

Group Request for Quote/Benefit Design Worksheet

Group Name:	Quote Need Date:
Group No:	Effective Date:
Nature of Business	
Account Rep. Name	
Broker Name:	% Broker Commission

For Retirees Only				
	Present Carrier	Number of Years	Enrollment:	Employer Contribution %
Medical				%
Pharmacy				%

	Current Rates per Member		Renewal Rates per Member	
	Actives	Retirees	Actives	Retirees
Medical				
Pharmacy				

1. Rating Method: All Medicare Advantage Quotes are Fully Insured

2. Eligibility Retirees and dependents are individually eligible if they are entitled to Medicare Part A and are enrolled in Medicare Part B. **Medicare eligible active employees are not eligible to enroll.**

3. Number of Eligibles: Active Employees _____ Medicare-Eligible Spouses _____
 Retired Employees _____ Medicare-Eligible Dependents _____

CENSUS DATA

Please provide complete census data for all eligible participants in the plan. Required information includes name or other identifier, gender, date of birth, and residence zip code. Data may be provided in either paper or electronic form.

4. Benefit Designs (Select both Medical and Pharmacy Options.)

a. Pharmacy (Select One)

Option	Deductible	Copay	Mail Order	Gap Coverage	
<input type="checkbox"/>	Exclude Pharmacy				
<input type="checkbox"/>	A	\$0	\$10/\$15/\$25/\$45/\$75	2X	No
<input type="checkbox"/>	B	\$0	\$10/\$15/\$25/\$45/\$75	2X	Generic
<input type="checkbox"/>	C	\$0	\$10/\$15/\$25/\$45/\$75	2X	All Generic and Preferred Brand
<input type="checkbox"/>	D	\$0	\$10/\$15/\$25/\$45/\$75	2X	Generic and Brand
<input type="checkbox"/>	E	\$0	\$5/\$15/\$35/\$65/\$100	2.5X	No
<input type="checkbox"/>	F	\$0	\$5/\$15/\$35/\$65/\$100	2.5X	Generic
<input type="checkbox"/>	G	\$0	\$5/\$15/\$35/\$65/\$100	2.5X	All Generic and Preferred Brand
<input type="checkbox"/>	H	\$0	\$5/\$15/\$35/\$65/\$100	2.5X	Generic and Brand
<input type="checkbox"/>	I	\$100	\$5/\$10/\$35/\$60/25%	2.5X	No
<input type="checkbox"/>	J	\$100	\$5/\$10/\$35/\$60/25%	2.5X	Generic
<input type="checkbox"/>	K	\$100	\$5/\$10/\$35/\$60/25%	2.5X	All Generic and Preferred Brand
<input type="checkbox"/>	L	\$100	\$5/\$10/\$35/\$60/25%	2.5X	Generic and Brand

b. Medical

☐

Exclude Medical

☐

Municipal Plan

There is a special plan design for Municipal governments and agencies. Please consult the product brochure for specifics of the benefit design.

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Groups with 2 to 5 Eligible Participants

There is a special plan design for groups with 2 to 5 eligible participants. Please consult the product brochure for specifics of the benefit design.

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Option SG

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Groups with 6 to 10 Eligible Participants

Groups with 6 to 10 eligible participants may choose from two standard medical options. Please consult the product brochure for specifics of the benefit design.

☐
☐

Option 1
Option 2

☐

Groups with 11 to 25 Eligible Participants

Groups with 11 to 25 eligible participants may choose from three standard medical options. Please consult the product brochure for specifics of the benefit design.

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☐
☐

Option 1
Option 2
Option 3

☐

Groups with 26 or More Eligibles

Groups 26 or more eligibles may choose from four standard medical options. Please consult the product brochure for specifics of the benefit design.

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☐
☐
☐

Option 1
Option 2
Option 3
Option 4

Groups with over 250 Eligibles – Groups with over 250 eligibles may customize the benefit design. Please consult your account executive for specific information.

5. Type Quote

- ☐ New Quote
☐ Change from current Option

6. Employer Contribution

- ☐ 0% ☐ 25% ☐ 50%
☐ 75% ☐ 100% ☐ Other _____

7. Credits

- ☐ Deductible credit to be applied from previous carrier
☐ Out-of-Pocket credit to be applied from previous carrier

NOTE: The Information below is required or the Quote Request will not be accepted.

1. Attach a copy of the Group's current Benefits.
2. Attach census data in paper or electronic form.
3. If there are over 150 possible group members and if this is not a current BCBST client, provide 12 months of medical and pharmacy experience.