



Vendor Conference Questionnaire

Vendor Name: _____,

Contact Name: _____ e-mail: _____,

To support the onboarding of your products into the Florida Insurance Market place, we would like your organization to complete this questionnaire prior to the Vendor conference in Tampa June 28th-29th. This questionnaire will allow our plan management department to better understand how to set up your account. We will review any questions during the Vendor Office Hours session.

Section 1: General

How are the rates provided: excel, database, book-rate pdfs?

Will you also be able to provide your rating algorithm? (Ex. rounding placements, rating factors: trend/age/sex/smoker, etc.)

Are you employer or employee rated?

Are your plans networked by zip code? (Ex. HMO have a different zip list than PPO)?

What are the area to zip code assignments (or are you county based)?

Section 2: Eligibility & Underwriting

What are the Out of Area (OOA) rules?

Do you have any Out of State (OOS) minimum percentage requirements (ex. 51% of employees OOS makes group ineligible, etc.)?

Do you offer Dual Option?

Do you have Employee Elect plan packages?

Do you have SIC validation?

If so, which SIC's are eligible?, What factors to those SICs are assigned, if any?

Do you have Class Carve Out Eligibility?

Do you offer Dual Option?

Do you have composite rating?

What are the Rating Area Factor (RAF) rules for group sizes?

To which provider link do you want to direct consumers to?

Do you have a separate Exclusions and Limitations brochure?

Do you provide separate rates for renewing groups (grandfathered rates)?

What are your employee participation rules? (ex. groups may not have greater than 10% not participating)?

For the medical questionnaires provided by applying groups, are you expecting the data to be sent electronically or via another format for underwriting purposes?

Do your plans have any non-standard features (ex. completion of preventive screenings enhances benefits)?