

Humana HRAE quote request form

Non-Community Rated, Association and Level Funded Premium 10-99

Group Information:		Humana Sales Rep:
Agency Name:		Today's Date:
Producer:		Producer SAN:
Company Name:		County:
Company Address:		
City, State, Zip Code		Nature of Business (SIC code):
Requested Effective Date:		Renewal Date:
Does this group have more than one location: Yes No If yes, please list below and include work zip on census		
Years with the current carrier:	Current carrier:	Humana group # if applicable:
# Payroll _____ # Eligible _____ # Enrolled _____ # Cobra _____	Quote LFP: Yes No Quote Association: Yes No	

See Page 2 For Assoc Quoting Requirements

ALSO INCLUDE:

- Census including the following:
 - Employee First and Last Name
 - Employee Date of birth
 - Employee Gender
 - Employee home zip code
 - Employee working location zip code
 - Coverage Type
 - Employee Status: Active, retiree or on Cobra
 - **Dependent First and Last Name**
 - Dependent Date of birth
 - Dependent home zip code
 - Dependent Gender

2. Include current renewal (if quoting off-cycle provide the last renewal)

If quoting in the Association, please select ONE association. Selection cannot be changed after quoting:

<u>Associated Builders and Contractors</u>	<u>Greater Louisville Inc</u>	<u>Commerce Lexington</u>	<u>Northern Kentucky</u>
	Manufacturing	Manufacturing	Manufacturing
	Retail	Retail	Services
	Services	Services	
	Finance	Finance	

Working Locations

Location 1: City: _____	State: _____	ZIP: _____
Location 2: City: _____	State: _____	ZIP: _____
Location 3: City: _____	State: _____	ZIP: _____
Location 4: City: _____	State: _____	ZIP: _____
Location 5: City: _____	State: _____	ZIP: _____
Location 6: City: _____	State: _____	ZIP: _____

Additional Information Regarding KY Association Products

Small Group / Association Quoting Requirements:

2-9 Enrolling Employees and All Existing Humana Medical Clients

Baseline Proposals:

1. Completed 2-50 HRAE Request Form
2. Census data for all enrolling employees- name, gender, subscriber date of birth, dependent DOB, zipcode, coverage type (4 tier: EE, ES, ECH, FAM).

Underwritten Proposals:

1. Completed 2-50 HRAE Request Form
2. Member census data for all enrolling employees AND DEPENDENTS - first and last name, gender, date of birth (not age), home zipcode, coverage type (4 tier: EE, ES, ECH, FAM).
3. Completed employee applications for each individual applying for coverage (Must be dated within 90 days of effective date).
4. Renewal letter from incumbent carrier.

10+ Enrolling Employees

Underwritten Proposals:

1. Completed 2-50 HRAE Request Form
 2. Member census data for all enrolling employees AND DEPENDENTS - first and last name, gender, date of birth (not age), home zipcode, coverage type (4 tier: EE, ES, ECH, FAM).
 3. Renewal letter from incumbent carrier.
- Note- If group's total payroll is 51+, we would need a Risk Assessment form instead of a 2-50 HRAE Request Form

Important Things To Know:

1. All Waiting Periods are preset by Association and cannot be changed.
*Chambers - 60 Days First of Month
*Associated Builders and Contractors - 90 Days Immediate
2. All groups regardless of size will be COBRA eligible. This applies to medical only if group is not normally COBRA eligible.
3. All Chamber groups renew 6-1, ABC groups will always renew 4-1. Ask your rep about long contract options!
4. Groups of 5+ subscribers may offer Dual Option.
5. Quoting ends the month prior to effective, and all Sold Paperwork is due the 10th prior to effective. EX. 6/1 quoting ends 4/30 and paperwork is due 5/10.
6. For existing groups, please contact your rep for eligibility before collecting applications.

Indiana Groups Located In The Below Are Eligible To Quote:

- Clark
- Dearborn
- Floyd
- Franklin
- Harrison
- Jefferson
- Ohio
- Posey
- Ripley
- Scott
- Switzerland
- Union
- Vanderburgh
- Warrick
- Washington

Use this BPID to enroll members on their desired plan on the enrollment spreadsheet.

Association Standard Quoted Plans:

Proposed Plan	Coins	Deductible	PCP/Sp	ER	RX	MOOP	Network	Package ID
1. NPOS COPAY 100/2500	100/70	\$2500/\$7500	\$25/\$35	\$250.00	\$10/\$30/\$50/25%	\$5000	32817 NPOS	KYEO0030
2. NPOS COPAY 80/2000	80/50	\$2000/\$6000	\$30/\$55	\$250.00	\$10/\$35/\$55/25%	\$5000	32817 NPOS	KYEO0034
3. NPOS COPAY 80/1000	80/50	\$1000/\$3000	\$25/\$40	\$250.00	\$10/\$30/\$55/25%	\$5000	32817 NPOS	KYEO0036
4. NPOS COPAY 50/2000	50/50	\$2000/\$6000	\$25/\$40	\$250.00	\$10/\$35/\$55/25%	\$6500	32817 NPOS	KYEO0040
5. EHDHP 70/4500	70/50	\$4500/\$13500	NA	NA	Integrated	\$6350	32832 NPOS	KYEQ0017
6. COINS 80/2000	80/50	\$2000/\$6000	NA	NA	\$10/\$30/\$50/25%	\$6500	32859 NPOS	KYEN0005
7. NPOS SIMPLICITY	100/50	\$0/\$6000	\$25/\$65	\$375.00	\$10/\$40/\$70/25%	\$6000	32825 NPOS	KYER0007
8. NPOS COPAY 100/500	100/70	\$500/\$1500	\$20/\$20	\$250.00	\$10/\$25/\$50/25%	\$6500	32817 NPOS	KYEO0029
9. NPOS COPAY 100/3000	100/70	\$3000/\$9000	\$25/\$50	\$250.00	\$10/\$35/\$55/25%	\$6500	32817 NPOS	KYEO0031
10. NPOS COPAY 100/4000	100/70	\$4000/\$12000	\$30/\$55	\$250.00	\$10/\$35/\$55/25%	\$6500	32817 NPOS	KYEO0032
11. NPOS COPAY 90/1000	90/60	\$1000/\$3000	\$25/\$50	\$250.00	\$10/\$35/\$55/25%	\$5000	32817 NPOS	KYEO0033
12. NPOS COPAY 80/750	80/50	\$750/\$2250	\$25/\$50	\$250.00	\$10/\$35/\$55/25%	\$4000	32817 NPOS	KYEO0035
13. NPOS COPAY 80/1500	80/50	\$1500/\$4500	\$25/\$50	\$250.00	\$10/\$35/\$55/25%	\$5000	32817 NPOS	KYEO0037
14. NPOS COPAY 80/2500	80/50	\$2500/\$7500	\$25/\$50	\$250.00	\$10/\$35/\$55/25%	\$5000	32817 NPOS	KYEO0042
15. NPOS COPAY 70/2500	70/50	\$2500/\$7500	\$40/\$55	\$250.00	\$10/\$35/\$55/25%	\$6500	32817 NPOS	KYEO0038
16. NPOS COPAY 70/3000	70/50	\$3000/\$9000	\$30/\$55	\$250.00	\$10/\$35/\$55/25%	\$6500	32817 NPOS	KYEO0039
17. NPOS COPAY 50/5000	50/50	\$5000/\$15000	\$40/\$65	\$250.00	\$10/\$40/\$70/25%	\$6500	32817 NPOS	KYEO0041
18. AGHDHP 100/3000	100/70	\$3000/\$9000	NA	NA	Integrated	\$3000	32818 NPOS	KYEP0013
19. AGHDHP 80/2500	80/50	\$2500/\$7500	NA	NA	Integrated	\$3400	32818 NPOS	KYEP0006
20. EHDHP 100/3000	100/70	\$3000/\$9000	NA	NA	Integrated	\$3000	32832 NPOS	KYEQ0014
21. EHDHP 100/5000	100/70	\$5000/\$15000	NA	NA	Integrated	\$5000	32832 NPOS	KYEQ0023
22. EHDHP 80/3000	80/50	\$3000/\$9000	NA	NA	Integrated	\$6350	32832 NPOS	KYEQ0024