



BlueCross BlueShield of Oklahoma

A Member of the Blue Cross and Blue Shield Association,
an Association of Independent Blue Cross and Blue Shield Plans.

RATE QUOTATION CHECKLIST

Groups of 100+ employees

Thank you for the opportunity to develop a proposal for your group benefits. The following information will help us provide a competitive quote. This checklist will assist you in gathering the necessary data.

1. Name and address of the parent company and any subsidiary or affiliate companies to be covered.
2. Location of the business and/or subsidiaries.
3. Specific nature of the business/industry.
4. Census information for **all employees** (both full- and part-time), retirees covered by the plan and any individuals receiving benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Census should indicate the following information for each employee, retiree or COBRA participant:
 - (a) Male/female
 - (b) Date of birth or age
 - (c) Location (if business has multiple sites)
 - (d) Whether the individual is covered by the current plan, and if so, the enrollment status (single, family, etc.)
 - (e) Whether the individual is receiving benefits under COBRA when the COBRA eligibility period terminates
 - (f) For short- and long-term disability insurance quotes, also include job titles and hourly or monthly pay
5. Brief description of current health benefits and carrier name.
6. Two years of monthly claims experience (paid claims), exposures (number of people covered for each month) and premiums paid.
7. Large claims report for last two years. For each, include the claim amount, patient's age, sex, whether the patient is an employee or a spouse or dependent of an employee, diagnosis and prognosis.
8. Current rates (including most recent group bill and renewal notice if applicable).
9. Waiting period for new hires.
10. Employer contribution toward coverage.
11. If currently self-funded, please provide the name of third party administrator, type of contract (12/12, 15/12, 12/15, etc.), premium and coverage amounts for specific and aggregate stop loss and amount of fees for claims administration.

We recognize every item on this list may not be available to you. Please provide as much information as you can so we can calculate the most competitive rate possible for your account. If you have questions, please contact your Blue Cross and Blue Shield of Oklahoma account executive.