

## Health Insurance Questionnaire

1. Please describe your claims turn-around and accuracy performance standards versus actual results over the most recent 12-month period.
2. Please describe your anticipated service strategy for both employer and employees.
3. What is the location of your nearest corporate service office?
4. What is the location of your home office and the operations center accountable for this group?
5. Do you have toll-free numbers available for administrative contacts and for employee customer service?
6. Is on-line billing and/or enrollment an option?
7. Are you agreeable to the actively at work waiver as indicated in the bid specifications?
8. Please provide the latest copy of your most recent audited financial statement.
9. Please provide your current rating from the following services:
  - a) AM Best
  - b) Standard & Poors
  - c) Moodys
10. Please indicate any pooling levels, experience credibility level and renewal rating methodology.
11. Is your plan fully-insured? Does it present ECUA with any risk other than the stated premiums?
12. For any surplus sharing arrangements, please provide a detailed description of the program.
13. Have you provided a Geo Access Model for your network specific to ECUA and surrounding areas?
14. Please describe the reach of your network. Can it be used in other parts of the state, country, or world?
15. Will you provide COBRA administrative services? If yes, please provide details.
16. Please describe the payment methodologies used to pay providers for the plans presented. For example, are hospitals reimbursed on a DRG basis? Are physicians paid via capitation or fee-for-service?
17. Please include a network performance report specific to the ECUA (and surrounding) service areas to include network discounts by hospital IP, OP; physician services; and Rx.

- 18.** Please describe your action plan to engage ECUA in any wellness initiatives, to include specifically tobacco cessation, weight management, and heart health.
- 19.** Do you agree to the notice requirements indicated in the specifications?
- 20.** Do you agree with the eligibility requirements as set forth in the specifications?
- 21.** Do you agree to provide the materials and assistance required for implementation and ongoing service as indicated in the specifications? Do you agree to mail ID cards and benefit booklets to employees' home addresses? Please provide a sample of the materials and describe your implementation service plan.
- 22.** Do you agree to provide monthly claims (including large claims reports) and enrollment information? Please provide a sample of the reports available.
- 23.** Please describe the wellness plan(s) that would be made available to ECUA and what, if any, cost would be involved.
- 24.** Please include 5 references as requested including:
  - a) Employer Group Name
  - b) Contact Person & Title
  - c) Size of the Group
  - d) Address
  - e) Phone Number
  - f) Length of Time with Your Company
- 25.** Based on the Patient Protection and Affordable Care Act and the Reconciliation, please indicate any gaps between the plan as proposed and requirements of the legislation.

## Life & Disability Insurance Questionnaire

1. Are you willing to grandfather in existing amounts currently underwritten for optional employee life and dependent life?
2. Please describe your claims turn-around goals versus actual performance over the most recent 12-month period for the following:
  - a. Life
  - b. Long term disability
  - c. Short term disability
3. Please describe your process for assessing and determining approval for a disability claim.
4. Please describe your anticipated service strategy for both employer and employees.
5. What is the location of your nearest corporate service office?
6. What is the location of your home office and the operations center accountable for this group?
7. Do you have toll-free numbers available for administrative contacts and for employee customer service?
8. Is on-line billing and/or enrollment an option?
9. Are you agreeable to the actively at work waiver as indicated in the bid specifications?
10. Please provide the latest copy of your most recent audited financial statement.
11. Please provide your current rating from the following services:
  - a) AM Best
  - b) Standard & Poors
  - c) Moodys
12. Do you agree to the notice requirements indicated in the specifications?
13. Do you agree with the eligibility requirements as set forth in the specifications?
14. Do you agree to provide the materials and assistance required for implementation and ongoing service as indicated in the specifications? Please provide a sample of the materials and describe your implementation service plan.
15. Please clearly indicate any variances in coverage levels as compared to the in-force plan on the attached form.
16. Please include 5 references as requested including:
  - a) Employer Group Name
  - b) Contact Person & Title
  - c) Size of the Group
  - d) Address
  - e) Phone Number
  - f) Length of Time with Your Company

## Dental Insurance Questionnaire

1. Please describe your claims turn-around and accuracy performance standards versus actual results over the most recent 12-month period.
2. Please describe your anticipated service strategy for both employer and employees.
3. What is the location of your nearest corporate service office?
4. What is the location of your home office and the operations center accountable for this group?
5. Do you have toll-free numbers available for administrative contacts and for employee customer service?
6. Is on-line billing and/or enrollment an option?
7. Are you agreeable to the actively at work waiver as indicated in the bid specifications?
8. Please provide the latest copy of your most recent audited financial statement.
9. Please provide your current rating from the following services:
  - o AM Best
  - o Standard & Poors
  - o Moodys
10. Please describe your renewal rating methodology for ECUA.
11. Is your plan fully-insured? Does it present ECUA with any risk other than the stated premiums?
12. Have you provided a Geo Access Model for your network specific to ECUA and surrounding areas?
13. Please describe the reach of your network. Can it be used in other parts of the state, country, or world?
14. Will you provide COBRA administrative services? If yes, please provide details.
15. Please include a network performance report specific to the ECUA (and surrounding) service areas to include network discounts.
16. Do you agree to the notice requirements indicated in the specifications?
17. Do you agree with the eligibility requirements as set forth in the specifications?
18. Do you agree to provide the materials and assistance required for implementation and ongoing service as indicated in the specifications? Do you agree to mail ID cards and benefit booklets to employees' home addresses? Please provide a sample of the materials and describe your implementation service plan.

**19.** Do you agree to provide monthly premium, claims and enrollment information? Please provide a sample of the reports available.

**20.** Please include 5 references as requested including:

- Employer Group Name
- Contact Person & Title
- Size of the Group
- Address
- Phone Number
- Length of Time with Your Company