

WHAT IS REQUIRED BY THE CARRIERS?

2-50 Eligible Quoting Requirements:

- Total number of employees on payroll; number of full-time, number of part-time, number enrolling (include in header section of BGA census template).
- Census to include all full-time benefit eligible employees, including waivers (include waiver reason; Medicare, Spouse, Parent, AHCCCS, etc).
- Census must include the following: employee enrollment tier by line of coverage, DOB, gender, and home zip code (not location zip code).
- Census must include all **enrolling** spouse & children DOB's.
- If group has multiple plans, census must include who is enrolled in which plan for all lines of coverage to be quoted.
- Income type (K1, W2, 1099).
- Year business was established.
- Current & renewal rates & SBC's.
- Complete renewal(s), if group has current coverage.
- Employer contribution for employee and dependents for all lines of coverage requested.
- Benefit waiting periods.
- Owner only, Husband/Wife/Domestic-Partner, and Family Only groups may require additional details. **(Eligible groups include at least one full-time, W2 paid, non-owner working in the business. Most carriers require that person to be active on the coverage. Some carriers would consider a 1099 paid person rather than W2 paid. For some carriers, this person cannot be a family member of the owner.)**
- *Level funded quotes; see quoting requirements for 51+ eligible. Carrier specific individual health questionnaires may be required.*

51+ Eligible and Level Funded Quoting Requirements:

- Total number of employees on payroll; number of full-time, number of part-time, number enrolling (include in header section of BGA census template).
- Census to include all full-time benefit eligible employees, including waivers (include waiver reason; Medicare, Spouse, Parent, AHCCCS, etc).
- Census must include employees first and last name, enrollment tier by line of coverage, DOB, gender, home zip code (not location zip code).
- Census must include all **enrolling** spouse & children first and last names, DOB's, genders, and home zip codes.
- If group has multiple plans, census must include who is enrolled in which plan for all lines of coverage to be quoted.
- Income type (K1, W2, 1099).
- Year business was established.
- Current & renewal rates & SBC's.
- Complete renewal(s), if group has current coverage.
- Employer contribution for employee and dependents for all lines of coverage requested.
- Benefit waiting periods.
- 24 months of detailed claims experience; if group is currently 100+ enrolled **OR** if group currently has self/level funded plan.
- *Level funded quotes; carrier specific individual health questionnaires may be required.*

Level Funded Individual Health Questionnaire Requirements:

- Aetna AFA (2-50 Enrolled): All virgin groups, 2-24 enrolled, and 2-14 enrolled if group has current or prior self/level funded plan.
- BCBS Balance Funding (9+ Enrolled): 9-14 enrolled.
- Cigna (20+ Enrolled): Not required.
- EMI Health (10+ Enrolled): All virgin groups, 10-15 enrolled, 16+ enrolled employer health questionnaire required. Claims experience required if group has current self/level funded plan or 100+ enrolled.
- Humana Level Funded (5-50 Enrolled): 5-9 enrolled. Claims experience required if group has current self/level funded plan.
- National General (2+ Enrolled): required on all size groups. Claims experience required if group has current self/level funded plan or 100+ enrolled.
- UHC All Savers (5-99 Enrolled): All virgin groups, 5-9 enrolled. Claims experience required if group has current self/level funded plan.