

GEISINGER HEALTH PLAN

# New business quote checklist for brokers



# Geisinger

## Geisinger Funding Alternative

As your plan's administrator, Geisinger Health Plan (GHP) constantly explores new ways to offer the best possible services. See the checklist of required items below for Geisinger Funding Alternative (GFA) plans. Contact us with questions at 800-554-4907 or [ghpbrokerquotes@thehealthplan.com](mailto:ghpbrokerquotes@thehealthplan.com).

## Groups with 5–9 enrolled subscribers

### Requirements for illustrative quotes:

- Member level census:
  - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
  - The First Health Network<sup>®</sup> will be available to groups with 5 or more subscribers enrolled. Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage.
- Employer group application
  - **Regarding Section 4 only:** Since medical disclosure forms are required for groups with 5 to 9 enrolled, the only parts of Section 4 you'll need to complete are the answers to the three yes/no questions at the end of the section (20, 21 and 22).
- Group size certification form
- Medical disclosure forms are required for groups with 5 to 9 enrolled.
  - We will also accept a supplemental form with a competitor's application.

- Claims data required if the group is currently self-funded
  - 2 consecutive years of claims data or aggregate report (if group has only been in level funded product for one year, at least 8 months of claims data or an aggregate report on carrier letterhead is required)
  - Corresponding subscriber and member months
  - High claimant report over \$25,000 to match claims data time period or specific report
- Renewal benefits
- Current rates on carrier letterhead
- Renewal rates on carrier letterhead — if premium increase is listed on the renewal rates, current rates are not required.

### Requirements for final quotes:

- All information requested for illustrative quotes
- All requirements to finalize underwriting are met
  - Final member census
  - 2 consecutive years of benefit design for self-funded new business
  - Other requirements as requested by underwriting

## Groups with 10–99 enrolled subscribers

### Requirements for illustrative quotes:

- **Until further notice, groups in the following counties with 5–50 enrolled subscribers are eligible to be quoted with only a member level census:** Cambria, Blair, Bedford, Huntingdon, Franklin, Perry, Cumberland, Dauphin, Adams, York, Lancaster, Lebanon, Schuylkill, Berks, Lehigh, Northampton counties require only a census to quote. Contact your account executive for more information.

### All other counties:

- Member level census:
  - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
  - Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage.
- Employer group application
- Group size certification form
- Claims data required if the group is currently self-funded
  - 2 consecutive years of claims data or aggregate report (if group has only been in level-funded product for one year, at least 8 months of claims data or an aggregate report on carrier letterhead is required)
  - Corresponding subscriber and member months
  - High claimant report over \$25,000 to match claims data time period or specific report
  - Current benefits
- Current rates on carrier letterhead
- Renewal benefits
- Renewal rates on carrier letterhead

### Requirements for final quotes:

- All information requested for illustrative quotes
- All requirements to finalize underwriting are met
  - Final member census
  - Other requirements as requested by underwriting

# Groups with 100 – 199 enrolled subscribers

## Requirements for illustrative quotes:

- Member level census:
  - Last name, first name, zip code, birthdate, gender, subscriber tier election, subscriber plan selection, subscriber (1)/dependent (0)
  - Out-of-area subscribers cannot exceed 40% of the total subscribers electing coverage
- Employer group application
- Claims data required for all groups
  - 2 consecutive years of claims data or aggregate report (if group is self-funded)
  - Corresponding subscriber and member months
  - High claimant report over \$25,000 to match claims data time period or specific report
  - Current benefits
  - Current rates on carrier letterhead
  - Renewal benefits
  - Renewal rates on carrier letterhead

## Requirements for final quotes:

- All information requested for illustrative quotes
- All requirements to finalize underwriting are met
- Final member census
- Other requirements as requested by underwriting

# All groups

## Final underwriting requirements for implementation

- Signed proposal and final benefits
- Auto debit form
- Employer admin form
- Broker of record form
  - Valid waiver forms to meet 75% requirement

## Experience credit options

- 50% experience credit option – Geisinger Indemnity Insurance Company (GIIC) retains 50% of the experience credit as deferred administrative fee. Experience credit is returned upon renewal in a Geisinger product.

## Quote assumptions

- A minimum of 5 covered employees is required to maintain the GFA plan.
- A maximum of 199 covered employees in order to be offered the GFA plan.
- A minimum participation of 75% of all eligible employees is required. Exceptions may be made for valid waivers that make up no more than 25% of the participation requirement. If after the open enrollment period the employer is unable to meet the minimum participation requirement, GIIC may withdraw this proposal at its discretion.

- Employer contributions must be at least 50% of the employee-only premium applied to each tier.
- Only full-time W-2 employees working 20 hours or more per week are eligible for coverage.
- Retirees and their dependents are excluded from coverage under the stop loss policy.
- COBRA enrollment cannot exceed 20% of the total number of policy holders.
- Mini-COBRA enrollment cannot exceed 20% of the total number of policy holders for groups with less than 20 employees.
- The number of out-of-area subscribers cannot exceed more than 40% of the total enrolled subscribers.
- The proposal will outline all quote assumptions and requirement.

## Important dates

- Expect at least 5 business days for the quoting process once all information is received. Quote times may vary based on volume of quotes.
- Expect 3 to 5 business days for final quote once all information is received.
- Signed valid waivers (if required) must be received prior to Geisinger releasing the Stop-loss Insurance Binder.
- To ensure member ID cards reach the member by the effective date, all required documents must be signed and received by Geisinger by the 10th of the month before the effective date.

## Recalculation of premium rates

- Any inaccuracy in the data provided for the quote or any material change in the plan design or census before or on the effective date will necessitate recalculation of the rates and factors.
- If a large claim(s) (non-recurring and/or ongoing) become known and the initial date of service is before the date of written acceptance by GIIC, then GIIC reserves the right to recalculate the proposed rates.
- Review of additional requested information may cause the rates to change or this quote to be withdrawn.
- Coverage, terms and pricing are subject to change if any changes in final benefits occur as compared to those used in underwriting or if a change in risk occurs. Risk changes include but are not limited to:
  - Plan changes
  - An addition or deletion of a location or acquisition
  - Provider network changes
  - Changes to the group's census and/or monthly enrollment changes now or at any time during the coverage period by +/- 15% as compared to the final census used for the final proposal

*Services provided by Geisinger Indemnity Insurance Company (GIIC).*