



# AmeriShare Request for Proposal Form

For H S A Qualified High Deductible Plans

(Please print all requested information)

<b>Group Name:</b>		<b>DBA:</b>														
<b>City / State / Zip:</b>																
<b>Subsidiary/Affiliate:</b> (Please indicate)				<b>Requested Effective Date:</b>												
<b>SIC / NAICS Code:</b>		<b>Type of Business:</b>														
<b>TPA /Producer:</b>				<b>Broker:</b>												
<b>Current Carrier:</b>				<b>Renewal Date:</b>												
<b>Current Rates:</b>		EE:		ES:		EC:		EF:								
<b>Renewal Rates:</b>		EE:		ES:		EC:		EF:								
<b>Specific Deductible:</b> Not all deductibles available in all areas		<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000		<input type="checkbox"/> \$5,000		<input type="checkbox"/> \$7,500		<input type="checkbox"/> \$10,000		<input type="checkbox"/> \$15,000		<input type="checkbox"/> \$20,000			
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$30,000		<input type="checkbox"/> \$35,000		<input type="checkbox"/> \$40,000		<input type="checkbox"/> \$45,000		<input type="checkbox"/> \$50,000					
<b>Specific Family Limit:</b>		<input type="checkbox"/> None	<input type="checkbox"/> 2X	<b>Specific Contract:</b>			<input type="checkbox"/> 12/12		<input type="checkbox"/> 12/15		<input type="checkbox"/> 12/18					
<b>Aggregate Contract:</b> (Exclude for Spec Only Plans)		<input type="checkbox"/> Excluded	<input type="checkbox"/> 12/12	<input type="checkbox"/> 12/15	<input type="checkbox"/> 12/18	<input type="checkbox"/> 15/12		<b>12/12 and 15/12 Aggregate contracts include optional Terminal Liability Coverage</b>								
<b>Rate Structure:</b>		<input type="checkbox"/> 2-Tier	<input type="checkbox"/> 4-Tier		<b>PPO Network:</b>											
<b>Major Medical Deductible:</b>		<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,500		<input type="checkbox"/> \$2,000		<input type="checkbox"/> \$2,500		<input type="checkbox"/> \$3,000		<input type="checkbox"/> \$4,000		<input type="checkbox"/> \$5,000		<input type="checkbox"/> \$5,600	
<b>Non-Network Major Medical Deductible Multiplier:</b>		<input type="checkbox"/> 1X	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X		<b>Emergency Room Co-pay:</b>		<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100		<input type="checkbox"/> \$150				
<b>Coinsurance Level:</b>		<input type="checkbox"/> 100/70		<input type="checkbox"/> 100/60		<input type="checkbox"/> 100/50		<input type="checkbox"/> 90/80		<input type="checkbox"/> 90/70						
		<input type="checkbox"/> 90/60		<input type="checkbox"/> 80/70		<input type="checkbox"/> 80/60		<input type="checkbox"/> 80/50								
<b>Family Medical Deductible Multiplier:</b>		<input type="checkbox"/> 2X		<b>24 Hour Coverage:</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No (Owner/Officers Only)									
<b>Out-of-Pocket:</b> (Includes Deductible)		<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,500		<input type="checkbox"/> \$2,000		<input type="checkbox"/> \$2,500		<input type="checkbox"/> \$3,000		<input type="checkbox"/> \$4,000		<input type="checkbox"/> \$5,000		<input type="checkbox"/> \$5,600	
<b>Non-Network OOP Multiplier:</b>		<input type="checkbox"/> 1X	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X		<b>Family OOP Multiplier</b>		<input type="checkbox"/> 2X								
<b>Medical Maximum Limit:</b>		<input type="checkbox"/> \$1,000,000		<input type="checkbox"/> \$2,000,000		<input type="checkbox"/> \$5,000,000		<b>Full-time Student Age:</b>		<input type="checkbox"/> 23 years		<input type="checkbox"/> 25 years				
<b>Wellness Benefit:</b>		<input type="checkbox"/> Excluded	<input type="checkbox"/> \$300		<input type="checkbox"/> \$500		<input type="checkbox"/> \$1,000									
<b>Mental Health:</b>		<input type="checkbox"/> Excluded		<input type="checkbox"/> Included		<b>Alcohol / Substance Abuse:</b>		<input type="checkbox"/> Excluded		<input type="checkbox"/> Included						
<b>Maternity:</b>		<input type="checkbox"/> Excluded	<input type="checkbox"/> Included		( Required on groups with 15 or more lives )											

## Prescription Drug Benefits

Deductible Card – H S A (Applies to Deductible and Coinsurance)

**Calendar Year Limit:**  None  \$1,000  \$2,000



## Dental Coverage

No       ASO       Self-Funded       Fully Insured

<input type="checkbox"/> Plan B – PPO 1	<b>Deductible</b>		<b>Coinsurance</b>		<b>Annual Maximum</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250
<input type="checkbox"/> Type I	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50	Same as In-Network	100%	80%	<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,750
<input type="checkbox"/> Type II	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	Same as In-Network	80%	60%	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> Type III	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	Same as In-Network	50%	50%	<input type="checkbox"/> \$3,000
<input type="checkbox"/> Plan B – PPO 2	<b>Deductible</b>		<b>Coinsurance</b>		<b>Annual Maximum</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250
<input type="checkbox"/> Type I	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75	100%	Same as In-Network	<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,750
<input type="checkbox"/> Type II	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100	80%	Same as In-Network	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> Type III	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100		50%	Same as In-Network	<input type="checkbox"/> \$3,000
<input type="checkbox"/> Plan B – Indemnity Plan	<b>Deductible</b>		<b>Coinsurance</b>		<b>Annual Maximum</b>
<input type="checkbox"/> Type I	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50		100%		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250
<input type="checkbox"/> Type II	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100		80%		<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,750
<input type="checkbox"/> Type III			50%		<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> Plan C – PPO 1	<b>Deductible</b>		<b>Coinsurance</b>		<b>Annual Maximum</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250
<input type="checkbox"/> Type I	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50	Same as In-Network	100%	80%	<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,750
<input type="checkbox"/> Type II	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	Same as In-Network	90%	70%	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> Type III	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100	Same as In-Network	60%	50%	<input type="checkbox"/> \$3,000
<input type="checkbox"/> Plan C – PPO 2	<b>Deductible</b>		<b>Coinsurance</b>		<b>Annual Maximum</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250
<input type="checkbox"/> Type I	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75	100%	Same as In-Network	<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,750
<input type="checkbox"/> Type II	<input type="checkbox"/> \$25 <input type="checkbox"/> \$50	<input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100	90%	Same as In-Network	<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> Type III	<input type="checkbox"/> \$75 <input type="checkbox"/> \$100		60%	Same as In-Network	<input type="checkbox"/> \$3,000
<input type="checkbox"/> Plan C – Indemnity Plan	<b>Deductible</b>		<b>Coinsurance</b>		<b>Annual Maximum</b>
<input type="checkbox"/> Type I	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50		100%		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,250
<input type="checkbox"/> Type II	<input type="checkbox"/> \$0 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100		90%		<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,750
<input type="checkbox"/> Type III			60%		<input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500
					<input type="checkbox"/> \$3,000
<b>Ortho Coverage:</b>	<input type="checkbox"/> No <input type="checkbox"/> \$1,000 Lifetime Maximum		<input type="checkbox"/> \$1,500 Lifetime Maximum		

## Vision Coverage

No       ASO       Self-Funded       Fully Insured

<b>Deductible Options:</b>	<input type="checkbox"/> No Deductible <input type="checkbox"/> \$15 <input type="checkbox"/> \$30			
<b>Frequency Options:</b>		<b>Vision Exam</b>	<b>Lenses</b>	<b>Frames</b>
	<input type="checkbox"/> Option 1	Every 12 months	Every 12 months	Every 12 months
	<input type="checkbox"/> Option 2	Every 12 months	Every 12 months	Every 24 months
	<input type="checkbox"/> Option 3	Every 12 months	Every 24 months	Every 24 months
	<input type="checkbox"/> Option 4	Every 24 months	Every 24 months	Every 24 months