



LAURENCE F. LEE, III

From: Lisa Girgis for Larry Lee (agent)
Date: January 3, 2017
Re: Debbie's Accounting Service
Bid Request: Health, Dental, Vision, Basic Life & Vol Life
Effective Date: 2/1/17

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

Debbie's provides full accounting and tax preparation services and have been serving Jacksonville for over 30 years. Business address is: 3575 Southside Blvd., Jacksonville, FL 32216

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) as well as packages you feel may deliver a better value for our client.

- Information Attached: Census
- Background
Eligibility: Full-Time: 25 hours per week
HEALTH: 1st of month after 60 days
ANCILLARY: 1st of month after 60 days
Contribution:
HEALTH
Employer pays 100% of employee
Employer pays 0% of dependent
DENTAL & VISION
Employer pays 80% of employee / 0% dependent
BASIC LIFE and AD&D
Employer pays 100% of employee
VOL LIFE
Employer pays 0% of employee / 0% dependent

Effective Date: 2/1/17

Provide Quotes By: 1/10/17

Medical – Coverage currently through SHOP Exchange

FL Blue SHOP BlueOptions Essential Health S1401

Deductible: \$500 single / \$1,500 fam
OV Copay \$15
Spec Copay \$35
Coinsurance 80% in / 50% out
OOP Max: \$2,500 single / \$5,000 fam

Rates – Age Banded (refer to invoice)

Dental - Coverage currently through SHOP Exchange

MetLife

Ded. \$50 / \$100
Percent in network (Prev.) 100/ (Basic) 80/ (Major) 50
Percent out of network (Prev.) 100/ (Basic) 50/ (Major) 25
\$1,250 Calendar year max
Ortho. Not Covered
Endo/Perio. Basic

Allowable Expense (Claim Basis):

In Network Fee
Out of Network Fee

Rates – Refer to Invoice

Vision – *VIRGIN COVG (assume same as current dental enrollment)*

Exams \$10 Co-pay
Materials \$25 Co-pay
Frequency 12/12/24
Contact lenses (elective) \$130 allowance
Frames \$100 retail allowance

PLAN ANALYSTS

Basic Term/AD&D and VOL Life – *VIRGIN COVG*

Basic Term and AD&D	\$35,000 flat for all FT eligible employees
Vol Life EE	\$10k to \$500k
Vol Life SP	\$5k to \$250k (based on EE age)
Child Life	\$10k per unit

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: **DEBBIES ACCOUNTING SERVICE Bid Request**

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

1. I have received the request for proposal for DEBBIES ACCOUNTING SERVICE
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 DEBBIES ACCOUNTING SERVICE 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