



Market Insights Benchmarking 2021 Data Entry Form Version 4.0

Employer Group Demographics | Medical Benefits Overview | Medical Coinsurance & Copays | Medical Deductibles & OOPMs | Medical Premiums | Medical Membership

Employer Group - Demographics

Enter keyword(s) from the broker name, employer group name, or complete status to find existing entries ... ? Lookup

Complete	Broker	Broker Branch	Employer Group	Employer Subcat.	Date Last Saved	
						Select Clear

Broker Information

Broker Name I am entering multiple branch offices, locations or subsidiaries for this broker.
 Broker Branch Name ?

Employer Demographics

Prospective client
 Employer Group Name ?
Headquarters Zip Code ?
Headquarters CBSA ?
Total Employer Group Size (#)

I am entering multiple branch offices, company functions, worker categories, or another subcategory for this Employer Group.
 Subcategory Employer Group Size (#)

Subcategory Type
Employer Group Subcategory Name ?
Subcategory Zip Code ?
Subcategory CBSA ?

Employer Industry

Industry Code Type ? Find NAICS or SIC Code ?

Industry Code Selected

NAICS Subsector

SIC Industry Group

! Please make sure your employer group information is accurate before entering plan design information in the next set of tabs. If you need to correct employer group information later, you will need to open each saved plan record and manually resave it to include the updated

Next -->

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Employer Group Demographics | **Medical Benefits Overview** | Medical Coinsurance & Copays | Medical Deductibles & OOPMs | Medical Premiums | Medical Membership

Medical Plan Design - Benefits Overview

Complete	Employer Group	Employer Subcat.	Plan Name	Plan Year	Date Last Saved	Select
						Clear

Plan Name ? Plan Start Date Plan End Date Plan Type ? Yes No Unknown This is a grandfathered plan. Yes No Unknown Out-of-network coverage provided.

Carrier

Medical Benefits Carrier ? Other Medical Benefits Carrier ?

Yes No Unknown Pharmacy benefits are carved out from medical benefits and administered by a Pharmacy Benefits Manager (PBM).

Pharmacy Benefits Manager ? Other Pharmacy Benefits Manager ?

HR Policies

Yes No Unknown Domestic partner coverage offered. ?

Yes No Unknown Coverage available to employees who work less than 40 hours per week. Minimum Hours/Week (#) ? Unk

Yes No Unknown Waiting period applies for newly hired employees. Waiting Period in Days (#) ?

Funding Details

Funding Type Funding Method ? Funding Pool Threshold (\$) Unk

Yes No Unknown Carries stop-loss insurance. Individual Stop-loss Threshold (\$) Unk

Yes No Unknown Stop-loss carrier same as medical carrier. Stop-loss Carrier Name

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Employer Group Demographics | Medical Benefits Overview | **Medical Coinsurance & Copays** | Medical Deductibles & OOPMs | Medical Premiums | Medical Membership

Medical Plan Design - Member Coinsurance & Copays

Complete Employer Group Employer Subcat. Plan Name Plan Year Date Last Saved

Medical (After Member Deductible Met)

Yes No Unknown Plan includes preferred provider tier.

Rates reported represent... ?

Out-of-Network Member Coinsurance (%) ?

In-Network Services ?

	Member Coinsurance (%)	Member Copay (\$)
<input checked="" type="checkbox"/> Inpatient (Per Day)	<input type="text"/> %	\$ <input type="text"/>
<input checked="" type="checkbox"/> Outpatient	<input type="text"/> %	\$ <input type="text"/>
<input checked="" type="checkbox"/> PCP	<input type="text"/> %	\$ <input type="text"/>
<input checked="" type="checkbox"/> Specialist	<input type="text"/> %	\$ <input type="text"/>
<input type="checkbox"/> Telemedicine	<input type="text"/> %	\$ <input type="text"/>
<input checked="" type="checkbox"/> Emergency Room	<input type="text"/> %	\$ <input type="text"/>
<input checked="" type="checkbox"/> Emergency Transport	<input type="text"/> %	\$ <input type="text"/>
<input checked="" type="checkbox"/> Urgent Care	<input type="text"/> %	\$ <input type="text"/>

Prescription Drugs (After Member Deductible Met) ?

No prescription drug benefits are offered or data is unavailable at this time.

Number of RX Tiers Select one... ?

	Member Coinsurance (%)	Min Amount (\$)	Max Amount (\$)	Retail Copay (\$)	Mail Order Copay (\$)
RX Tier 1 - Lowest Cost Option	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RX Tier 2 - Middle Cost Option	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RX Tier 3 - High Cost Option 1	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RX Tier 4 - High Cost Option 2	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Mail Order Days Supply (#)

Yes No Unknown

Yes No Unknown

Brand name drugs cost more if a generic version is available.

A formulary identifies preferred vs. non-preferred drugs.

Please make sure you entered MEMBER coinsurance and copay rates in this tab that reflect the member's responsibility AFTER his/her deductible is satisfied.

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Employer Group Demographics | Medical Benefits Overview | Medical Coinsurance & Copays | Medical Deductibles & OOPMs | Medical Premiums | Medical Membership

Medical Plan Design - Member Deductibles & Out-of-Pocket Maximums (OOPMs)

Complete	Employer Group	Employer Subcat.	Plan Name	Plan Year	Date Last Saved

- Yes No Unknown **Deductible is embedded.**
- Yes No Unknown **Medical and prescription drug deductibles are combined.**
- Yes No Unknown **Medical and prescription drug OOPMs are combined.**
- Yes No Unknown **Out-of-network costs apply towards in-network deductible.**
- Yes No Unknown **Out-of-network costs apply towards in-network OOPM.**
- Yes No Unknown **Deductible applies towards OOPM.**
- Yes No Unknown **This plan includes deductible and OOPM rates for tier(s) in addition to Individual and Family.**

	Individual		Family		
	Deductible (\$)	OOPM (\$)	Deductible (\$)	OOPM (\$)	
In-Network	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Out-of-Network	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
Prescription Drugs	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Unk

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Medical Plan Tier Details - Premiums

Complete Employer Group Employer Subcat. Plan Name Plan Year Date Last Saved

Number of Plan Tiers

- Yes No Unknown Premium rates are set based on employee salary or age bands. Yes No Unknown Wellness discount offered.
- Yes No Unknown Employer and employee premium contributions are available. Yes No Unknown Wellness surcharge imposed.
- Yes No Unknown Plan includes a Health Reimbursement Account (HRA). Yes No Unknown Spousal surcharge imposed.
- Yes No Unknown HRA funding is included in the employer premium contribution amount.
- Yes No Unknown Plan qualifies for a Health Savings Account (HSA).
- Yes No Unknown HSA funding is included in the employer premium contribution amount.

Premium Contributions

No premium PEPM data is available.

	Employer PEPM Amount (\$)	Employee PEPM Amount (\$)	Total PEPM Premiums (\$)
Employee Only	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employee + Spouse	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employee + Child	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employee + Child(ren)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Employee + One <input type="radio"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

HRA/HSA Funding

No data No data

Employer Max Annual HRA Amount (\$)	Employer Max Annual HSA Amount (\$)
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>

Premium Discounts & Surcharges

No data No data No data

Wellness Discount Max PEPM Amount (-\$)	Wellness Surcharge Max PEPM Amount (\$)	Spousal Surcharge Max PEPM Amount (\$)
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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Medical Plan Tier Details - Membership

Complete	Employer Group	Employer Subcat.	Plan Name	Plan Year	Date Last Saved

Number of Plan Tiers (#)

Employee counts are unavailable.

Dependent counts are unavailable. ?

Enrollment data is current as of this date:



Members Receiving Coverage ?

	Employees (#)	Dependents (#) ?	Total Members (#)
Employee Only	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee + Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee + Child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee + Child(ren)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee + One ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

Broker Comments (Optional) ?

For Employer Group (Client):

For Wakely:

Subcategory Employer Group Size (#)

Total Employer Group Size (#)

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