



LAURENCE F. LEE, III

From: Dody Flanders for Larry Lee (Agent)
Date: October 26, 2018
RE: Patriot Transportation Holding, Inc. (PTH)
Bid Request: Group Stop Loss
Renewal Date: January 01, 2019
Due Date: November 14, 2018

Please immediately complete and return by fax, the attached **“Confirmation of Receipt.” (p.4)**

All necessary information is provided. *Please read this request in its entirety prior to requesting additional information.*
Should you need further information, questions or if you don't receive all materials below, please contact me immediately.

Please provide Group Stop Loss quotes for our long time Patriot Transportation Holding, Inc. (PTH).
Due to the complex nature of this request please read this thoroughly before beginning work or calling for clarifications.

PTH is engaged in the transportation. Florida Rock & Tank Lines, Inc. is a southeastern transportation company concentrating in hauling by motor carrier of liquid and dry bulk commodities.

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 propose alternative(s)** you feel may deliver a better value for our client.

- Information Attached:
Plan Designs (side by side: future, current, & prior)
PTH S Claims and Enrollment, Census – approx 590 enrolled employees
Enrollment and Paid Claim History
Large Claims with Diagnosis & Paid by Health Plan
Total Health Management Program Explanation

- Background

Full-time: 30 hours per week

Eligibility: PTH Hourly and Salaried – 1 month following date of hire

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PLAN ANALYSTS

4811 Beach Blvd, Suite433 • Jacksonville, FL 32207 • (904) 354-8989 • FAX (904) 900-4710
• EXCELLENCE IN EMPLOYEE BENEFITS •

Administrator Medical: Administrator Rx:	BCBS SC (National Alliance) through BCBS FL Express Scripts
Reinsurance:	BCBSFL since 1/1/12
Contract Basis:	Paid
Specific Deductible:	\$250K
Aggregating Specific Corridor:	\$84,500K
Run in Period:	Paid
Run in Limit:	Unlimited
Run out Period:	0 months
Run out Limit:	NA
Covered Expenses:	Medical including Rx Card & Mail Order
2019 Plan Changes:	Specialty Pharmacy Exclusion
Renewal Date:	January 1, 2019
Current PTH Specific Rate:	EE - \$9.92 FAM - \$42.04
Renewal PTH Specific Rate:	EE - \$11.18 FAM - \$47.40
Aggregate Premium:	NA

Disclaimer requirement: Please disclose any plan differences whether positive or negative.

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.

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Important Information on How to Quote:

Specific Deductible: \$250K & \$275K
Laser: No new laser
Aggregating Specific Corridor: Current \$84,500K (please adjust needed)
Aggregate: Please quote with & without
Annual Max: Unlimited
No quote: If you do not wish to submit a proposal, please say so in written form along with the reason.

Provide Quotes By: November 14, 2018

Commission: 15% commission – Quote with and without

- End -

Confirmation of Receipt

4 Page(s) Including this page.

To: Dody Flanders
Email: dflanders@plananalysts.com
Co/Dept: Plan Analysts, Inc.
Re: **Patriot Transportation Group Stop Loss RFP**

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

1. I have received the request for proposal for Patriot Transportation
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 solicit Patriot Transportation 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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