

ProVision Health

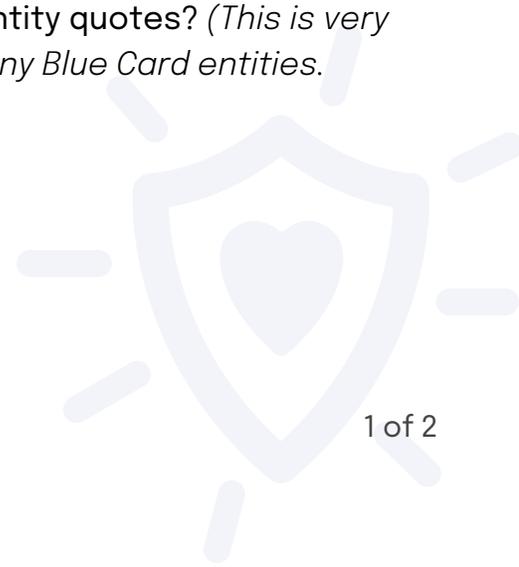
Quoting Checklist Requirements

1 - Corporate Legal Information:

- Corporate Legal Name
- Address
- City
- State
- Zip
- Company Contact Name
- Company Contact Phone
- Employer Identification Number (EIN)
- Company Logo (upload)
- Description of Business
- Does the company have multiple locations and EIN's? *(If so, please provide the company structures.)*

2 - Qualifications:

- Are the company situs headquarters in an Anthem state? If not, is there an operational office in an Anthem state? *(States: CA, CO, CT, GA, IN, KY, LA, MN, MO, NH, NV, NY, OH, WI)*
- Are there 200 employees enrolled?
- How many current participants are on the health plans?
- Do you have any Anthem Blue Cross/Blue card plans that are offered to your employees?
- Have you been presented with any Anthem Blue Cross entity quotes? *(This is very important. ProVision does not compete with Anthem or any Blue Card entities. ProVision will not compete with Blue Shield.)*
- Are they currently fully insured or self-insured?



3 - Submission Requirements:

- Must have 24 months (30 ideally) of claims history in excel format, if available.
 - RX separated from the core medical benefits
 - Facility claims separated from the Practitioner claims (*If Possible*).
- Please provide a copy of all current plan designs in and SBC, and/or Summary of Benefits.
- Please provide a copy of recent monthly bill.
- ProVision Template - Current insured member census including dependents. (SSN, *Full Name*, *Gender*, *Relationship*, *DoB*, Date of Hire, *Full Address*, *Plan Name*, Tier, Waiver Reason. Items in *red* are required dependant info.)
- If you are currently self-insured, what is the desired stop loss deductible?
- If you are currently self-insured, what is the stop loss contract period?
- Effective date of current plans.
- What is your anticipated effective date?

4 - Narrative Checklist:

Description of Business:

(This is an opportunity to share all the reasons why your company should qualify for ProVision Health.)

- Does the company have multiple locations and EIN's? (*If so, please provide the company structures.*)
- Are you contemplating plan design changes? (*If so, share the plan options that you wish.*)
- Other than price, what are the key essentials that are needed to improve the experience of employee benefits?
- If you are currently with Anthem Blue Cross or any Blue card entity, please explain your decision to move.
- Please provide any goals, acquisitions/mergers, potential growth or possible decline in the upcoming year.
- Please provide any other information deemed necessary for underwriting.