



PHYSICIANS HEALTH BENEFITS

AND

Physicians Society
of Central Florida

Serving Orange, Seminole & Osceola Counties



Challenge: Finding a long term solution to the rising cost of health insurance. Most small to mid-market employers are frustrated with constant rate increases and little to no explanation as to why or how to combat them.

Solution: Take Control! The Physicians Society of Central Florida are pleased to announce the launch of a joint Captive Health Insurance program!

How does it work?

- Roundstone sets up insurance companies called stop loss group captives. These companies allow mid-size employers to unlock the benefits of self-funding, traditionally only available to large companies.
- Employers premiums are re-insured to these companies, and minimize the risk of self-funding by pooling their exposure with many other mid-size employers.
- Employers collectively own their stop loss group captive company, and unused premium is returned to the employer at the end of the year.

What do you gain?

Transparency: Detailed reporting of claims data, fixed and variable cost information.

Control: Control your employee benefit plan with choice of network, claims service, plan language and cost containment solutions.

Cost Savings: Realize and retain the benefit from controlling costs through a variable cost funding strategy.

Turnkey: A complete benefit solution available with all necessary detail included in one proposal.

**PSCF HAS PARTNERED WITH FBMC & DANNA-GRACEY
TO CREATE AND MANAGE THIS INNOVATIVE PROGRAM!**

Danna-Gracey
The Healthcare Providers' Insurance Specialists

FBMC
BENEFITS MANAGEMENT

850.425.6200
FBMC.com



MEDICAL SUBMISSION CHECKLIST

(Current Fully-Insured Employers)

Submit all information by email to LMartin@FBMC.COM.

To receive the most competitive and timely proposal, please provide the requested information listed below:

1. Most recent census information (preferably within the last 30 days) in Excel. The census should include the following information for each employee:
 - Name or ID#
 - Home zip code
 - Date of birth
 - Coverage category
 - Gender
 - Current plan selection
2. SIC Code or description of business
3. Copy of current schedule of benefits or benefits summary
4. Current and renewal rates
5. Three year rate and claims history
6. Three years of month-by-month enrollment
7. Current carrier/network
8. Competing quote information (if applicable)
9. Details on proposed benefit plan design(s), specific deductible(s), contract(s), network(s), and TPA(s)