

EMPLOYER AGGREGATE PROTECTOR CHECKLIST

GROUP SUBMISSION REQUIREMENTS

**Minimum of 25 employee lives for quoting purposes*

Indicate if you are the current agent

Health Cost Solutions requires the following items in order to provide the most competitive quotes (*electronic submission is preferred*):

- Current and renewal fully insured plans, including rates and benefit summaries
- A quote with a \$5,000 or greater embedded deductible (including benefit summary and rates)
 - When available, it is preferred that the renewal and high deductible quote be from the same carrier
 - Plans with 100% coinsurance after the deductible are recommended
 - If the carrier allows, please carve out the prescription drug coverage

* If under 25 employee lives, HCS can administer the same plan without stop loss coverage

* Exclude COBRA/HIPAA administration from fully insured quote



HEALTH COST SOLUTIONS

PLEASE SEND SUBMISSIONS TO:

proposals@hcsbenefits.com

100 Bluegrass Commons #200

Hendersonville, TN 37075

Phone: 615.590.1150

Toll-Free: 800.526.3919

Fax: 615.822.9565

