



From: Lisa Girgis for M. Lynn Turner (agent)

Date: August 8, 2016

Re: **Advanced Environmental Labs**
Bid Request: **Health, Dental, Vision, Life and Disability**
Renewal Date: **10/1/2016**

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

Please provide a Group Health quote for our long time client, ADVANCED ENVIRONMENTAL LABS. Advanced Environmental Laboratories is a NELAP certified, full-service environmental analytical laboratory firm, headquartered in Jacksonville, Florida, with additional offices in Gainesville, Miami, Orlando, Tallahassee, and Tampa.

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 Summaries
No Claims Avail Due to Case Size

- Background

Full-Time: 30 hours per week

Eligibility: 1st of the month following 60 days
WP begins after 30day orientation period

ER Contribs: Medical: 50% of EE Only on Mid Plan for all tiers
Dental: 0% Voluntary
Vision: 0% Voluntary
Life & DI: 100% ER paid

PLAN ANALYSTS

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

CURRENT BENEFITS:

Refer to enclosed benefit summaries

MEDICAL CURRENT/ RENEWAL RATES:

<u>High Plan: HNOption1500</u>	<u>CURRENT</u>	<u>RENEWAL: HNOption 1500</u>
EE	\$364	\$419
ES	\$764	\$880
EC	\$692	\$796
EF	\$1,127	\$1,299

<u>Mid Plan: HNOOnly 2000/80</u>	<u>CURRENT</u>	<u>RENEWAL: HNOOnly 2000/80</u>
EE	\$373	\$428
ES	\$783	\$899
EC	\$708	\$814
EF	\$1,157	\$1,328

<u>Low Plan: HNOOnly 5000</u>	<u>CURRENT</u>	<u>RENEWAL: HNOOnly 5000</u>
EE	\$242	\$280
ES	\$508	\$588
EC	\$460	\$532
EF	\$752	\$868

DENTAL CURRENT/ RENEWAL RATES:

<u>PPO MAC</u>	<u>CURRENT</u>	<u>RENEWAL: HNOption 1500</u>
EE	\$21.97	\$23.05
ES	\$46.58	\$48.87
EC	\$43.94	\$46.10
EF	\$70.79	\$74.26

VISION CURRENT/ RENEWAL RATES:

<u>FL VCP \$20/20</u>	<u>CURRENT</u>	<u>RENEWAL: HNOption 1500</u>
EE	\$5.00	\$5.54
ES	\$10.00	\$11.08
EC	\$9.50	\$10.52
EF	\$14.93	\$16.54

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LIFE & DI CURRENT/ RENEWAL RATES:

	<u>Current Rate:</u>	<u>Renewal Rate:</u>
LIFE		
Life Rate:	\$.115	\$0.143
AD&D	\$.021	\$0.021
Benefit:	\$30,000	
ER Paid:	100%	
STD:		
Rate	\$0.17	\$0.23
Elim	8/8	
Benefit	60%	
Max	\$750	
Duration	12 weeks	
ER Paid: 100%		
LTD		
Rate	\$0.30	\$0.38
Elim	90 Days	
Benefit	60%	
Max	\$5,000	
Duration	SSNRA	
ER Paid: 100%		

CARRIER HISTORY:

Current Medical Carrier: Aetna (since 2015)
UHC (2013-2015)
Current Dental Carrier: Principal (since 2013)
Current Vision Carrier: Humana (since 2013)
Current Life & DI Carrier: Principal (since 2013)

Renewal Date: 10/1/2016

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Provide Quotes By: **8/16/2016**

Medical Commission: 5%
Ancillary Commission: 10-15%

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: Lisa Girgis
Email: lgirgis@plananalysts.com
Co/Dept: Plan Analysts, Inc.
Re: **ADVANCED ENVIRONMENTAL LABS Bid Request**

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

1. I have received the request for proposal for ADVANCED ENVIRONMENTAL LABS

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 ADVANCED ENVIRONMENTAL LABS 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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