



LAURENCE F. LEE, III

From: Lisa Girgis for Laurence Lee (agent)

Date: August 17, 2016

Re: **Intuition**  
**Bid Request: Group Health**  
**Effective Date: January 1, 2017**

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

Please provide a Group Health quote for Intuition. They are located in Jacksonville and provide program management solutions, primarily data processing and call center. Intuition is the servicing center for state pre-paid college funds.

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.

Information Attached: Census - 231 eligible employees  
Current Benefit Information  
Claims Summary & Large Claims

Background  
Full-Time: 25 hours per week

Eligibility: 1<sup>st</sup> of the month following 60 days for all  
FT, Reg PT and Hourly PT (25+hrs per week)

Contribution:  
Employer pays 65% of employee  
Employer pays 65% of dependent

Carrier History: Aetna 2012 - current  
BCBSF 2007 - 2012

Renewal Date: January 1, 2017

**Provide Quotes By: August 24, 2016**

PLAN ANALYSTS

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

**Current / Renewal Rates:**

<u>PLAN</u>	<u>CURRENT RATES</u>	<u>RENEWAL RATES</u>
HNOption 1500 (Rates for equivalent MC plan are the same)		
EE:	\$506.49	\$TBD
ES:	\$1088.97	\$TBD
EC:	\$987.70	\$TBD
FAM:	\$1,666.41	\$TBD
HSA HNOption 2000 (Rates for equivalent MC plan are the same)		
EE:	\$482.34	\$TBD
ES:	\$1037.06	\$TBD
EC:	\$940.58	\$TBD
FAM:	\$1586.96	\$TBD
HSA HNO 2500 (Rates for equivalent MC plan are the same)		
EE:	\$462.48	\$TBD
ES:	\$994.33	\$TBD
EC:	\$901.84	\$TBD
FAM:	\$1,521.58	\$TBD

**PLAN ANALYSTS**

**Confirmation of Receipt**

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

To: Lisa Girgis for Larry Lee  
Email: l.girgis@plananalysts.com  
Co/Dept: Plan Analysts, Inc.  
Re: **Intuition – Group Health RFP**

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

1.  I have received the request for proposal for Intuition.  
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 Intuition Systems, Inc. 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**