



LAURENCE F. LEE, III

From: Whitney Johnson-Rule Larry Lee (agent) / M. Lynn Turner (agent)

Date: July 11, 2014

Re: **eHealthScreen**  
**Bid Request: Health**  
**Renewal Date: 9/1/14**

Please immediately complete and return by fax or email, the attached **“Confirmation of Receipt.”**

Please provide a Group Health quote for eHealthScreen. The group is located here in Jacksonville.

All necessary information is provided. Please read this request in its entirety. Should you need further information, questions or if you don't receive all materials below, please contact me immediately.

If you receive this information in error, please forward to the appropriate person and contact me. Please quote the following plan design(s); please **also quote HRA, HSA plans as well as packages** you feel may deliver a better value for our client.

- Information Attached: Census  
Benefit Summary(s) – PDF format  
Please note: claims are not available because of the size of this group.

- Background

Full-Time: 25 hours per week

Eligibility: 1<sup>st</sup> of the month following 90 days (this will change at 2014 renewal)

Contribution:  
Employer pays 99% of employee  
Employer pays 0% of dependent

- Cont'd p. 2 -

**PLAN ANALYSTS**

1 Independent Drive, Suite 3125 • Jacksonville Beach, FL 32202 • (904) 354-8989 • FAX (904) 830-4862  
• EXCELLENCE IN EMPLOYEE BENEFITS •

**CURRENT BENEFITS:**

Refer to enclosed benefit summaries

**CURRENT/ RENEWAL RATES:**

Renewal Rates are not available yet

<u>Care HMO 1</u>	<u>CURRENT</u>
EE	\$805.42
ES	\$1973.65
EC	\$1632.70
EF	\$2613.85

<u>Choice PPO 1</u>	<u>CURRENT</u>
EE	\$1023.10
ES	\$2506.34
EC	\$2059.87
EF	\$3312.22

<u>Options PPO 1</u>	<u>CURRENT</u>
EE	\$853.28
ES	\$2075.18
EC	\$1714.76
EF	\$2676.19

Renewal Date: 9/1/14

Provide Quotes By: 7/24/14

In the interest of time and keeping *your* work to a minimum, we welcome your informal proposals via email. Also call if you wish to discuss your competitiveness on this case. If you should have any questions regarding this case, please call our office at (904) 354-8989.

**PLAN ANALYSTS**

**Confirmation of Receipt**

\_\_\_\_\_ Page(s) Including this page.

To: Whitney Johnson-Rule  
Email: wjohnson-rule@plananalysts.com  
Co/Dept: Plan Analysts, Inc.  
Re: **eHealthScreen Bid Request**

**I.** Please initial all applicable boxes below and return by email/fax **immediately**.

1.  I have received the request for proposal for **eHealthScreen**
2.  I intend to issue a proposal to:  Plan Analysts, Inc.  
 To someone other than Plan Analysts  
Who: \_\_\_\_\_
3.  I do **NOT** intend to issue a proposal.  
Reason: \_\_\_\_\_

**II.** I  Do /  Do Not agree to keep the information contained in this package **CONFIDENTIAL**. My company will not disclose this information or **eHealthScreen** and/or its subsidiaries.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_

**III.** This Information came to me in error.

It will **not** be forwarded. It will be destroyed.

It will be **forwarded** to the party below to respond to this RFP:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Dept: \_\_\_\_\_

**PLAN ANALYSTS**