

# Large Group Quoting Requirements

Group medical/prescription drug and dental coverage  
For groups of 151+ eligible employees



In order to develop a quality proposal, Blue Cross and Blue Shield of Nebraska (BCBSNE) requires the following items:



## **AGENT INFORMATION**

- Agent name, agency name, address, phone and email address
- Are you the current Agent of Record?
- Commission level desired



## **GROUP INFORMATION**

- Exact legal entity name of the business
- Requested effective date
- Nature of business or NAICS code
- Is the company headquartered in Nebraska?
- Address of primary and any secondary locations, including ZIP codes
- Are retirees eligible? If so, under what circumstances?
- If multiple businesses are being insured, is there 51% or more common ownership?
- If your group does not have claims experience data available, the GRx items will need to be included when submitting requests for proposals.



## **CENSUS DATA - ELECTRONIC EXCEL VERSION PREFERRED**

- Employee status (Active, COBRA, Retiree)
- Employee age or date of birth
- Employee gender
- Employee five-digit ZIP code
- Enrollment tier (EE only, E/S, E/C, Family, Waiver)
- Reasons for waivers
- Plan option elected if multiple plans are offered

### ✓ SPECIAL REQUESTS/INFORMATION

- Are there any unique provisions on the current plan?
- What are the customer's concerns with the current carrier?
- Is the customer interested in new solutions such as improving their PPO network or Case Management programs, or are they primarily just checking the market?
- What is needed to sell the case with BCBSNE?

### ✓ BENEFIT INFORMATION

- Who is the current carrier?
- How long has the group been with the current carrier?
- If less than two years, who was the previous carrier?
- Please submit a copy of the current Schedule of Benefits
- What benefits should BCBSNE propose?
- Does the employer currently fund any part of the deductible for employees, and/or are they proposing to do so?

### ✓ EXPERIENCE DATA

Please provide:

- Monthly paid premium, claims, and enrollment for the most recent 24-month period
- Large claim information, including diagnosis, for the two most recent 12-month experience periods
- For self-funded groups, please include a Provider Network Savings Report — this report will show the amount of in-network vs. out-of-network claim dollars paid plus the average provider discount achieved for in-network experience

### ✓ FUNDING ARRANGEMENT, RATES AND CONTRIBUTION INFORMATION

- What is the current funding arrangement?
- Are you requesting a fully insured proposal or a self-funded proposal with stop loss?
- What are the current and renewal rates or self-funded administrative fees?
- If available, please provide last year's renewal
- How much (\$ or %) does the employer contribute to the employee and the dependent cost?

### ✓ STOP LOSS

- With the broker or employer's approval, BCBSNE will obtain stop loss quotes from our preferred stop loss carriers. If a stop loss quote is requested, please provide the following information:
  - Current and renewal specific and aggregate stop loss rates
  - Current and renewal aggregate attachment factors
  - Any information on individuals who are currently laseder with the current stop loss carrier