The Secure Plans from Insurgency Benefits

DEGREES HEALTH

New Plan Information Sheet

Reference Based Pricing Implementation

Plan Sponsor Name:	
Address 1:	
Address 2:	
***Plan Name:**	The Secure Plans

***(Legal name of the Plan e.g., Company A Health Plan)**

Plan Live Date:

Estimated Enrolled Employee Lives:

6 Degrees Payor ID: ☐ **Yes** ☐ **No**

Reimbursement Levels:

Included		Repricing (% CMS)	Authority (% CMS)
☐ Yes ☐ No	Facility:		
☐ Yes ☐ No	Facility OON:		
☐ Yes ☐ No	Professional (ProPlus):		
☐ Yes ☐ No	Professional:		
☐ Yes ☐ No	Professional OON:		
☐ Yes ☐ No	Drug:		
☐ Yes ☐ No	Other:		
☐ Yes ☐ No	Other:		
☐ Yes ☐ No	MediShield		
☐ Yes ☐ No	Cash Prepay		
☐ Yes ☐ No	QPA Determination Opt-Out		

Additional Notes or Authority:

If Facility Only - List Provider Network:
Claims Repriced to Direct Contract with

Plan Design:

*If known, please include plan design details below. All high deductible plans must be filled in.

Group Number	High Deductible Plan	Individual Deductible	Family Deductible	Max Individual OOP	Max Family OOP
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				

Contact List

Brokerage Company:	
Broker Name	
Broker Email:	
Broker Phone:	
TPA Name:	Loomis
Contact Name:	
Contact Email:	
Contact Phone:	
TPA Billing Contact:	
Contact Email:	
Contact Phone:	
TPA Billing Address:	
Consulting Company:	
Consultant Name:	
Consultant Email:	
Consultant Phone:	
Concierge Company:	
Concierge Contact:	
Concierge Email:	
Concierge Phone:	
Medical Management Company:	
Program Manager Name	Insurgency Benefits
Stop-loss Carrier/MGU (if applicable):	Strategic Underwriting Solutions, LLC
Monthly Reporting Contacts:	

PLEASE SEND ALL REQUESTS AND DOCUMENTS TO YOUR DESIGNATED ACCOUNT MANAGER AND PROJECT MANAGER ON THE 6 DEGREES HEALTH CONTACT LIST.

Plan Sponsor acknowledges that all information contained in this plan information sheet is true and accurate to the best of its knowledge and the signature below represents that (s)he is an authorized representative of the Plan Sponsor.

Signature:	
Name:	
Date:	

Please return form to Melissa.Williams@6Degreeshealth.com