



LAURENCE F. LEE, III

From: Lisa Girgis for Larry Lee (agent)

Date: October 19, 2016

Re: **Cain & Bultman, Inc.**  
**Bid Request: Group Dental**  
**Renewal Date: December 1, 2016**

Please immediately complete and return by fax, the attached **“Confirmation of Receipt.”** (p.3)

Please provide a Group Dental quote for our long time client, Cain & Bultman, Inc. They have been leading local flooring materials Distribution Company located in Jacksonville, FL 32204 with approximately 61 employees and 1 COBRA participant.

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.

*Please provide a GEO access report based on the entire eligible census, not just those enrolled. Results should be based on 1 in 10mi and 2 in 10mi parameters.*

If you receive this information in error, please forward to the appropriate person and contact me. Please quote plan designs as close to current as possible; please feel free to quote competitive plans that you feel may deliver a better value for our client.

- Information Attached: Census – 68 rows (Excel file – CBI HT Census 2016.xls)>>>  
Gender, DOB, tiers, locations, DOH, and zip codes  
Claims – Not Available due to case size  
Dental Summary - Included

- Background

Full-Time: 30 hours per week

Eligibility: 1<sup>st</sup> of the month following 60 days

- Cont'd p. 2 -

Contribution:  
Employer pays 67% of employee  
Employer pays 0% of dependent

**CURRENT BENEFITS:**

Counsurance: 100/90/60 in - 100/80/50 out  
Deductible: \$50 ded  
Benefit Maximum: \$1500 max  
Endo/Perio: Basic  
Ortho: No ortho  
REimb. Schedule: Fee/Fee

| <u>4 Tier</u> | <u>Current Rates</u> | <u>Renewal Rates</u> |
|---------------|----------------------|----------------------|
| EE:           | \$25.12              | Not Yet Rcvd         |
| ES:           | \$50.03              |                      |
| EC:           | \$44.31              |                      |
| EF:           | \$74.84              |                      |

Carrier history: UCCI since 2014  
SunLife 01/04 – 12/13

Renewal Date: December 1, 2016

**Provide Quotes By: October 26, 2016**

Commission: Flat 10%

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 (1)

**Confirmation of Receipt**

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

To: Lisa Girgis  
Fax: 904-830-4862  
Email: lgirgis@plananalysts.com  
Co/Dept: Plan Analysts, Inc.  
Re: **Cain & Bultman – Group Dental RFP**

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

1.  I have received the request for proposal for Cain & Bultman, Inc.  
2.  I intend to issue a proposal to:  Plan Analysts, Inc.  
 To someone other than Plan Analyst

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 Cain & Bultman, 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**