



Information Needed for Proposal & Requirements

Additional information may be needed, and if so, will be communicated at the appropriate time.

1. Electronic Census must be submitted via email or flash drive. **(see attached “Census” spreadsheet).** If you have this in a different version with the same basic information, we may be able to work with that.
2. Summary of Benefits and rates on all plans currently offered (or side by side plan comparison spreadsheet). Same for plans offered prior renewal period. Include NEW renewal plans and rates offered if available.
3. Premiums by rate tier for each plan currently offered, and prior year (and renewal if available). **(see attached “Plan Premium – Enrollment” spreadsheet)** If you have your own format, we may be able to work with that.
4. Current Month Bill from carrier or TPA detailing monthly rates and members and dependents enrolled by plan.
5. Bill from one year prior to current bill.
6. If currently self-funded, furnish copy of current stop-loss contract and rates as well as rates for claim administration.
7. If currently in a multi-employer self-funded program, also furnish copies of membership agreement and bylaws or other items detailing termination notice requirements, responsibilities and liabilities of your group.
8. Most recent 24 months (36 months if available) of Claim Utilization and Premium Paid Reports as detailed as possible. Minimum of most recent 12 months required. Experience broken out by medical and pharmacy preferred.
9. Large claim reports with diagnosis for claims more than \$25,000 on an individual to match time frames in #8.
10. Disclose all current covered employees, retirees, COBRA or dependent members that are Totally Disabled.
11. All groups with less than 100 covered employees/retirees or groups with >100 who cannot provide required claim utilization reports – health applications are required to be completed by all eligible employees and covered retirees and COBRA members. Note: Health application are completed via secure online portal.
12. If approved for membership, the School District must pay at least 75% of the employee premium of the lowest cost MEUHP plan offered. Note: Up to 4 plans may be offered.
13. At least 75% employees eligible for the School Board paid health contribution must enroll in a health plan unless documented as covered on another group health plan through their spouse or retiree health plan.
14. No more than a 10% decrease in enrollment on new MEUHP effective date vs. prior plan enrollment.

Questions, Assistance, Submissions go to **Missy Maxwell**, MEUHP Group Plan Coordinator

mmaxwell@ftj.com 800-821-7303, ext. 1179