



Preferred United Plans[®]
"Alternative Funding"
Proposal Request Form



Date of Request: _____ Employers 2EE to 140 EE Effective Date: _____

EMPLOYER DATA

Employer Name: _____ SIC Code: _____

Address: _____ Total Full-Time Employees: _____

City: _____ State: MI Zip Code: _____

AGENT DATE (must be licensed with carrier if group sells)

Agent Name: _____

Agency: _____

Email quote to: _____

Agent Compensation		
<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25
<input type="checkbox"/> \$30	<input type="checkbox"/> \$_____	

MEDICAL PLAN CHOICES (maximum 3 between PPO & HSA)

*All deductibles and co-insurance are SEPARATE in and out-of-network.

PPO PLANS							
"ACA" Max OOP is \$7,900 Single/\$15,800 Family for In-Network.							
100/70		90/60		80/50		70/50	
<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500
<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
		<input type="checkbox"/> \$6,000		<input type="checkbox"/> \$5,000		<input type="checkbox"/> \$5,000	
Coinsurance - Single/Family In-Network:							
\$0/\$0		\$1,500/\$3,000		\$3,000/\$6,000		\$4,500/\$9,000	
**Should Deductible and Co-Insurance fall below the maximum "ACA" out-of-pocket limit chosen by the employer, co-pays will apply up to the maximum "ACA" Allowable amount.							
All Plans have OV Copay - \$30 Primary Care - \$50 Specialist				ER Co-Pay: \$250 After Deductible			
Rx Options	<input type="checkbox"/> \$5/\$25/\$50/25%			<input type="checkbox"/> \$150 Deductible then \$10/\$50/\$100/25%			
For PPO Plans:	<input type="checkbox"/> \$15/\$40/80/25%			<input type="checkbox"/> \$250 Deductible then \$20/\$70/120/25%			
	<input type="checkbox"/> \$20/\$60/\$100/25%						
HSA PLANS							
All HSA plans have a Rx copay of \$15/\$40/\$80 after deductible has been met							
"ACA" Max OOP is \$6,750 Single/\$13,500 Family							
100/70		80/60					
<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$3,000
<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$6,000

All Employees and covered dependents must complete an Employee Health Risk Assessment Applications!

Please send this completed form and the following information to gorskoh@secureoneinc.com or fax 616-454-4338.

- Census (name, dob, sex, Dep status, zip code if not in MI)
- Current Schedule of Benefits
- Current Carrier _____