

Captive RFP Checklist

All information should be submitted to Mscallin@dickerson-group.com with company name and desired effective date in subject line of email. To receive the most competitive and timely proposal, please provide the requested information listed below:

COMPANY INFORMATION

Most recent Census (within last 30 days) in Excel containing the following information for each employee and dependent: (1) First and Last Name (no middle names, initials, or suffixes) (2) Gender (3) Date of Birth (4) Home Zip Code (5) Coverage Tier Selection (6) Current Plan Selection (7) Relationship denotation for dependents. Note: The census should be provided in a vertical format, with each new name (member or dependent) in a separate row. Please see our [sample template format](#). If the census is not in this format, please expect delays in our response time.

BUSINESS INFORMATION

Full legal name (please note any DBAs, common ownership, etc.)

Headquarters address

SIC Code or Description of Business

CURRENT PLAN INFORMATION

The following information is required for all groups: (1) Current medical benefits carrier, effective date, and coverage type (Fully-Insured, Level-Funded, ICHRA, etc.) (2) Summary of Benefits/Schedule of Benefits (SBC) with In-Network and Out-of-Network benefits details (deductible, coinsurance, copays) (3) Current monthly and renewal premium rates on carrier letterhead for all benefit plans and all coverage tiers. Note: Renewal data is required when we are within 60 days of renewal date. (4) If a group is age-banded, please provide their most recent invoice. (5) 3 years of historic rates, if available

CLAIMS DATA

Claims data requirements are based on current coverage and/or group size. (1) Requested for Fully-Insured Over 100 Lives (300 in CA), Required for Over 300 Lives (2) Requested for all Level-funded groups, Required for over 100 Lives (300 in CA)

As applicable, we request at least one year's worth of consecutive claims data, with each of the following covering the same time frame, no older than 6 months from the desired effective date: (1) Month by Month Subscriber Enrollment (2) Month by Month Claims Experience (Medical and Rx payment information) (3) Large/High Claims data with diagnosis information

PROPOSAL PLAN SPECIFICS

Name, email, and address of Main Advisor and Account Manager

Advisor commission/fee

Note: If the Advisor fee is not provided, a placeholder will be used. We will not re-issue proposals for these corrections once the binding kit is sent.

Desired effective date, specific deductible(s), and contract basis

Desired TPA, Network, and PBM

Desired Benefit Plan Designs if not quoting 'Apples to Apples'

Note: It is the responsibility of the Advisor to ensure the plan complies with regulatory requirements. Please check compliance prior to submitting your plan design request even if no plan changes are requested.

NOTE: Hospital groups must provide the current and proposed percentage of domestic reimbursement. Also, month-by-month experience must be separated into a domestic and non-domestic claim format.