



LAURENCE F. LEE, III

From: Whitney Johnson-Rule for Larry Lee (agent)

Date: September 12, 2014

Re: **Mike Davidson Ford**
Bid Request: Group Health
Effective Date: November 1, 2014

Please immediately complete and return by fax, the attached **“Confirmation of Receipt.”** (p.4)

Please provide a Group Health quote for our long time client, Mike Davidson Ford. They have been a leading local automobile dealership located in Jacksonville, FL 32225, with 125 ATNE.

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 – Excel file
Claims – Not avail due to enrolled case size (<100 enrolled)
- Background

Full-Time: 30 hours per week

Eligibility: 1st of the month following 90 days (will change at this year's renewal)

Contribution:
Employer pays 80% of employee
Employer pays 0% of dependent

- Cont'd p. 2 -

PLAN ANALYSTS

1 Independent Dr. • Suite 3125 • Jacksonville, FL 32202 • (904) 354-8989 • FAX (904) 830-4862
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CURRENT BENEFITS:

Triple Options – Please note that current plan are NOT being offered at renewal, their mapped alternates are shown below.

<u>Current Rates</u>	<u>LOW (D2K)</u>	<u>MID (3LQ)</u>	<u>HIGH (F3W)</u>
EE	461.18	499.46	582.53
ES	922.35	998.92	1,165.04
EC	876.23	948.97	1,106.79
EF	1,475.77	1,598.27	1,864.07

<u>Renewal Rates</u>	<u>LOW (0F7)</u>	<u>MID (0FX)</u>	<u>HIGH (0J3)</u>
EE	531.04	588.31	581.30
ES	1,062.08	1,176.62	1,162.60
EC	1,008.97	1,117.78	1,104.47
EF	1,699.33	1,882.59	1,860.16

	3LQ-P (INS-Trad w/ Copay) Rx Plan: FW	D2K-P (INS-Trad w/ Copay) Rx Plan: DZ	F3W-P (INS-VALUE) Rx Plan: 05U
Plan Name			
Product	Choice + Insurance *	Choice Insurance *	Choice + Insurance *
Option	001S9074	001S9075	001S9076
Plan Offering	Multiple Option	Multiple Option	Multiple Option
Multiple Option with:	Option(s) <enter #(s)>	Option(s) <enter #(s)>	Option(s) <enter #(s)>
HRA or HSA	No	No	No
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	\$40/80 Per Visit	\$40/80 Per Visit	\$25/50 Per Visit
Other Copays (IP/ER/UC)	\$500/\$300/\$100	N/A/\$300/\$100	\$500/N/A/\$75
Other	N/A	N/A	N/A
Deductible	\$5000/15000	\$5000/10000	\$5000/10000
Coinsurance	50%	50%	100%
Out-of-Pocket	\$10000/30000	\$10000/10000	\$6000/12000
Pharmacy	\$15/45/85/20%	\$10/45*85*	\$10/35/60/100/30%
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$10000/30000	N/A	\$6000/12000
Coinsurance	50%	N/A	80%
Out of Pocket	\$20000/60000	N/A	\$11000/22000

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	0F-X (INS-Trad w/ Copay) Rx Plan: 4W	0F-7 (INS-Trad w/ Copay) Rx Plan: RV	0J-3 (INS-Edge Non HSA) Rx Plan: 4W
Plan Name			
Product	Choice + Insurance *	Choice Insurance *	Choice + Insurance *
Option	001S9074	001S9075	001S9076
Plan Offering	Multiple Option	Multiple Option	Multiple Option
Multiple Option with: HRA or HSA	Option(s) <enter #(s)> No	Option(s) <enter #(s)> No	Option(s) <enter #(s)> No
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	PCP \$30, SPC \$60	PCP \$40, SPC \$80	PCP \$30/30, SPC \$30/60
Hospital Copays	OP N/A, IP N/A	OP N/A, IP N/A	OP \$250, IP \$500/occ
UC/ER/Major Diag Copay	UC \$75, ER \$350, Maj Diag \$200	UC \$100, ER \$500, Maj Diag \$200	UC \$75, ER \$200, Maj Diag = COINS
Other	N/A	N/A	N/A
Deductible	\$4000/8000 (Emb)	\$5000/10000 (Emb)	\$5000/10000 (Emb)
Coinsurance	80%	70%	80%
Out-of-Pocket	\$6250/12500	\$6250/12500	\$6250/12500
Pharmacy	\$15/50/75/125, 2.5x for M.O.	\$20/65/100/200*** (Sp:\$20/100/300/500), 3x MOD	\$15/50/75/125, 2.5x for M.O.
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	\$6000/12000 (Emb)	N/A	\$10000/20000 (Emb)
Coinsurance	60%	N/A	50%
Out of Pocket	\$6250/12500	N/A	\$15000/30000

Carrier History: UHC 06/09 to current
Humana 06/07 to 06/09
BCBSFL 05/03 to 06/07

Renewal Date: November 1, 2014

Provide Quotes By: September 16, 2014

Commission: Flat 4%

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.

End

- See Attachments -

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Confirmation of Receipt

_____ Page(s) Including this page.

To: Whitney Johnson-Rule
Email: wjohnson-rule@plananalysts.com
Co/Dept: Plan Analysts, Inc.
Re: **Mike Davidson Ford – Group Health RFP**

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

1. I have received the request for proposal for Mike Davidson Ford
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 solicit Mike Davidson Ford 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: _____

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