

REQUEST FOR PROPOSAL

v082024

Producer/Broker Agency: _____ Producer Contact/Agent: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Due Back: Name of Group:

Location:

Nature of Business or SIC Code:

Effective Date:

Current Carrier:

Current Funding Arrangement:



Requested Benefit

Medical / Medical and Rx / changes requested to the Schedule of Benefits



Terms or Bid Specs

	Current	Requested/Proposed
Specific Deductible		
Contract Types Requested		
Aggregate and Spec or Spec Only		
Additional Terms: Agg Spec, Spec TLO, Agg Accommodation, Agg TLO		
Medical and Rx or Medical Only		

	Current	Requested/Proposed
ASO/TPA		
PPO Network or RBP		
Pharmacy Benefit Manager		
Cost Containment Vendor(s)		
OT Carve Out Policy		



Current Rate History

(Include spec rate, aggregate premium rate and factor or fully insured rate, if applicable)

	Current	Renewal
Employee Only		
Employee/Spouse		
Employee/Child		
Family		

Requested Commissions (if any): _____

Do current rates include commission: _____



Please attach the following documents when emailing request:

1. Current Census in Excel Format: Must have DOB, Gender, Zip Code, Dependent tier status (S, ES, EC, F), Coverage by Plan (if applicable), and indication of Active, Retiree, or Cobra Status
2. Monthly claims & enrollment for the current and 2 prior plan years
3. Current Benefits
4. Large claim reporting for the current and 2 prior plan years identifying all claimants who have breached 50% of the current Specific Deductible with diagnosis information
5. Identify any claimant who was set at a higher group deductible during the current and/or prior 2 plan years
6. Current PPO and/or cost containment savings report

✓ Please send completed RFP's to:
rfps@vistaunderwriting.com

✓ Questions please contact your sales rep or our main office at **610-566-1666**