

Connect to U.S. by UnitedHealthcare Global RFP Guidelines

Use this guide to confirm eligibility and gather the information needed to request a proposal. Submit completed RFP materials with the required census, renewal information, and applicable underwriting documentation so the request can be reviewed efficiently.

At a glance

- For non-U.S.-headquartered groups with employees working in the United States.
- The group must have a U.S. entity with a U.S. physical address.
- The plan is full replacement coverage for U.S. domestic benefits; a separate domestic medical policy cannot remain in place.
- A current Aetna International Access US Plan is required, and the latest renewal must be submitted.

1. Eligibility Requirements

- **Group headquarters:** The group must have non-U.S. headquarters and employees working in the United States.
- **U.S. entity:** The entity must have U.S. incorporation and a physical U.S. address.
- **Minimum group size:** At least 2 employees.
- **Worldwide employee count:** At least 51 total employees worldwide for all situs states except California and New York, which require at least 101 total employees worldwide. Parent and subsidiary company employees may be included in the total count.
- **Full replacement requirement:** The plan must replace the group's U.S. domestic benefits. A separate domestic policy cannot remain in place.
- **Current plan requirement:** The group must currently be enrolled in an Aetna International Access US Plan. A copy of the latest renewal is required.
- **Eligible employee population:** The group may be 100% U.S. key local nationals. Non-U.S. inpatients, third-country nationals, and U.S. expats may also be included, but they are not required.

2. Information Needed to Request a Quote

Gather these items before submitting the RFP materials.

Policyholder information	Broker information
☐ United States entity name and address*	☐ Firm name and address
☐ Situs address to use for the quote	☐ Requested commission percentage
☐ Total number of employees globally	☐ Writing agent
☐ Client industry	
☐ Country of non-U.S. headquarters or non-U.S. parent company headquarters	

*The U.S. entity name and address should match the information shown on the applicable Secretary of State website.

3. Underwriting Information

Include the following underwriting information with the request:

- Plan effective date
- Current and renewal rates; a 3-year history is preferred
- Current funding arrangement
- Current carrier and number of years with that carrier
- Copy of requested plan design
- Current employer contribution percentage for employees and dependents
- Current census; see Section 4 for required census fields

Contribution and participation assumptions

- **Employer contribution assumptions:** Quotes assume a minimum employer contribution of 75% toward employee-only coverage, or 50% toward the total employee and dependent cost.
- **Participation requirement:** Quotes assume 75% employee participation, or 50% participation when spousal waivers are excluded.

Additional claims information is required for groups with more than 100 international employees and ASO funding.

- Claims information, if required
 - Monthly claims, incurred or paid, by product for the past 24-36 months
 - Large claims split into 12-month increments for the same period as the monthly claims data, including diagnosis and prognosis
 - Premium versus claims data
 - U.S. versus international utilization, if applicable
 - Claims by top 10 countries, if applicable

4. Census Fields

Include the following information for each employee and, where applicable, each dependent:

• Full name	• Date of birth
• Gender	• Country of citizenship
• Assignment country, including city if available	• U.S. ZIP code for members assigned in the United States
• Visa or Green Card status for members assigned in the United States	• Family tier
• Salary in USD and job title, if quoting LTD or a salary-based Life/AD&D benefit	• Dependent information, if applicable

5. Plan Design Customization

Standard plan design options are shown on the RFP form. Customization is available as follows:

- Medical: Customization available for groups with 20 or more subscribers
- Dental: Customization available for groups with 20 or more subscribers
- Vision: No customization available for stand-alone vision plans
- Rx: Customization available for groups with 20 or more subscribers

6. Vision Plan Options

Groups may choose either stand-alone vision coverage or embedded vision exams and materials. Both options cannot be elected together.

Embedded vision exams and materials buy-up	Stand-alone vision plan
• One member ID card includes both medical and vision benefits.	• Members receive a separate vision member ID card with a vision policy ID and member ID.
• Members may use UHC providers and UHC Vision providers; claims from either provider are paid as in-network when applicable.	• Members may only use UHC Vision Network providers, formerly Spectra, contracted with UHC Vision.
• Benefits are included in the medical Certificate of Coverage and Benefit Summary, including the selected cost share and materials limit.	• Covered services follow a specific schedule, including covered services and materials, cost shares or allowed amounts, and frequency limits.
• For in-network providers, the annual exam benefit is submitted directly by the provider.	• For in-network providers, the UHC Vision provider submits claims to UHC Vision for both exams and materials.
• Members pay up front and submit receipts for materials reimbursement, regardless of location or network status. Covered members may use the benefit toward prescription lenses, frames, and/or contact lenses up to the stated maximum.	• The client must choose from three pre-configured plan designs. Modifications are not available.
• Offers more flexibility in the level of coverage selected, within filed ranges.	• Generally, better suited for groups with most enrollees located within the United States.
• Generally, better suited for groups with most enrollees located outside the United States.	