

Associations Request for Proposal

Association Requesting Proposal	South Carolina Automobile Dealers Association		
Producer Requesting Proposal	Emily Colston		
Producer Contact #'s	803-252-0205	803-252-5965	
	Phone	FAX	
Prospect Information:			
Prospect Name	_____		
Tax ID #	_____		
Type of Business	_____		
Decision Maker Contact & Title	_____		
	Name	Title	
Billing Contact Name	_____		
	Name	Title	
Billing Contact	_____		
	E-Mail	Phone Number	
Address	_____		
	Street	City	State Zip
	PO Box	City	State Zip
Contact #'s	_____		
	Phone	FAX	
Employer Premium Contribution	_____		
	Toward Single Cost	Toward Dependent (if Different)	
Waiting Period for New Hires	_____		
Carrier Information:	_____		
Carrier(s) Name Last 2 Years	_____		
Date last insured by the Association	_____		
Last renewal percent increase	_____		
Renewal Date	_____		

Please attach

REQUIRED:

- 1) Employee census showing all full-time **eligible employees and covered dependents**. Please use **Excel census template located on SCADA website**. Census should include all full-time Employees even if they do not participate in your current plan. (Complete requested dependent information to the best of your knowledge for any dependents who are currently enrolled in the medical plan - Dep Census is located on the second tab of the Excel Template)
- 2) A Current bill showing all covered employees and the monthly medical premiums
- 3) A Schedule-A rate sheet if your plan has monthly premium rates based on individual age of each employee
- 4) A Schedule of current medical benefits (should include deductible, copays, coinsurance, out-of-pocket limits, etc.)
- 5) A Copy of your 2020 medical renewal (if available)

NOTES:

- 6) Groups 50 and under **may** have to complete health applications
- 7) Groups 2 - 25 **MUST** have each Employee complete a Personal Health Statement (form located on SCADA website). Please submit Health Statements along with completed Census data.

For employers over 100 employees and those under 100 that are currently covered by a level-funded or self-funded plan, please provide claims experience. (2 years claims experience and enrollment by month, plus the shock claims information for the same time period)

Employer Supplemental Information

(Complete to the best of your knowledge)

It is necessary for Blue Cross Blue Shield of South Carolina to obtain certain information in order to issue a proposal for group coverage. Please complete the following to the best of your knowledge.

	<u>YES</u>	<u>NO</u>
1. Did any employee or dependent suffer a condition which resulted in a claim of \$10,000 or more during the last 12 months?	___	___
2. Are there any employees or dependents who have been or expect to be treated for a serious medical condition?	___	___
3. Is any dependent child over age 19 incapable of self-support because of a physical or mental disability?	___	___
4. How many employees and/or dependents are being covered under COBRA continuation? _____		
To your knowledge, are there any serious medical problems on this group of COBRA continuation insureds?	___	___
Is anyone presently covered under COBRA totally disabled?	___	___
5. Is coverage continued under your present or former plan for any retirees or other employees and/or dependents (other than those noted above) no longer employed full-time?	___	___
6. Are any employees or dependents presently disabled? *		
* For an employee: he or she is absent from work due to injury or illness;		
* For a dependent: he or she is unable to perform the usual and customary activities of a person of like age and sex in good health.	___	___
7. Carriers for the last five (5) years and length of time with each carrier:		

If any of the above questions were "YES", please explain below (write the question number and give details):

Employer: _____ Date: _____

Signature of Applicant: _____ Title: _____

Signature of Agent or Record: _____

South Carolina Automobile Dealers Association

February 1, 2020 Network Benefits

	Deductible Single/Family	Plan Coins	Plan Copays				RX Copays Retail/Mail-Order 31 day supply/90 day supply				Standard Out-of-Pocket	Maximum Out-of-Pocket
			PCP	Spec	Urgent Care	ER	Generic	Pref'd	Non- Pref'd	Spec Drugs		
Plan 1	\$500/\$1,000	80%	\$ 20	\$ 35	\$ 50	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,000/\$8,000	\$7,350/\$14,700
Plan 2	\$1,000/\$2,000	80%	\$ 25	\$ 40	\$ 50	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,500/\$9,000	\$7,350/\$14,700
Plan 3	\$1500/\$3,000	80%	\$ 20	\$ 40	\$ 50	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,000/\$8,000	\$7,350/\$14,700
Plan 4	\$2,000/\$4,000	80%	\$ 25	\$ 40	\$ 50	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,500/\$9,000	\$7,350/\$14,700
Plan 5	\$1,500/\$3,000	70%	\$ 30	\$ 60	\$ 60	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 6	\$2,500/\$5,000	75%	\$ 25	\$ 50	\$ 50	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$5,000/\$10,000	\$7,350/\$14,700
Plan 7	\$2,500/\$5,000	70%	\$ 30	\$ 60	\$ 60	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 8	\$3,000/\$6,000	75%	\$ 30	\$ 60	\$ 60	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 9	\$2,000/\$4,000	50%	\$ 30	\$ 50	\$ 50	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 10	\$3,500/\$7,000	75%	\$ 30	\$ 60	\$ 60	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 11	\$6,000/\$12,000	75%	\$ 30	\$ 60	\$ 60	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	n/a	\$7,350/\$14,700
Plan 12	\$2,800/\$5,600	100%										\$2,800/\$5,600
Plan 13	\$3,000/\$6,000	100%										\$3,000/\$6,000
Plan 14	\$4,000/\$8,000	100%										\$4,000/\$8,000
Plan 15	\$5,000/\$10,000	100%										\$5,000/\$10,000
Plan 16	\$6,350/\$12,700	100%										\$6,350/\$12,700
HIA Plan 1	\$2,000/\$4,000	80%	\$ 25	\$ 40	\$ 50	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125	\$4,500/\$9,000	\$7,350/\$14,700
HIA Plan 2	\$3,500/\$7,000	75%	\$ 30	\$ 60	\$ 60	\$ 300	\$15/\$25	\$40/\$90	\$70/\$175	\$125		\$7,350/\$14,700
PCP Office Visit Copay	All inclusive - to include surgery in PCP office						Plans 12 through 16 are high deductible health plans					
Sustained Health Benefits	\$500 max, PCP Copay						eligible for health savings accounts.					
Annual vision screening	\$150 max (Plans 1 - 11)						No family member will meet more than the single deductible					
Chiropractic Benefits	\$500 max, Specialist copay						The HIA plans offer deductible reduction for tasks completed					
Emergency Room Services	\$300 Copay + Deductible + Coinsurance						HIA 1 reduces the network deductible by up to \$500					
Inpatient Benefits	Deductible + Coinsurance						HIA 2 reduces the network deductible by up to \$750					