

# UnitedHealthcare Global

## Expatriate Insurance | Request for Proposal Checklist

Focusing the vast resources of United Health Group on the specific needs of global employers and employees, we offer broad capabilities that work together to deliver single-sourced solutions which are globally-integrated, enabling optimized outcomes.

UnitedHealthcare Global provides a unique, in-house range of health and mobilization solutions including health care insurance, risk mitigation, security, emergency response and care delivery. Our solutions enable global organizations to overcome the growing challenge of improving health and productivity while managing costs, providing health and well-being solutions for expatriates, international travelers and the globally-mobile population.

Please fill out the requested information in the following form. Upon receipt, we will strive to return a Financial Proposal within 5-7 business days. Thank you.

### Policyholder Information:

- Legal company/entity name:
- Headquarter address:
- State of incorporation:
- Total number of employees, globally:
- Company website:
- Current census including (please provide information on a separate document):

Name, DOB, Gender, Home Country/Nationality, Host Country/Assignment Location, Family Tier, Dependent Location, Relationship to employee, Job Title/Description, Salary in USD (if quoting a times salary Life/AD&D or LTD benefit)

### Plan Design Details:

- Plan Effective Date:
- Proposal Requested by this date:
- Current Carrier: 
  - Number of years with the current carrier:
  - Does the group have a domestic carrier in place? Yes  No
  - If yes, who is the carrier?
- Historical Renewal Information:
  - Current & Renewal Rates:
- Current Funding: Fully-Insured  Self-Insured  Other
- COBRA Administration through UnitedHealthcare? Yes  No
- Why specifically is the group out to bid?

UnitedHealthcare Global Insurance requires that the employer contribute at least 50% toward the employee only rates and 50% toward the dependent rates. UnitedHealthcare Global Insurance requires that at least 75% of the total eligible population must participate in the employer's plan or at least 50% when excluding those providing proof of coverage through a spouse's plan.

- Employer Contribution Percentage:
  - Employee:
  - Dependent:

## Standard Plan Design Request:

Custom Plan Design Request:   
(Opportunity must be greater than 10 subscribers)

Standard Plan Design Request:   
(go to the next page)

NOTE: Please provide full benefit details for all lines of coverage as a separate attachment.

## Experience Rated Groups (100+ subscribers):

- 36 months of claims data (or most available) month-by-month including subscribers and members by month broken out by Medical, RX & Dental.
- Large claim information for the same period as the monthly claims data including diagnosis and prognosis.

## Producer Information:

- Firm Name:
- Firm Address:
- Requested Commission Percentage:
- Day-to-Day  
Contact:   
Email Address:   
Phone Number:
- Selling Producer/Writing Agent  
Contact:   
Email Address:   
Phone Number:

## Standard Plan Design Chart & Additional Available Options



Located on following pages

# Standard Plans Summary

Medical Plans																		
Benefit Coverage Limits	Plan A			Plan G			Plan J			Plan M			Plan D			Plan H		
	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.
International In-Network U.S. Out-of-Network U.S.																		
Coinsurance	100%	100%	80%	100%	100%	80%	100%	100%	80%	90%	90%	70%	80%	80%	60%	80%	80%	80%
<b>Deductible</b>																		
Individual	\$0	\$0	\$0	\$0	\$250	\$750	\$0	\$1,000	\$2,000	\$0	\$500	\$1,000	\$0	\$1,500	\$3,000	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$750	\$2,250	\$0	\$3,000	\$6,000	\$0	\$1,500	\$3,000	\$0	\$4,500	\$9,000	\$0	\$0	\$0
<b>Out of Pocket Max</b>																		
Individual	\$0	\$0	\$1,000	\$0	\$500	\$1,500	\$0	\$2,000	\$4,000	\$1,000	\$1,000	\$2,000	\$3,000	\$3,000	\$4,500	\$1,000	\$1,000	\$1,000
Family	\$0	\$0	\$3,000	\$0	\$1,500	\$4,500	\$0	\$6,000	\$12,000	\$3,000	\$3,000	\$6,000	\$9,000	\$9,000	\$13,500	\$3,000	\$3,000	\$3,000
Office Visit Copay	\$0	\$0	\$0	\$0	\$15	\$0	\$0	\$15	\$0	\$0	\$15	\$0	\$0	\$25	\$0	\$0	\$0	\$0
Specialist Copay	\$0	\$0	\$0	\$0	\$30	\$0	\$0	\$30	\$0	\$0	\$30	\$0	\$0	\$50	\$0	\$0	\$0	\$0
Urgent Care Copay	\$0	\$50	\$50	\$0	\$50	\$0	\$0	\$50	\$0	\$0	\$50	\$0	\$0	\$50	\$0	\$0	\$0	\$0
ER Copay	\$0	\$200	\$200	\$0	\$200	\$200	\$0	\$200	\$200	\$0	\$200	\$200	\$0	\$200	\$200	\$0	\$0	\$0
Plan Maximum	Unlimited			Unlimited			Unlimited			Unlimited			Unlimited			Unlimited		
Medical Assistance and Evacuation	100%			100%			100%			100%			100%			100%		
	Includes Medical Intelligence Reports for the Member Includes Intelligence Alerts – Event Notification, Global Monitoring, Evacuation Notification for Administrators																	
Employee Assistance Program	Included			Included			Included			Included			Included			Included		
	Includes Health Risk Assessment, Online Wellness Tools																	

Rx Plans												
Your choice of 4 Rx plans	Plan 1			Plan 2			Plan 3			Plan 4		
	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.
Copay	Covered under medical	-	-	Covered under medical	10/25/60		Covered under medical	20/40/75		Covered under medical	25/50/85	
Coinsurance		100%	80%			70%			70%			60%

# Additional Available Options

Vision									
Your choice of 3 vision plans	Plan A			Plan B			Plan C		
	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.	Int'l	In-Net U.S.	Out-of-Net U.S.
Materials									
Lens Maximum	\$60-\$130	Covered in full	\$40-\$80	\$60-\$130	N/A	\$40-\$80	\$60-\$130	N/A	\$40-\$80
Frame Maximum	\$110	\$130	\$45	\$110	\$130	\$45	\$110	\$130	\$45
Coinsurance	100%	100%	100%	100%	\$25 copay	100%	100%	\$30 copay	100%
Lens Frequency	12 months	12 months	12 months	12 months	12 months	12 months	24 months	24 months	24 months
Frame Frequency	12 months	12 months	12 months	24 months	24 months	24 months	24 months	24 months	24 months

Dental			
Your choice of 3 dental plans	GS101	GS102	GS103
Calendar Year Maximum	\$2,000	\$2,000	\$2,000
<b>Deductible</b>			
Individual	\$0	\$50	\$50
Family	\$0	\$150	\$150
Diagnostic & Preventive	100%	100%	100%
Basic Restorative (after deductible)	80%	80%	80%
Major Restorative (after deductible)	80%	80%	80%
Orthodontia	50%	50%	N/A
Orthodontia Lifetime Maximum (per dependent only to age 26)	\$2,000	\$2,000	N/A

Life / Accidental Death and Dismemberment		
	Benefit	
Option 1	Flat \$25,000 benefit	
Option 2	Flat \$50,000 benefit	
Option 3	1x Salary to \$100,000	
Option 4	1x Salary to \$200,000	
Option 5	2x Salary to \$500,000	
Benefit Reduction at age 65 to 65%, over age 70 to 50%		
Underwriting guidelines may limit coverage in certain worldwide locations, subject to change.		

## Sales Contact Information