



America Protect, LLC
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REQUEST FOR PROPOSAL (RFP)
Limited Benefit Health Plan

GROUP INFORMATION

Group Name, Group Address, City, State, Zip, Group Type, Nature of Business / SIC, Eligibility Type (Full-Time, Part-Time, Hourly, Seasonal, 1099's, Other), Total # of Eligible Participants, Proposed Effective Date, Date of Proposal Request

PLAN DESIGN

Target price (monthly, weekly, hourly), Rate structure (Composite, 2 Tier, 3 Tier, 4 Tier), PPO access (Yes, No), Number of plans, Core buy up plan design? (Yes, No)

Benefits to Include (check all that apply)

Other Benefits (not approved in all states)

Enrollment Options (check all that apply)

- Doctor Office Visits, Doctor Office Visits w/ Co-Pay, Outpatient Diagnostic X-ray/Lab, Preventive Care / Wellness, Inpatient Hospital Benefit, Accident Benefit, Surgical Benefit, Life/AD&D, Disability Benefit, Dental Benefit, Vision Benefit, Rx Benefit (Discount)

- Major Diagnostic Testing Benefit, Anesthesia Benefit, Group Accident Benefit, Outpatient Surgical Facility Benefit, Generic Rx Benefit, Emergency Room Benefit, Critical Illness Benefit, Stand Alone Disability Insurance, Stand Alone Dental Insurance, Stand Alone Vision Insurance, Group Home & Auto Insurance

- Inbound / Outbound Call Center, Paper Enrollment Guide w/ Application, Online Web Enrollment, Onsite Enrollment, Data Feed / Download

ADDITIONAL INFORMATION

Does the Group currently have similar medical coverage in force? Will we be replacing existing Coverage? Will there be Company Contribution? Special Notes

BROKER INFORMATION

Name, Agency, Telephone Number, Email Address