

# TEA Health Plan Submission Checklist

All information should be submitted to [TEACaptive@fredcchurch.com](mailto:TEACaptive@fredcchurch.com). To receive the most competitive and timely proposal, please provide the requested information listed below:

## COMPANY INFORMATION (Please make sure to include group name, address, phone number, group contact name and email.)

- Most Recent Census (preferably within the last 30 days) in Excel**  
The census should include the following information for each employee: **(1)** Name or ID# **(2)** Home Zip Code **(3)** Gender **(4)** Date of Birth **(5)** Coverage Tier Selection **(6)** Current Plan Selection
- SIC Code or Description of Business**

## CURRENT PLAN INFORMATION

- Current Stop Loss Contract - If contract is unavailable, provide the following:** **(1)** Current Specific and Aggregate Rates **(2)** Current Aggregate Factors **(3)** Current Specific Deductible **(4)** Current Contract Basis (12/12, 24/12, etc.) **(5)** Current Attachment Corridor (margin) **(6)** Aggregating Specific Corridor (if applicable) **(7)** Information on Lasered Individuals (if applicable) **(8)** Current Administration Fees
- Plan Document**
- 3 Years of Rate History**
- Renewal Proposal on Carrier Letterhead**
- Claims History** (3 years of month-by-month subscriber enrollment/claims experience AND 3 years of matching large claims history)
- Current TPA and Network**

## PROPOSED PLAN INFORMATION

- Competing Quote Information** (Must be sent on carrier letterhead with all pages.)
- Proposal Specifics:** Details such as **(1)** Name and Email of Advisor **(2)** Advisor Fee **(3)** Desired Specific Deductible(s) **(4)** Desired Benefit Plan Design **(5)** Network **(6)** Pharmacy Benefit Manager **(7)** Third Party Administrator **(8)** Effective Date

*NOTE: Hospital groups must provide the current and proposed percentage of domestic reimbursement. Also, month-by-month experience must be separated into a domestic and non-domestic claim format.*