

Send RFPs to [rfp@customdesignbenefits.com](mailto:rfp@customdesignbenefits.com)

**Minimum group size CDB requires to quote: 50 enrolled in medical plan**

Thank you for the opportunity to provide this proposal! Furnishing ALL the information and items below will facilitate a timely and accurate response from Custom Design Benefits.

## Groups currently Fully-Insured

- Current Census** (must include DOB, Gender, Plan election (if more than one plan), Coverage election (EE, ES, EC, family), and Home Zip Code in an Excel spreadsheet)
  - ❖ For spouses/dependents – relationship to employee must be specified
  - ❖ Spouses/Dependents must be easily identified with associated employee, as last names can differ
- SIC Code, Tax ID, and Effective Date**
- Current Carrier Name**
- Current & Renewal Rates (when available)**
- Current SBC for each plan**
- Large Claim Reports with Diagnosis**
  - Over 100: 3 years of data (in 12-month increments)
  - Under 100 with no experience: Individual Medical Questionnaires
- Monthly Claim/Enrollment**
  - Over 100: 3 years of data (in 12-month increments)
  - Under 100: current premiums (and renewal when available)
- Health statements (for groups under 100)**

## Groups currently Self/Level-Funded

- Current Census** (must include DOB, Gender, Plan election (if more than one plan), Coverage election (EE, ES, EC, family), and Home Zip Code in an Excel spreadsheet)
  - ❖ For spouses/dependents – relationship to employee must be specified
  - ❖ Spouses/Dependents must be easily identified with associated employee, as last names can differ
- SIC Code, Tax ID, and Effective Date**
- Current TPA / Stop Loss Carrier Name**
- Plan Information**
  - Current Contract Type / Requested Contract
  - Current Rates & Factors
  - Current/Requested Spec Amount
  - SBC for each plan
- Claim Data Reports**
  - 50%/High Claimant Report with Diagnosis, Prognosis & Total Claims Paid
  - Case Management Notes (if available)
  - Aggregate Reports (monthly paid claims and enrollment for the current policy year and 2 prior years)

## Level-Funded Proposals (or for AI generated / firmable Quotes)

- Member Level Census (for all group sizes)**
- SIC Code, Tax ID, and Effective Date**
- Health statements are not required, **however, if statements have been completed within the last 90 days, submission is required**
- Claims Data** (if currently self/level-funded) as outlined above
  - Over 100: 3 years of data (in 12-month increments)
  - Under 100 with no experience: Individual Medical Questionnaires
- Stop Loss Rate/Factors** (if currently self-funded) with **policy information** (contact type, etc.)

## CDB Administrative Services Only (no Stop Loss)

- Current Census** (must include DOB, Gender, Plan election (if more than one plan), Coverage election (EE, ES, EC, family), and Home Zip Code in an Excel spreadsheet)
  - ❖ For spouses/dependents – relationship to employee must be specified
  - ❖ Spouses/Dependents must be easily identified with associated employee, as last names can differ
- Administrative Fees** (if currently self-funded)
  - HRA or HSA to be included? (Y or N)
- Network Name & Access Fees** (if currently self-funded)
- Broker commission to be included?**
  - If yes, amount (PEPM)?