



Mid-Market Request for Proposal

Please complete this entire RFP (2 pages) and submit it to: TexasRFP51100@bcbstx.com

Important: Group must be headquartered in Texas to qualify for an Underwritten Quote

Group Information

Legal Group Name

EIN

SIC (4 Digits Only)

Requested Effective Date

Employer Physical Address

City

State

Zip Code

County

Name of current and prior carriers for the past three years. *Include coverage dates with years: MM/DD/YYYY - MM/DD/YYYY*

Current Carrier

Prior Carrier

Prior Carrier

Producer Information

Primary Producer Name

BCBSTX Assigned Producer Number (9 digits)

Current agent? Yes No

PCPM medical commissions dollar amount (\$35 is default)

Sub Producer Name

Sub Producer Location

Sub Producer Number

General Agent Information (if applicable)

General Agent Name

General Agent Email

General Agent Assigned BCBSTX Number

NOTE to General Agent: Producer Information section must be completed in full along with General Agent Information section.

Eligibility

Total on Payroll
(Plus) COBRA
(Plus) Retirees
(Minus) Part-time
(Minus) Employees in waiting period
(Minus) Waiving due to other coverage
(Minus) Waiving due to cost
= Total Enrolled

Waive the Initial Waiting

Employer Contribution (\$ or %)

Length of Waiting Period

Please submit the following with this form:

Current Rates

Renewal Rates

Current Plan Designs (SBC Highlight Sheets)

Premium vs Claims and/or Aggregate report (15-18 months, if less than 15 months please explain)

Large Claims Report 15 -18 months (Must be same time frame as PVC or Agg report)

Full member-level census in required excel template (instructions listed in template):

- List Employees and their Dependents enrolling.
- List Employee on the first row and include Last Name, First Name, Relationship Code (Employee), DOB, Gender, Coverage Type, and Zip Code (home).
- List Dependents under Employee, Spouse first then Dependents. Include Last Name, First Name, Relationship Code (Spouse or Dependent), DOB, Gender, and Zip Code (home).
- Employee must include Coverage Type (EO, ES, EC, or EF).
- Include COBRA and/or retirees and identify by using Coverage Type for COBRA as CO, CS, CC, or CF.