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REQUEST FOR PROPOSAL

Group Name:

Address:

Additional Locations (please list all with zip codes):

Nature of Business:

Renewal Date:

Requested Quote Return Date:

Current Carrier:

PPO Network:

Current Pharmacy Benefit Manager:

Current Specific Deductible:

Current Contract Terms (please circle): 24/12, 18/12, 15/12, 12/15

Aggregating Specific: Y or N

Requested Specific Deductible:

Requested Contract Quote Options (please circle): 24/12, 18/12, 15/12, 12/15

Aggregating Specific: Y or N

Medical Coverage: Specific Y or N Aggregate Y or N

RX Coverage: Specific Y or N Aggregate Y or N

Premium History: Specific Premiums
Aggregate Factors

Plan Design Changes Requested:



Reporting Information

Employee Census of plan participants from current year showing name, sex, date of birth and type of coverage (single, family), zip code, in Excel if at all possible. COBRA participants should be indicated as such if the plan offers multiple PPO networks, the census should indicate the network each member has enrolled in. If they are retirees covered on the plan please indicate them on the census.

Medical summary on all **large claimants over 50% of the specific** for the current year and prior 2 years to include medical condition, treatment, diagnosis and prognosis. For current year, also include current status, most recent charges, year-to-date payments and any notice of upcoming treatment.

Aggregate reports from current plan year.

Aggregate reports from prior two plan years.

Summary of current benefits or plan document.

Network savings report

Pended claims report