



LAURENCE F. LEE, III

From: Lisa Girgis for Larry Lee (agent)
Date: February 27, 2017
Re: **INTUITION ALE WORKS**
Bid Request: VIRGIN Health, Dental & Vision
Renewal Date: May 1, 2017

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

Please provide a Group Health, Dental and Vision quote for our prospective client, **INTUITION ALE WORKS (TIN 47-1077081)**. Intuition Ale Works is a Jacksonville, Florida-based craft brewery established in 2010 specializing in small-batch handcrafted ales. Currently packages five brands distributed throughout the state of Florida by five major distributors. Location: 720 KING STREET, JACKSONVILLE, FL 32204.

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 - group does not want to disclose employee names at time unless necessary.

- Background

Full-Time: 25 hours per week
Eligibility: 1st of the month following 60 days
ER Contribution: Health - 50% of Employee Only
Dental & Vison - VOLUNTARY
Carrier History: N/A – all coverages are VIRGIN

PLAN ANALYSTS

4811 Beach Blvd, Suite 433 ● Jacksonville, FL 32207 ● (904) 354-8989 ● FAX (904) 830-4862
● EXCELLENCE IN EMPLOYEE BENEFITS ●

Health Plan: Please quote various PPO/HMO/HSA health plans. *The group would like to offer 2-3 health plans.*

Dental Plan

Please quote the following benefits as closely as possible:

Benefits	In-Network	Out-of-Network
Ded	\$50 (Waived Prev)	\$50 (Waived Prev)
Preventive Services	100%	80%
Basic Services	80%	60%
Major Services	50%	50%
Annual Max	\$1,500	\$1,500
Endo/Perio:	Basic	Basic
Reimb:	Fee	Fee

Please also include options with E&P in Major

Vision Plan

Please quote the following benefits as closely as possible:

Exam	\$10
Lenses	\$25
Frames	\$130 allowance
Contacts (Elect)	\$125 allowance
Frequency (E/L/F)	12 / 12 / 24

Effective Date: 05/01/2017

Provide Quotes By: March 6, 2017

Commission: 4% Health / 10% Dental & Vision

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, x 333.

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Confirmation of Receipt

_____ Page(s) Including this page.

To: Lisa Girgis
Email: lgirgis@plananalysts.com
Co/Dept: Plan Analysts, Inc.
Re: **INTUITION ALE WORKS Bid Request**

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

1. I have received the request for proposal for **INTUITION ALE WORKS**
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 **INTUITION ALE WORKS 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