

51+ fully insured new business quote checklist for brokers

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 fully insured plans. Contact us with questions at [800-554-4907](tel:800-554-4907) or GHPBrokerQuotes@thehealthplan.com.

Groups with 51+ total employees and 2-99 enrolled subscribers

Requirements for final quotes:

- Member level census:
 - Last name, first name, zip code, birthdate, gender, subscriber tier election and plan design election
- [Employer group application](#) - all sections must be completed
- [Group size certification form](#)
- Benefit summaries on carrier letterhead
- Current rates on carrier letterhead
- Renewal rates on carrier letterhead
- If currently self-funded, provide the most recent 12 consecutive months of claims data

Groups with 100+ enrolled subscribers

Requirements for final quotes:

- Member level census:
 - Last name, first name, zip code, birth date, gender, subscriber tier election and plan design election
 - [Employer group application](#) (sections 1, 2 and 6 only)
 - [Group size certification form](#)
 - Current and renewal benefit summaries on carrier letterhead
 - If benefits have changed in the previous 12 months, also include the prior year summaries.
 - Current rates on carrier letterhead
 - Renewal rates on carrier letterhead
 - Claims data required
 - The most recent 12 consecutive months of medical and Rx claims (should include subscriber and member months).
 - High claimant report for most recent 12 consecutive months
 - Top provider/facility report for most recent 12 consecutive months
- ***Note: reports must be for matching timeframes.**

All 51+ groups

Requirements for implementation

- Signed confirmation of sales agreement (CSA)
- CSA SBC addendum
- GHP Proprietary Enrollment Spreadsheet
- [Broker of record form](#)
- [Super user form](#) (optional)

Underwriting guidelines

- Groups with 16+ eligible employees - 10 contract minimum
- Groups with 2-15 eligible employees - 2 contract minimum
- Employer contributions must be a minimum of 50% of the single premium towards each tier for each benefit option.
- Benefit offerings allowed:
 - 2-15 enrolled employees - 1 offering*
 - 16-50 enrolled employees - 2 offerings*
 - 51-99 enrolled employees - 3 offerings
 - 100+ enrolled employees - 5 offerings**Will allow 3 plan offering to groups with less than 50 enrolling if group meets 75% participation with valid waivers.*
- Different Rx benefits can be offered between benefit offerings. However, changes in Rx benefit cannot be the **only** difference between two benefit offerings.
- The Premium Variance of plan offerings cannot have a difference greater than 20% from lowest deductible single rate to highest deductible single rate.
- COBRA enrollment cannot exceed 20% of the total number of policy holders.
- The number of out-of-area subscribers cannot exceed more than 40% of the total enrolled subscribers (minimum of 5 subscribers required).
- The [First Health Network Authorization Form](#) must be completed by all out of area enrollees.
- To determine eligibility, please refer to our [service area map](#).

Important dates

- Expect at least 5 days for the quoting process once all information is received. Quote times may vary based on volume of quotes.
- To ensure member ID cards reach the member by the effective date, signed paperwork and enrollment files must be received by Geisinger 20 days prior to the effective date.
- If signed paperwork and enrollment files are received after the 10th of the month prior to the effective date, our [late implementation form](#) will be required.