

# Southeastern PA Quote Request Form



## Please Include the Following:

1. Census of all EEs with the following minimum information

- EE first
- EE last name
- Gender
- Date of birth
- Home zip code
- Employee status (FT, PT, COBRA, disability, waiver)
- Contract type (Individual, Parent & Child, Parent & Children, Husband & Wife, Family)

- 2. Detailed benefit grid for all current plan options
- 3. Monthly claims (2-3 yrs) separated by Medical/Rx with high claims info (Claim utilization is required for all groups >100 enrolled employees. For ASO requests, an Rx detail report showing claims-level prescribing patterns is preferred.)
- 4. Most recent renewal calculation & rate history with corresponding benefit grids
- 5. Collective Bargaining Agreement (CBA) - if applicable
- 6. Certificates of Insurance - only required if CBA applies

Enrolled plan identification (if employees are currently offered more than one plan)

## Producer Information

- Name of Producer:
- Agency Name:
- Contact:
- Contact Email Address:
- Producer Commission (1-6%/PCPM)  
(For groups with 51-99 enrolled contracts, the writing agent commissions is \$42 PCPM)
- Contact Phone:
- Preferred Producer (if applicable):
- Today's Date:
- Are you the incumbent Producer?

## Group Information

- Group Name:
- Contact Name:
- Address:
- Address:
- City:
- State: PA
- Zip:
- County:
- SIC Code:
- Industry Description:
- How long has the client been in business:
- Union:
- Is this the Corporate Headquarters?
- Is the client part of an Association or Trust Fund?
- Does the group currently offer group health insurance to its employees?
- What is the new hire waiting period for group health benefits?  
(i.e. date of hire, 30 days, 60 days; **cannot exceed 90 days**)
- Does the employer cover Retirees over 65?
- Contact Email:
- Contact Phone Number:
- EIN - Employer ID #s:
- Group Currently Offers:
  - Medical/Rx (See page 3 & 4 for available options)
  - Stop Loss
- If **Yes**, Union Name/Local Number:
- If **No**, Location:
- If **Yes**, Name:

## Employer Contributions

- Choose a contribution method:
  - Monthly Dollar Amount
  - Percentage
- Individual
- Family
- Other
- Is there an incentive for opting out?
- Is the group planning changes to contributions?  
If **Yes**, please explain

**Federal and State Mandate Requirements**

**Affordable Care Act Group/Market Size Determination**

1. Is the above company related to other entities that have a separate Federal Tax I.D./E.I.N. and are to be treated as a “single employer” under the Internal Revenue Code Section 414 (26 U.S.C. Sections 414 (b) or (c)) at the time of this application for coverage. If you are unsure how to answer this question, please seek assistance from your tax accountant or legal counsel. Note: Highmark will not underwrite Affiliated Service Groups as defined in 26 U.S.C. Section 414(m).

Yes - If related entities are to be included in this application and are enrolling in coverage, attach a Certification of Eligibility to Combine and Employer Group Size Form completed by an authorized representative of the company. The form must include all related entity names and Employer Identification Numbers (EIN).

No

2. For the Affordable Care Act (ACA) group/market size determination count all employees for each month in the preceding calendar year. This includes full-time, part-time, seasonal/intermittent, and in/out-of-area employees – who were issued a W-2; regardless of whether they were eligible to enroll, and/or participated in the group health plan. Exclude owners and working family members (who do not qualify as common law employees), 1099 independent contractors and retirees.

***IMPORTANT: If you answered Yes to question 1 please count all employees collectively for all related entities that are to be treated as a “single employer” under the Internal Revenue Code Section 414 aggregation rules.***

Please provide your **average** number of employees on all your business days during the **PRECEDING** calendar year: (Numeric Response)

Number of Employees Eligible for Medical Coverage: (Numeric Response)

Number of Employees Covered under Medical Plan: (Numeric Response)

**Proposal Information**

Match Current Rate Tiers: Effective Date:  
If no, please select from the following:

Funding Arrangement: Date Needed:

#1:

#2:

**Current/Prior Carrier Information**

Has any portion of the client ever been insured with Highmark?

Carrier History

Please list for the previous 5 years (most recent first)

If <b>Yes</b> , Effective Date:	<u>Carrier</u>	<u>Effective Date</u>	<u>Funding Arrangement</u>
Cancel Date:	Current		
Former Highmark Client/Group #s:	Previous		
	Previous		
	Previous		
	Previous		

**Authorized Signature**

The undersigned acknowledges to the best of their knowledge that all information provided is accurate and that the producer listed above has the authority to submit this request. They understand that this information will be relied upon in determining premium rates within the applicable health care laws and regulations. Any misrepresentations or inaccurate information provided above may impact the health plans quoted and result in adjustments to final rates.

Name \_\_\_\_\_

(Signature of Authorized Representative)

Title \_\_\_\_\_

Date \_\_\_\_\_

51+ average employee count (Please Try to Select 3-4 Medical/Rx Combinations)

Medical Plan Name	Deductible (2x Family)	Plan Payment Level (Coinsurance)	TMOOP (2x Family)	Emergency Room Member Liability	PCP	Specialist / Therapies / OP MHSA	Rx Key: Green = Standard Template (quicker setup) Yellow = Available Medical/Rx pairing Red = Medical/Rx pairing is not available Drug Options -- see details on page 5 Select options by putting an ✓ in the Green or Yellow boxes.								
	IN/OON	IN/OON	IN		IN	IN	DC	DI	G	M	ML	CCA	CCD	CCDC	
<b>Premium Plans (first dollar coverage for network services combined with low copays)</b>															
PPO Blue Premium \$10	\$0 / \$250	100% / 80%	\$9,450	\$150	\$10	\$10									
PPO Blue Premium \$20/\$40	\$0 / \$500	100% / 80%	\$9,450	\$150	\$20	\$40									
<b>Sharing Plans (Deductible on most services combined with copays on office visits, etc.)</b>															
PPO Blue Sharing \$500 \$30/\$40	\$500/\$1,000	100% / 80%	\$9,450	\$150	\$30	\$40									
PPO Blue Sharing \$1,000 \$30/\$40	\$1,000 / \$2,000	100% / 80%	\$9,450	\$150	\$30	\$40									
PPO Blue Sharing \$2,000 \$30/\$40	\$2,000 / \$4,000	100% / 80%	\$9,450	\$150	\$30	\$40									
PPO Blue Sharing \$3,000 \$30/\$40	\$3,000 / \$6,000	100% / 80%	\$9,450	\$150	\$30	\$40									
PPO Blue Sharing \$4,000 \$30/\$40	\$4,000 / \$8,000	100% / 80%	\$9,450	\$150	\$30	\$40									
PPO Blue Sharing \$5,000 \$25/\$35	\$5,000 / \$10,000	100% / 80%	\$9,450	\$150	\$20	\$35									
<b>Smart Plans (Mix of deductibles, coinsurance and copays)</b>															
PPO Blue Smart \$500 90/70	\$500 / \$1,000	90% / 70%	\$9,450	\$150	\$20	\$35									
PPO Blue Smart \$1,000 80/60	\$1,000 / \$2,000	80% / 60%	\$9,450	\$150	\$30	\$40									
PPO Blue Smart \$2,500 80/60	\$2,500 / \$5,000	80% / 60%	\$9,450	\$150	\$30	\$40									
<b>Healthy Savings Plans (Qualified High Deductible plans with integrated Rx)</b>															
PPO Blue Healthy Savings \$1,600Q, Non-Embedded	\$1,600 / \$3,200	100% / 80%	\$1,600	0% after deductible	0% after deductible	0% after deductible									
PPO Blue Healthy Savings \$1,600Q 90/70, Non-Embedded	\$1,600 / \$3,200	90% / 70%	\$2,600	10% after deductible	10% after deductible	10% after deductible									
PPO Blue Healthy Savings \$2,000Q \$25/\$35, Non-Embedded	\$2,000 / \$4,000	100% / 80%	\$2,500	\$150 after deductible	\$25 after deductible	\$35 after deductible									
PPO Blue Healthy Savings \$2,000Q 90/70, Non-Embedded	\$2,000 / \$4,000	90% / 70%	\$3,000	10% after deductible	10% after deductible	10% after deductible									
PPO Blue Healthy Savings \$3,000Q \$30/\$40, Non-Embedded	\$3,000 / \$6,000	100% / 80%	\$3,250	\$150 after deductible	\$30 after deductible	\$40 after deductible									
PPO Blue Healthy Savings \$3,500Q 90/70, Embedded	\$3,500 / \$7,000	90% / 70%	\$4,500	10% after deductible	10% after deductible	10% after deductible									
PPO Blue Healthy Savings \$5,000Q, Embedded	\$5,000 / \$10,000	100% / 80%	\$5,000	0% after deductible	0% after deductible	0% after deductible									
PPO Blue Healthy Savings \$6,350Q, Embedded	\$6,350 / \$12,700	100% / 80%	\$6,350	0% after deductible	0% after deductible	0% after deductible									
<b>Choice Savings (All cost share/copays are after combined medical and Rx deductible. These are not qualified plans.)</b>															
PPO Blue Choice Savings \$2,000 \$30/\$40, Non-Embedded	\$2,000 / \$4,000	100% / 80%	\$3,000	\$150 after deductible	\$30 after deductible	\$40 after deductible									
PPO Blue Choice Savings \$4,000 \$30/\$40, Embedded	\$4,000 / \$8,000	100% / 80%	\$5,000	\$150 after deductible	\$30 after deductible	\$40 after deductible									
<b>EPO</b>															
EPO Blue Sharing \$2,000 \$30/\$40	\$2,000 / NA	100% / NA	\$9,450	\$150	\$30	\$40									
EPO Blue Healthy Savings \$2,000Q 90, Non-Embedded	\$2,000 / NA	90% / NA	\$3,000	10% after deductible	10% after deductible	10% after deductible									
EPO Blue Healthy Savings \$6,350Q, Embedded	\$6,350 / NA	100% / NA	\$6,350	0% after deductible	0% after deductible	0% after deductible									

## Prescription Drug Descriptions

Rx Name	Formulary	Benefit Design	Mandatory Generic	Retail	Mail Order	Additional Information
Rx DC	Comprehensive	Incentive	Soft	Integrated with Medical \$15/\$30/\$60 (after deductible)	Integrated with Medical \$30/\$60/\$120 (after deductible)	QHDHP with copays
Rx DI	Comprehensive	Incentive	Soft	Integrated with Medical Generic----coinsurance after deductible Brand Formulary----(coinsurance amount minus 5%) after deductible Brand Non-Formulary---(coinsurance amount minus 10%) after deductible	Integrated with Medical Generic----coinsurance after deductible Brand Formulary----(coinsurance amount minus 5%) after deductible Brand Non-Formulary---(coinsurance amount minus 10%) after deductible	QHDHP Deductible integrated with medical
Rx G	Comprehensive	Incentive	Soft	\$8/\$40/\$70	\$20/\$100/\$175	
Rx M	Comprehensive	Incentive	Soft	\$10/\$60/\$85	\$25/\$150/\$215	Exclusive Home Delivery (mandatory mail)
Rx ML	Comprehensive	Incentive	Soft	\$3/\$10/\$60/\$85	\$8/\$25/\$150/\$215	Exclusive Home Delivery (mandatory mail)
Rx CCA	Core	Closed	None	\$3/\$10/10% with \$150 max / 15% with \$450 max	\$6/\$20/10% with \$300 max / 15% with \$900 max	Max amounts are indexed at retail: Tier 3 \$150/\$300/\$450 Tier 4 \$450/\$900/\$1350
Rx CCD	Core	Closed	None	Integrated with Medical	Integrated with Medical	QHDHP: All four tiers pay the same after deductible like medical.
Rx CCDC	Core	Closed	None	Integrated with Medical \$3/\$10/\$50/\$100 (after deductible)	Integrated with Medical \$6/\$20/\$100 /\$200 (after deductible)	QHDHP with copays