

REQUEST FOR LEVEL FUNDED PROPOSAL



Group Name:
 Group Address:
 SIC Code:

Submitted Date:
 Req. EFFECTIVE Date:
 Proposal Due Date:

Location(s) Outside of Michigan? ☐ Yes ☐ No

If Yes, Include address of location(s) outside of Michigan:

Quoting Enrollment:

Employee Only	<input type="text"/>
Employee + Spouse	<input type="text"/>
Employee + Child	<input type="text"/>
Employee + Children	<input type="text"/>
Employee + Family	<input type="text"/>

Single Employer ☐ Multiple Participating Employers/Divisions² ☐ # of Employers/Divisions if applicable
²with multiple tax ID numbers and/or bank accounts

Agency: Servicing Agent:
 Agency Contact: Servicing Agent Commission Requested (PEPM):

Current Funding: ☐ Fully-Insured Fully-Insured, current Carrier:
☐ Self-Funded If Self-Funded, current Fees: Med Admin: Rx Admin: Other Fees:

Please Quote the following Level-Funded Plans³:

³ A maximum of 3 Medical & Rx plans can be quoted

LF Medical Plans: Medical Traditional Plan 1 ☐ PPO ☐ EPO ☐
 Medical Traditional Plan 2 ☐ PPO ☐ EPO ☐
 Medical Traditional Plan 3 ☐ PPO ☐ EPO ☐
 Medical Traditional Plan 4 ☐ PPO ☐ EPO ☐
 Medical High Ded Plan 5 ☐ PPO ☐ EPO ☐
 Medical High Ded Plan 6 ☐ PPO ☐ EPO ☐
 Custom Medical ** ☐ PPO ☐ EPO ☐

Rx Plans: Rx Option A ☐
 Rx Option B ☐
 Rx Option C ☐
 Custom Rx* ☐

*Custom Rx Plans allow for Copays to be changed, Group must have 100+ enrolled lives for a custom plan.

**Custom Medical Plans allow for Deductible, Copay, Coinsurance and Annual Out-of-Pocket Maximums to be changed, Group must have 100+ enrolled lives for a custom plan.

**Custom Medical Plan Change details:

	In Net	Out of Net
Deductible	<input type="text"/>	<input type="text"/>
Coinsurance %	<input type="text"/>	<input type="text"/>
OoP Maximum	<input type="text"/>	<input type="text"/>

	In Net	Out of Net
OV Copay	<input type="text"/>	<input type="text"/>
Spec. Copay	<input type="text"/>	<input type="text"/>
UC Copay	<input type="text"/>	<input type="text"/>
ER Copay	<input type="text"/>	<input type="text"/>

*Custom Rx Plan Change details:

Generic Copay	<input type="text"/>
Pref. Brand Copay	<input type="text"/>
Non-Pref. Brand Copay	<input type="text"/>
Specialty Copay (fixed \$)	<input type="text"/>
Specialty (% Min/Max)	<input type="text"/>

ALL Standard Medical Plans will include:

☒ Talon, Transparency ☒ AHH, UR/CM ☒ HAP (MI) / Valenz (Out of St) ☒ COBRA (applicable to groups 20+ only)

Medical Options, please check if you would like these options included in the Proposal:

☐ HSA (with a qualifying High Ded plan) ☐ HealthJoy, Enhance

Please Quote the following additional coverage administered by Varipro:

Ancillary Benefits:	<input type="checkbox"/> FSA	Dental & Vision Plan Options:	SF Dental, Traditional (no network) <input type="text"/>	SF Vision, Traditional (no network) <input type="text"/>
	<input type="checkbox"/> LSA		SF Dental, with Network <input type="text"/>	SF Vision, VSP Network <input type="text"/>
	<input type="checkbox"/> HRA		SF Dental Networks: Dentemax <input type="text"/>	
	<input type="checkbox"/> SF Short-Term Disability		Aetna Dental <input type="text"/>	
			NovaNet <input type="text"/>	

Other CAMPRO Benefits, Dental & Vision: ☐ FI Delta Dental, High ☐ FI NVA Vision
☐ FI Delta Dental, Low ☐ Voluntary NVA Vision

Visit www.BuildwithCAM.com/CAMPRO-health-insurance to obtain the CAMPRO quoting requirements.

Please submit Quote requests to Varipro at CAM@varipro.com

Questions? Call Varipro CAMPRO Sales at 1-866-370-8277

