

Proposal Process

Step 1: COLLECT EMPLOYER INFORMATION

Size 2-25 (Illustrative Quote)

- Census of eligible employees (to include birth date, sex, coverage type)
- Any known medical condition(s)
- Industry
- Employer contribution/participation Size 26+
- Please complete the Group Quote Request form for 26+ employer size group

Step 2: FAX/MAIL INFORMATION TO:

Piedmont Community HealthCare, Inc.
Attn: Marketing Department
1937 Thomson Drive
Lynchburg, Virginia 24501

FAX: (434) 845-1850

Step 3: PROPOSAL FAXED BACK:

Illustrative 2-25: within 2 days from date all information is received

Final 26-29: within 2 days from date all information is received

Final 50+: varies

Step 4: For 2-25 FOLLOW UP WITH MEDICAL QUESTIONNAIRES FOR FINAL RATE QUOTE

Step 5: FINAL QUOTE ISSUED FOR 2-25 EMPLOYEES