



wakelyBCS Market Insights Benchmarking Solution

2022 Data Entry Form Version 5.0

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

Employer Group - Demographics

Enter keyword(s) from the employer group name or complete status (Yes, No) 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 Type

Employer Group Subcategory Name

Subcategory Zip Code

Subcategory CBSA

Subcategory Employer Group Size (#)

Employer Industry

Industry Code Type

Find NAICS or SIC Code

Industry Code Selected

Cross Industry Category

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 employer group information.

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Delete Plan Record

Clear Form

Close and Exit Form

Next -->



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

[<-- Back](#) [Next -->](#)

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- [Validate & Save](#)
- [Delete Plan Record](#)
- [Clear Form](#)
- [Close and Exit Form](#)



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2022 Data Entry Form Version 5.0

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

Rx Coinsurance > 50% Confirmed

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 (\$)	No. of Days (#)
<input checked="" type="checkbox"/> Inpatient (Per Day)	<input type="text"/> %	\$ <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

Member Coinsurance

	Member Coinsurance (%)	Min Amount (\$)	Max Amount (\$)	Retail Copay (\$)	Mail Order Copay (\$)
RX Tier 1 - Generic	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RX Tier 2 - Preferred Brand / Formulary	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RX Tier 3 - Non-Preferred / Non-Formulary	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RX Tier 4 - Specialty	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Mail Order Days Supply (#)

Yes No Unknown

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

Yes No Unknown

A formulary identifies preferred vs. non-preferred drugs.

Please make sure you entered MEMBER coinsurance and copay rates in this tab reflecting the member's responsibility AFTER the deductible is satisfied.

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Delete Plan Record

Clear Form

Close and Exit Form

<-- Back

Next -->



Market Insights Benchmarking Solution 2022 Data Entry Form Version 5.0

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"/>

Unk

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- Validate & Save
- Delete Plan Record
- Clear Form
- Close and Exit Form

<-- Back
Next -->

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2022 Data Entry Form Version 5.0

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

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	\$	\$	\$
Employee + Spouse	\$	\$	\$
Employee + Child	\$	\$	\$
Employee + Child(ren)	\$	\$	\$
Employee + One	\$	\$	\$
Family	\$	\$	\$

HRA/HSA Funding

No data No data

	Employer Max Annual HRA Amount (\$)	Employer Max Annual HSA Amount (\$)
Employee Only	\$	\$
Employee + Spouse	\$	\$
Employee + Child	\$	\$
Employee + Child(ren)	\$	\$
Employee + One	\$	\$
Family	\$	\$

Premium Discounts & Surcharges

No data No data No data

	Wellness Discount Max PEPM Amount (-\$)	Wellness Surcharge Max PEPM Amount (\$)	Spousal Surcharge Max PEPM Amount (\$)
Employee Only	\$	\$	\$
Employee + Spouse	\$	\$	\$
Employee + Child	\$	\$	\$
Employee + Child(ren)	\$	\$	\$
Employee + One	\$	\$	\$
Family	\$	\$	\$

[<-- Back](#) [Next -->](#)

Legend

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- [Validate & Save](#)
- [Delete Plan Record](#)
- [Clear Form](#)
- [Close and Exit Form](#)



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2022 Data Entry Form Version 5.0

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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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Clear Form

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<-- Back

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