



Retiree Medical Plan RFP

TAGCO
ASSOCIATES, LP
TAGCO Multiple Employer Trust

TAGCO Associates MET Retiree Medical Plans RFP

(250+ retirees with 50% or more employer contribution)

Your company Information:

- Company Name
 - Contact person
 - City, State and Zip Code

 - Client Company Information:**
 - Company Name City, State and Zip Code
 - Nature of business
 - Total number of employees (excluding retirees)
 - Total number of retirees
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Current Plan Information:

- The number of post age 65 retirees/spouses covered under the plan
 - Employer contribution level (if applicable) for:
 - Retiree
 - Spouse
 - If retirees/spouses currently covered under a Medicare Supplement or Major Medical Plan, provide a copy of their current benefit plan/plans (along with current pricing).
 - Is the plan fully insured or self-funded?
 - Please indicate if the prior plan was a Medicare HMO
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Census Information:

- Please provide census **electronically (via spreadsheet application)** broken down by:

Retiree	Eligible Spouse
▪ Gender	▪ Gender
▪ Date of birth	▪ Date of birth
▪ State of residence	▪ State of residence

 - Census information needed to effect coverage includes all of the above, in addition to:

Retiree	Eligible Spouse
▪ Full name	▪ Full name
▪ Full address	▪ Full address
▪ Social Security #	▪ Social Security #
▪ Medicare #	▪ Medicare #
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Claims Experience Information:

- Premiums and losses for the most recent 3 full prior plan years and current year-to-date
 - Provide the rate and benefit history for this same period
 - If Rx is being requested, please show the medical and Rx premium and losses separately. The more information provided, the more competitive the quote (i.e. number of scripts; generic vs. brand, etc.)
- Please provide large claim information (claims in excess of \$5,000)
 - Please include DOB so we may determine whether the claim was “primary” or “secondary” to Medicare