

Group Renewal Preference Form

Group Name:				SIC Code:		
Contributions:				Group Contact:		
Renewal Date:		Agent:			Date:	

MEDICAL

There are several different carriers to choose benefits from. Are there specific carriers that you prefer for us to quote?	Medical (please check choices)	
	Aetna	Deductible
	Allstate	\$
	BCBSM	Co-Pay
	BCN	
	Cigna	
	HAP	Out of Pocket Max
	Priority Health	
	United Healthcare (Level Funded)	
Other:	\$	

Type Of Plan:	HMO	HRA	HSA	POS	PPO	FOCUS NETWORK (BCN)
	NARROW NETWORK (HAP)		FULLY INSURED	SELF INSURED	LEVEL FUNDED	

FSA Carrier:	ABG	Basic	TASC	ISOLVE	HEALTH EQUITY	NAVIA
HSA Carrier:	ABG	Basic	TASC	ISOLVE	HEALTH EQUITY	NAVIA

DENTAL

Carriers:	Ameritas	BCBSM	Beam	Delta	Guardian
	MetLife	MOO	Principal	Unum	Other:
Deductible	\$50	\$100	\$150		
Annual Max	\$1,000	\$1,500	\$2,000		
Orthodontia	Yes	No			
Orthodontia Lifetime Max	\$1,000	\$1,500	\$2,000		
Rollover Provision	Yes	No			
Additional unique benefits offered by dental carrier:					

VISION

Carriers:	Ameritas	BCBSM	Beam	Heritage	MOO	Principal	VSP
Benefit:	12/12/12	12/12/24	12/24/24	12/12/12/12 (Beam)			

LIFE

Carriers:	Ameritas	Beam	Guardian	Hartford	Heritage	MOO
	Principal	UNUM	Other:			
Death Benefit:	1x Salary	2x Salary	Flat Amount: \$			

STD

Carriers:	Ameritas	Beam	Guardian	Hartford	MOO	Principal	UNUM
Elimination Period:	1 and 8	14 Days	30 Days	60 Days	Other:		
Disability Benefit:	60% to max of \$1,000 week			Other:			
Benefit Length:	13 weeks	26 weeks					

LTD

Carriers:	Ameritas	Beam	Guardian	Hartford	MOO	Principal	UNUM
Elimination Period:	90 Days		180 Days				
Disability Benefit:	60% to Max of \$5,000 week			Other:			
Executive Plan							

VALUE ADDED BENEFITS

Employee Assistance Program (EAP):	MOO	Principal	Beacon Health
	Yes	No	
	Basic Package	Premium Package	
Aflac	Yes	No	
Legal Shield	Yes	No	
Long Term Care	Yes	No	
Pet Insurance	Yes	No	
Student Loan Repayment Program (SLRP)	Yes	No	
WellCar Extended Car Warranty	Yes	No	

NOTES: