

Vendor Benefit Comparability Evaluation Check List

1. Benefit booklet or a SPD. Plans (e.g. medical, prescription drug, dental, vision, etc.) included and the coverage levels (e.g., copays, deductibles, out of pocket maximums, coinsurance maximums, plan limits, etc.). Benefit summary or any material distributed to new employees describing the plans.
2. Enrollment by coverage tier by plan (if multiple medical plans).
3. Employee contributions by plan and coverage tier.
4. Description of funding mechanism used. If fully insured, is it participating (receive dividends and has carry forward deficits)? Also, is it community rated or experience rated?
5. If plans are insured:
 - Monthly premium rates paid to the vendor
 - Copy of most recent insurance company renewal with rates justification
 - If funding is participating (i.e., receive dividends and carry forward deficits), a copy of most recent financial settlement
 - For each of the last 2 years, the claims paid by plan
6. For self-insured plans:
 - Monthly vendor administrative fees
 - Stoploss level, rates and last 2 years of claims versus premiums paid
 - Most recent 12 months of paid claims paid by plan (e.g., split by medical plan and separate for drugs)
 - For each of the last 2 years, claims paid versus average enrollments by plan
7. Current COBRA rates
8. For prescription drug plan:
 - Copy of current contract if using a carveout vendor
 - Discount arrangements for generic versus brand, retail versus mail
 - Administration and dispensing fees
 - Number of scripts and paid claim dollars for last 12 months by generic versus brand, retail versus mail