

Data Components Needed to Obtain a Competitive Health Insurance Quote

Please gather as much of these data components as
possible and submit to

brian@houstonbenefitservices.com

Office (832) 746-7270

Or fax info to: (281) 310-5250

Data Component #1 - Employee Census

A complete census showing all of the following items for each employee listed

4. Zip Code

(Required)

Used to predict the cost of medicine by area and to select the most appropriate PPO network.

3. Gender

(Required)

Used to determine a sex factor, which is necessary to calculate a manual quote.

2. Date of Hire

(Optional, but strongly recommended)

Used to analyze turnover and to determine if plan eligibility based on years of service is appropriate.

1. Age or DOB

(Required)

Used to determine an age factor, which is necessary to calculate a manual quote.

5. Coverage Type

(Required)

Used to determine which plan type the employee participates in. EE is Employee Only, ES is Employee and Spouse, EC is Employee and Children, and FF is Full Family. If you are three tiered, then it is EE, EE+1 and EE+2 or more.

6, 7 COBRA & Retiree

(Optional)

Used to determine which plan participants are on COBRA or on the Retiree medical plan.

8. Plan

(Required if multiple plans are offered)

Used to determine which medical plan the employee has elected. (e.g., Plan A may be the low cost plan, Plan B may be the high plan)

9. Dental

(Required if dental is offered)

Used to estimate the cost of covering the dental under the plan's stop loss attachment point.

9. Class

(Optional)

Each company may choose to define their class structure any way they wish. By including this column, employers will receive free consulting on how their benefit plan can be configured to meet the personal budgets of the different classes of employees. For example, the hourly class of employees may only be able to afford \$100 per month to cover their family members. In this case, engineering a plan for this class which meets their budgetary needs makes more sense than offering a plan only the sickest can afford.

Sample Census										
ID#	Age or Date of Birth	Date of Hire	Gender	Zip Code	Coverage Type	COBRA	Retiree	Plan	Dental	Class
1	6/25/1973	2/18/1999	Male	77375	EE	N	N	Plan A	Y	Hourly
2	7/27/1975	4/15/2002	Female	77079	ES	N	N	Plan A	Y	Office Salaried
3	2/18/1985	7/1/1977	Male	77020	EC	N	N	Plan B	Y	Office Hourly
4	6/14/1958	4/18/1975	Male	77010	FF	Y	N	Plan B	N	Supervisor
5	6/25/1973	2/18/1999	Male	77375	EE	N	N	Plan A	Y	Hourly
6	7/27/1975	4/15/2002	Female	77079	ES	N	N	Plan A	Y	Office Salaried
7	2/18/1985	7/1/1977	Male	77020	EC	N	N	Plan B	Y	Office Hourly
8	6/14/1958	4/18/1975	Male	77010	FF	Y	N	Plan B	N	Supervisor
9	6/25/1973	2/18/1999	Male	77375	EE	N	N	Plan A	Y	Hourly
10	7/27/1975	4/15/2002	Female	77079	ES	N	N	Plan A	Y	Office Salaried
11	2/18/1985	7/1/1977	Male	77020	EC	N	N	Plan B	Y	Office Hourly
12	6/14/1958	4/18/1975	Male	77010	FF	Y	N	Plan B	N	Supervisor
13	6/25/1973	2/18/1999	Male	77375	EE	N	N	Plan A	Y	Hourly
14	7/27/1975	4/15/2002	Female	77079	ES	N	N	Plan A	Y	Office Salaried
15	2/18/1985	7/1/1977	Male	77020	EC	N	N	Plan B	Y	Office Hourly
16	6/14/1958	4/18/1975	Male	77010	FF	Y	N	Plan B	N	Supervisor
17	6/25/1973	2/18/1999	Male	77375	EE	N	N	Plan A	Y	Hourly
18	7/27/1975	4/15/2002	Female	77079	ES	N	N	Plan A	Y	Office Salaried
19	2/18/1985	7/1/1977	Male	77020	EC	N	N	Plan B	Y	Office Hourly
20	6/14/1958	4/18/1975	Male	77010	FF	Y	N	Plan B	N	Supervisor
21	6/25/1973	2/18/1999	Male	77375	EE	N	N	Plan A	Y	Hourly
22	7/27/1975	4/15/2002	Female	77079	ES	N	N	Plan A	Y	Office Salaried
23	2/18/1985	7/1/1977	Male	77020	EC	N	N	Plan B	Y	Office Hourly
24	6/14/1958	4/18/1975	Male	77010	FF	Y	N	Plan B	N	Supervisor
25	6/25/1973	2/18/1999	Male	77375	EE	N	N	Plan A	Y	Hourly
25	7/27/1975	4/15/2002	Female	77079	ES	N	N	Plan A	Y	Office Salaried
27	2/18/1985	7/1/1977	Male	77020	EC	N	N	Plan B	Y	Office Hourly
28	6/14/1958	4/18/1975	Male	77010	FF	Y	N	Plan B	N	Supervisor

Submit Census to:

Houston Benefit
Services Inc.

Fax (281) 310 5250

or email electronically to:

brian@houstonbenefitservi
ces.com

Data Component #2 - Current Benefit(s)

A detail of the current plan design (s) being offered.

Deductible
(Required)
Used to determine how much of the claim costs are being shifted to employees via deductible.

Coinsurance
(i.e. 80%/60% to \$10,000)
(Required)
Used to determine how much of the costs are shifted to employees via a percentage of costs calculation. Usually, coinsurance will be calculated as in network, the Plan Pays 80% and out of network the plan pays 60% to a specified limit (\$10,000).

Out-Of-Pocket Maximum
(Required)
Used to determine how much the out-of-pocket maximum exposure the plan participant will have in the coverage period.

Current Network(s)
(Optional)
Used to determine how much the out-of-pocket maximum exposure the plan participant will have in the coverage period.

Copays/Routine Services Coverage
(Required)
Used to determine how much up front economic involvement participants have when they use common medical services.

Eligibility
(Optional)
Used to determine the applicable waiting period(s) related to the plan.

Ancillary Components
(Important)
Used to determine how the previous plan covered ancillary services like nurse help lines, employee assistance plans wellness initiatives, hearing benefits and chiropractic.

Prescription Drugs
(Required)
Used to determine how the previous plan shared the costs of different types of drugs.

Lifetime Maximum
(Required)
Used to determine how much the maximum payout the plan will make is (e.g., Lifetime Maximum of \$1 million)

SAMPLE COMPANY, INC.
\$500 FAMILY MONTHLY DEDUCTIBLE - SUMMARY OF BENEFITS

	IN NETWORK	OUT OF NETWORK
ROUTINE MEDICAL EXPENSES		
• Office Visit	\$20 Copay to a max of \$100 per visit	50% after Deductible
• Specialist Office Visit	\$35 Copay to a max of \$150 per visit	50% after Deductible
• Diagnostic X-Ray and Lab	\$25 Copay to a max of \$200 per visit	50% after Deductible
• Emergency Room Visit	\$100 Copay to a max of \$350 per visit	50% after Deductible
• Urgent Care Facility Visit	\$50 Copay to a max of \$250 per visit	50% after Deductible
HOSPITAL SERVICES		
• In Patient Services	100% after Deductible	50% after Deductible
• Out Patient Services	100% after Deductible	50% after Deductible
• Out Patient Accidental Injury	Emergency Room Services will be covered at 100% up to \$1,000 per plan year in the event a true accidental injury, then deductible and coinsurance will apply.	
DEDUCTIBLE (FAMILY MONTHLY DEDUCTIBLE)		
• Per Covered Family Per Calendar Month	\$500 Family Monthly Deductible	
OUT-OF-POCKET (Does not include Deductibles or Copays)		
• Per Covered Family Per Plan Year	\$0.00	\$5,000
OTHER MEDICAL SERVICES		
• All other medical services	100% after Deductible	50% after Deductible
MEDICAL HELPLINE (ASK - A - NURSE)		
Registered Nurses are available 24 hours a day, 365 days a year, to answer your healthcare questions and offer advice of various treatment options and cost ... AVAILABLE AT NO ADDITIONAL COST TO YOU!		
EMPLOYEE ASSISTANCE PROGRAM (CIGNA BEHAVIORAL HEALTH)		
5 Free Visits per Emotional Situation		
MENTAL AND NERVOUS (CIGNA BEHAVIORAL HEALTH)		
• Inpatient (Maximum of 25 days per plan year)	80%	N/A
• Outpatient (Maximum of 20 visits per plan year)		
o Individual Therapy	\$20 Copay	N/A
o Group Therapy	\$10 Copay	N/A
PRESCRIPTION DRUGS		
• Generic	\$10 copay for a 30-day supply	
• Brand Name	Subject to Deductible & Coinsurance	
LIFETIME MAXIMUM BENEFIT		\$1,000,000

Submit Benefits History to:
Houston Benefit Services Inc
Fax (281) 310 5250
or email electronically to:
brian@houstonbenefitservices.com

Data Component #3 - Paid Claims Report

An aggregate paid claims report for the previous 3 years.

Contract Basis

(Necessary)

Shows the period in which claims shown on the report are incurred and paid. (e.g. 12/12, 15/12, 12/15, 24/12)

Claim Types Included

(Necessary)

Details exactly which claims are included in this report. (e.g., medical, drugs, dental, vision, chiropractic or any combination thereof.)

Not Covered

(Important)

Details the claims received which were not covered by the aggregate stop-loss contract.

Over Specific

(Necessary)

Details the claims exceeding the specific stop-loss attachment point (and therefore reimbursed to the plan). Specific reimbursements do not accumulate towards the aggregate attachment point.

Covered Units

(Necessary)

Shows the actual enrollment count on a month by month basis.

Credible Source

(Very Important)

This report should be generated by the carrier or Third Party Administrator. It will not be considered credible if it has been modified or reformatted or in any way manipulated.

Sample Company Employee Benefit Plan Trust

Aggregate Stop Loss Report as of 12/31/2004

Carrier: American National
Contract Type: Incurred and Paid: 24/12
Policy Period: 01/01/04-12/31/04
Included: Medical, RX and Dental

Page 1 of 1

Time: 8:26am

Annual Minimum: \$ 842,093.00
Monthly Minimum: \$ 70,174.00

Month	Covered Units	Attachment Point		Month Claims Paid							Not Covered	Over Specific	Monthly Net	Cumulative Net
		Monthly	Cumulative	Medical	Dental	Drugs	Total							
January-04	183	\$ 58,118.08	\$ 58,118.08	\$ 25,190.80	\$ 1,937.74	\$ 5,167.30	\$ 32,295.84	\$ 956.50	\$ -	\$ 31,339.14	\$ 31,339.14			
February-04	204	\$ 65,619.21	\$ 123,737.29	\$ 41,190.88	\$ 3,188.53	\$ 8,449.41	\$ 52,808.80	\$ 908.75	\$ -	\$ 51,900.05	\$ 83,239.19			
March-04	204	\$ 64,988.87	\$ 188,726.16	\$ 25,393.10	\$ 1,963.32	\$ 5,208.84	\$ 32,555.25	\$ 1,156.75	\$ -	\$ 31,398.50	\$ 114,637.69			
April-04	219	\$ 68,770.97	\$ 257,497.13	\$ 39,642.97	\$ 3,049.46	\$ 8,131.89	\$ 50,824.32	\$ 1,063.50	\$ -	\$ 49,760.82	\$ 164,398.51			
May-04	179	\$ 55,533.67	\$ 313,030.80	\$ 106,135.30	\$ 8,164.48	\$ 21,771.96	\$ 136,074.74	\$ 2,413.80	\$ -	\$ 133,660.94	\$ 298,059.45			
June-04	217	\$ 67,006.01	\$ 380,036.81	\$ 37,286.43	\$ 2,868.19	\$ 7,648.50	\$ 47,803.12	\$ 1,678.25	\$ 4,104.28	\$ 42,022.59	\$ 340,082.04			
July-04	195	\$ 62,089.27	\$ 442,126.08	\$ 34,526.57	\$ 2,665.89	\$ 7,082.37	\$ 44,264.83	\$ 1,623.74	\$ 16,613.30	\$ 26,027.79	\$ 366,109.83			
August-04	221	\$ 69,275.25	\$ 511,401.33	\$ 33,103.75	\$ 2,546.44	\$ 6,790.51	\$ 42,440.71	\$ 1,166.07	\$ 88.20	\$ 41,188.44	\$ 407,298.27			
September-04	215	\$ 68,816.90	\$ 578,218.23	\$ 21,722.14	\$ 1,670.93	\$ 4,465.82	\$ 27,848.90	\$ 2,204.46	\$ 425.25	\$ 25,219.19	\$ 432,517.46			
October-04	210	\$ 67,132.05	\$ 645,350.28	\$ 61,455.70	\$ 4,727.36	\$ 12,608.30	\$ 78,789.36	\$ 1,344.50	\$ 4,621.52	\$ 72,823.34	\$ 505,340.80			
November-04	179	\$ 57,739.86	\$ 703,090.14	\$ 13,286.07	\$ 1,022.01	\$ 2,725.35	\$ 17,033.42	\$ 1,404.50	\$ 75.00	\$ 15,563.92	\$ 520,894.72			
December-04	205	\$ 64,295.50	\$ 767,385.64	\$ 46,832.44	\$ 3,525.57	\$ 9,401.53	\$ 58,759.54	\$ 1,084.00	\$ 5,505.15	\$ 52,170.39	\$ 573,065.11			
Totals	2431	\$ 767,385.64	\$ 767,385.64	\$ 484,768.93	\$ 37,289.92	\$ 99,439.78	\$ 621,498.63	\$ 17,002.82	\$ 31,430.70	\$ 573,065.11	\$ 3,636,982.21			

This Report Was Generated by Entrust Inc.

A Very Important Note About Credibility:

This data can be deemed 80% credible if it demonstrates paid claims for 300 man years of experience. The data above demonstrates 202.6 man years of experience (2431/12). All underwriters weight and blend the figures demonstrated here with their manual predictions (normative actuarial data for a similarly situated population). If this data has little or no credibility, your quote will reflect manual rates only (it will likely be very high). If this data has a high degree of credibility, your quote will more accurately reflect your actual experience. Often, incumbent carriers/brokers will attempt to shield themselves from competition by artificially inflating this data so competitive underwriters are forced to issue manual rates instead of experience based rates.

BOTTOM LINE: The quality of your information directly affects your future rates.

Annual & Monthly Minimum

(Necessary)

Illustrates the annual and monthly minimum attachment points. This is what the underwriter predicted the expected claims to be plus any risk/reward corridor added to the expected claims.

Submit Paid Claims Report to:

Houston Benefit Service Inc.

Fax (281) 310 5250

or email electronically to:
brian@houstonbenefitservice.com

Data Component #4 - Large Claimant Report

A detailed list of the diagnosis and amount paid on the previous year's claimants who had paid claims of 50% of the specific attachment point or \$10,000 (whichever is greater).

Aggregate & Specific Contract Types (Including Specific Attachment Points and/or any Lasers) (Important)

Details exactly which contract type the conditions listed applied to in the previous Plan year. This detail is important when backing payments for large claimants out of the aggregate claims because they were reimbursed by the carrier and therefore need not be calculated into future aggregate predictions.

Diagnosis & Ongoing Nature of Condition (Necessary)

Details the medical condition being considered and notes whether the financial risk associated with the condition is ongoing or is no longer present. This is a matter of opinion.

Amount of Claims Paid (Necessary)

This detail tells the underwriter the financial impact the condition had on the plan in the previous year.

Gender, Age, EE or Dependent (Very Important)

These detail are important in the underwriters prediction of future medical expenses related to the claimant.

Date of Onset & Last Paid: (Important)

This detail specifies the timeframe in which the claims were incurred. An underwriter will consider this in their predictions.

Credible Source

This report should be generated by the carrier TPA or Case Management company. It will lose credibility if it has been modified, reformatted or in any way manipulated.

Case Management Notes (Important)

Any notes relevant to the future financial risk(s) associated with the condition(s) will prove very valuable in giving the underwriter a good understanding of the likelihood of reoccurrence.

Submit Large Claims Report to:

Houston Benefit Services Inc.
Fax (281) 310 5250
or email electronically to:
brian@houstonbenefitservices.com

Sample Company Employee Benefit Plan Trust

Large Claims Report for the Period of 1/1/04 to 12/31/04

Carrier: American National
AGGREGATE Contract Type: Incurred and Paid: 24/12
SPECIFIC Contract Type: Incurred and Paid: 24/12
Specific Level: \$50,000
Aggregating Specific: \$30,000
Laser: N/A
Policy Period: 01/01/04-12/31/04
Included: Medical, RX and Dental

2/5/2004
Time: 8:28am

Gender	Age	EE/Dep	Claims Paid	Onset	Last Paid	Diagnosis	Ongoing	Notes
F	15	Dep	\$33,584.09	4/5/2004	7/12/2004	B- Neoplasm - Nasal Cavity	No	Claimant has \$608 in paid claims in current plan year
M	52	EE	\$42,432.63			Coronary Artherosclerosis	No	Claimant has \$1,941 in paid claims in current plan year. Terminated from plan 07/31/04
F	58	Dep	\$54,878.92		8/25/2005	Myasthenia Gravis / Asthma	No	Claimant has \$2,837 in paid claims in current year.
M	36	Dep	\$11,043.00	1/1/2004	10/31/2004	Type II Diabetes	Yes	Claimant is keeping up with his wellness and med routine and seems to be doing fine. During the year claimant had a pedicure which became infected (osteomyelitis) and healed after a brief hospital stay.
M	54	EE	\$126,551.78	1/8/2004	7/28/2004	M- Neoplasm - Face/Neck	No	Terminated from plan on 10/31/04

This Report Was Generated by Entrust Inc.

Data Component #5 - Rate History

A detail of rate and plan history up to the most recent renewal quote if available

Contract Terms

(Necessary)

This detail clearly illustrates the enrollment count assumed to be participating in each plan available the upcoming plan year.

Overall Current and Renewal Rates

(Very Important, If Available)

The renewal quote should be delivered 60 days prior to the contract renewal. Late delivery is one tactic the incumbent carrier will use to shield themselves from competition.

Premium Rates

(Necessary)

This detail is very important in evaluating the premium rates charged for specific or aggregate stop-loss.

Aggregate Claims Funding Factors

(Important)

This detail is important for determining the expected and maximum claims exposure per participant

Enrollment Count

(Necessary)

This detail clearly illustrates the enrollment count assumed to be participating in each plan available the upcoming plan year.

Administrative Fees

(Important)

This detail is important for determining the charges for the current administrative agreement contract. NOTE: This number varies based on the different services being performed. Contract terms and conditions are necessary to evaluate administrative costs.

Previous Years Rates

(Optional)

This detail can be important under some circumstances.

Self-Funded Program Cost Projections
Plan Effective Date: February 1, 2005
(Based on quoted enrollment)
Sample Company Inc. - \$250 FMD REQUESTED OPTIONS

Plan of Benefits	Current - 2004	Renewal Option 1	Renewal Option 2
CAT10	Per Annum Life	Per Annum Life	Per Annum Life
Specific Deductible	\$30,000	\$30,000	\$30,000
Specific Contract Term	12/12	12/12	12/12
Aggregate Specific Amount	N/A	N/A	N/A
Aggregate Contract Term	12/12	12/12	12/12
Aggregate Run-in Limit	N/A	N/A	N/A
Annual Minimum Attachment Point	\$24,137	\$28,415	\$12,265
Aggregate Covers	Medical & Rx	Medical & Rx	Medical & Rx
Plan Option	\$250 FMD: 0030	\$250 FMD: 0030	\$250 FMD: 0050
Requested Options			
A. Aggregate Premium Rates			
Employee Only	\$14.61	\$14.61	\$14.61
Employee + Spouse	\$14.61	\$14.61	\$14.61
Employee + Child(ren)	\$14.61	\$14.61	\$14.61
Full Family	\$14.61	\$14.61	\$14.61
Monthly Aggregate Premium	\$947.38	\$947.38	\$947.38
B. Specific Premium Rates			
Employee Only	\$93.42	\$93.42	\$93.42
Employee + Spouse	\$180.84	\$180.84	\$180.84
Employee + Child(ren)	\$149.20	\$149.20	\$149.20
Full Family	\$253.18	\$253.18	\$253.18
Monthly Specific Premium	\$5,288.00	\$5,288.00	\$5,288.00
C. Monthly Claims Expense Funding			
Employee Only	\$239.87	\$234.64	\$210.00
Employee + Spouse	\$479.95	\$449.53	\$416.28
Employee + Child(ren)	\$397.92	\$372.69	\$348.58
Full Family	\$667.41	\$628.81	\$583.89
Monthly Claims Expense Funding	\$12,566.91	\$12,476.15	\$12,126.73
D. Fixed Administration Expense			
Employee Only	\$16.00	\$16.00	\$16.00
Employee + Spouse	\$32.00	\$32.00	\$32.00
Employee + Child(ren)	\$32.00	\$32.00	\$32.00
Full Family	\$48.00	\$48.00	\$48.00
Monthly Administration Expense	\$1,280.00	\$1,280.00	\$1,280.00
Maximum Annual Claims Cost	\$262,427.73	\$245,714.97	\$229,665.53
Maximum Annual Total Cost	\$390,256.29	\$373,543.53	\$355,518.57
Monthly Fixed Cost	\$31,681.35	\$30,491.93	\$29,467.92
Annual Fixed Cost	\$380,258.04	\$373,543.53	\$355,518.57
Expected Annual Claims Cost	\$182,704.83	\$171,742.83	\$168,769.24
Expected Annual Total Cost	\$210,533.18	\$209,871.09	\$206,633.45
Rate for Funding to Fixed Cost:			
Employee Only	\$123.03	\$123.03	\$123.03
Employee + Spouse	\$237.43	\$237.43	\$237.43
Employee + Child(ren)	\$193.41	\$193.41	\$193.41
Full Family	\$315.79	\$315.79	\$315.79
Rate for Funding to Maximum Cost:			
Employee Only	\$363.00	\$345.67	\$320.23
Employee + Spouse	\$733.44	\$672.98	\$640.13
Employee + Child(ren)	\$593.63	\$561.50	\$541.59
Full Family	\$983.24	\$940.60	\$904.02
Rate for Funding to Expected Cost:			
Employee Only	\$127.13	\$127.32	\$125.44
Employee + Spouse	\$252.74	\$253.71	\$251.10
Employee + Child(ren)	\$212.12	\$211.92	\$210.47
Full Family	\$322.35	\$321.33	\$317.29

2003 Plan Year (Humana)	HMO	PPO
Employee Only	\$314.71	\$353.93
Employee + Spouse	\$629.15	\$743.26
Employee + Child(ren)	\$597.71	\$672.45
Full Family	*****	*****
Projected Annual Cost	\$882,475.28	

On All Enrollments:
Annual Maintenance Fee \$2,500.00
Implementation Fee \$1,000.00

Submit Rate History Report to:
Houston Benefit Services Inc.
Fax (281) 310 5250
or email electronically to:
brian@houstonbenefitservices.com