



PIEDMONT COMMUNITY HEALTHCARE, INC.
 1937 Thomson Drive, Lynchburg, VA 24501
 (434) 947-4463 1-800-400-7247 ♦ Fax (434) 947-3670

QUOTE REQUEST

Date _____

BROKER INFORMATION

Name		
Phone	Fax	Email

GROUP INFORMATION

CONTACT INFORMATION

Group Name	Name
Address	Wk # ()
Number of Employees	Hm # ()
Effective Date	Cell # ()
Describe occupation	Fax # ()
Current Plan Design/Carrier	
Additional Comments, Health Conditions, Special notes, Etc:	

EMPLOYEE INFORMATION

(Tier Choices: Emp Only, Emp/Spouse, Emp/Child, Emp/Children, and Family)

NAME	DOB	SEX	TIER
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			

Piedmont Plans

X	PPO	X	POS	Name	Coins	Ded/ Co-pay	Form#
	PPO		POS	Piedmont	Preferred	200/20	IPPIEDP20020
	PPO		POS	Piedmont	Preferred	500/25	IPPIEDP50025
	PPO		POS	Piedmont	Basic	500/25/40	IPPIEDB5002540
	PPO		POS	Piedmont	Complete	1000/25	IPPIEDC100025
	PPO		POS	Piedmont	Preferred	1000/25	IPPIEDP100025
	PPO		POS	Piedmont	Complete	1500/25	IPPIEDC150025
	PPO		POS	Piedmont	Advantage	1500/25	IPPIEDA150025
	PPO		POS	Piedmont	Preferred	1500/25	IPPIEDP150025
	PPO		POS	Piedmont	Basic	1500/25/40	IPPIEDB15002540
	PPO		POS	Piedmont	Preferred	2000/25/35	IPPIEDP20002535
	PPO		POS	Piedmont	Basic	2000/25/40	IPPIEDB20002540
	PPO		POS	Piedmont	Complete	2500/25	IPPIEDC250025
	PPO		POS	Piedmont	Preferred	2500/25	IPPIEDP250025
	PPO		POS	Piedmont	Preferred	2500/30	IPPIEDP250030
	PPO		POS	Piedmont	Preferred	3000/25/40	IPPIEDP30002540
	PPO		POS	Piedmont	Basic	3000/25/40	IPPIEDB30002540
	PPO		POS	Piedmont	Complete	3500/25/40	IPPIEDC35002540
	PPO		POS	Piedmont	Complete	5000/25/40	IPPIEDC50002540
	PPO		POS	Piedmont	Basic	5000/25/40	IPPIEDB50002540

Partners Plans

X	PPO	X	POS	Name	Coins	Ded/ Co-pay	Form#
	PPO		POS	Partners	Preferred	0/25/45	IPPARTP02545
	PPO		POS	Partners	Preferred	200/20	IPPARTP20020
	PPO		POS	Partners	Preferred	500/25	IPPARTP50025
	PPO		POS	Partners	Basic	500/25/40	IPPARTB5002540
	PPO		POS	Partners	Complete	1000/25	IPPARTC100025
	PPO		POS	Partners	Preferred	1000/25	IPPARTP100025
	PPO		POS	Partners	Preferred	1000/30	IPPARTP100030
	PPO		POS	Partners	Complete	1500/25	IPPARTC150025
	PPO		POS	Partners	Preferred	1500/25	IPPARTP150025
	PPO		POS	Partners	Basic	1500/25/40	IPPARTB15002540
	PPO		POS	Partners	Preferred	2000/25/35	IPPARTP20002535
	PPO		POS	Partners	Basic	2000/25/40	IPPARTB20002540
	PPO		POS	Partners	Complete	2500/25	IPPARTC250025
	PPO		POS	Partners	Preferred	2500/25	IPPARTP250025
	PPO		POS	Partners	Preferred	2500/30	IPPARTP250030
	PPO		POS	Partners	Preferred	3000/25/40	IPPARTP30002540
	PPO		POS	Partners	Basic	3000/25/40	IPPARTB30002540
	PPO		POS	Partners	Complete	3500/25/40	IPPARTC35002540
	PPO		POS	Partners	Complete	5000/25/40	IPPARTC50002540
	PPO		POS	Partners	Basic	5000/25/40	IPPARTB50002540

Consumers Plans (No Copays except for Preventive Care)

X	PPO	X	POS	Name	Coinsurance	Deductible	OOP Maximum	Preventive Only Copay	Form #
	PPO		POS	Consumers	Basic - 70/30	\$1000/\$2000	\$4000/\$8000	\$30/\$100	IPCONB1000
	PPO		POS	Consumers	Basic - 70/30	\$2000/\$4000	\$4500/\$9000	\$30/\$100	IPCONB2000
	PPO		POS	Consumers	Preferred - 80/20	\$3000/\$6000	\$5000/\$10,000	\$25/\$100	IPCONP3000
	PPO		POS	Consumers	Basic - 70/30	\$3000/\$6000	\$5000/\$10,000	\$30/\$100	IPCONB3000
	PPO		POS	Consumers	Preferred - 80/20	\$5000/\$10,000	\$7500/\$15,000	\$25/\$100	IPCONP5000

Health Savings Accounts

X	PPO	NAME	Coinsurance	Deductible	Preventive Only Copay	OOP	Form #
	PPO	Piedmont HSA	Preferred	\$1500/\$3000	\$25/\$100 20% AD	\$3000/\$6000	IPPIEDHSAP150025
	PPO	Piedmont HSA	Preferred	\$2500/\$5000	\$25/\$100 20% AD	\$4500/\$9000	IPPIEDHSAP250025
	PPO	Piedmont HSA	Preferred	\$3500/\$7000	\$30/\$100 20% AD	\$5000/\$10000	IPPIEDHSAP350030

Additional Riders

X	Please place an "X" by any riders you would like to include.	Rider Description	Rider Form #
	<input type="checkbox"/>	Supplemental Accident Rider	Coverage for 100% of first \$750 Emergency Room AC from Accident IPAccidental
	<input type="checkbox"/>	Vision Rider	One routine eye exam per year subject to the office visit copay IPVision
	<input type="checkbox"/>	Supplemental Rider	Gastric Bypass, Breast Reduction, Abdominoplasty, Cochlear Implants IPSuppRider
	<input type="checkbox"/>	Birth control / Viagra Rx Rider	Prescription Drug contraceptives and male impotence IPRXRider
	<input type="checkbox"/>	Conversion Rider	Conversion to Non-Group coverage IPCONVERSION

Two-Tier Rx Amendments

X	Additional Rx Deductible	Rx Amendment	Rx Code	Rx Form #
	No Rx	No Rx	No Rx	No Rx Amend
	None	\$10/\$20	10/20Rx	IPRX10/20
	None	\$15/\$30	15/30Rx	IPRX15/30
	None	\$15/\$40	15/40Rx	IPRX15/40
	\$150	\$15/\$30	150Ded15/30	IPRX15015/30

Three-Tier Rx Amendments

X	Additional Rx Deductible	Rx Amendment	Rx Code	Rx Form #
	None	\$10/\$20/\$35-20%	10203520%	IPRX10203520%
	None	\$10/\$30/\$50	103050	IPRX103050
	None	\$10/\$30/\$50-20%	10305020%	IPRX10305020%
	None	\$10/\$40/\$55	104055	IPRX104055
	None	\$15/\$40/\$55	154055	IPRX154055

Out of Pocket Amendments

X	OOP Amendment	OOP Code	Form #	X	OOP Amendment	OOP Code	Form #
	\$2000/\$4000	OOP 2000	IPOOP2000		\$3500/\$7000	OOP 3500	IPOOP3500
	\$3000/\$6000	OOP 3000	IPOOP3000		\$4000/\$8000	OOP 4000	IPOOP4000