name & contact information
3. Schedule of benefits
  - a. In force benefits
  - b. Desired benefits
  - c. Any major changes that have occurred over the last three years
4. Stop loss specifications
  - a. Contract type
  - b. Specific deductible
  - c. Contracts desired
    - i. Specific
    - ii. Aggregate
  - d. Benefits included under each contract (specific & aggregate)
    - i. Rx
    - j. Dental (aggregate only)
    - k. Vision (aggregate only)
  - e. Commission amount
    - i. Current
    - j. Requested
5. Aggregate claims data
  - a. Current & prior two years
  - b. By month, preferably
  - c. Include corresponding enrollment
6. Member claim data
  - a. Current & prior two years
  - b. Only needs to include members whose claims exceeded \$25,000 OR have an ongoing condition which will likely produce a large amount of claims going forward.