

### **Strategy: What products do we lead with?**

1. **Master Plan:** If a master plan is available in the home state of the client company we will lead with the master. Assuming the price is competitive.
2. **Open Market:** We will always provide open market quotes, (unless otherwise directed), with the master plan. If the open market is more competitive or we chose to not write someone on the master plan, open market will be the lead product.
3. **ECH, HBA, & other plans:** These plan types will be the last choice in products we lead with. Only if the master and open market options aren't competitive will we present these plan types.

### **Quoting**

#### **Small Group - Open Market**

- Turnaround - 4 Business Days
- Documents needed:
  - RAPT Census w/ Dependents
  - GHQ (or doc with equivalent information)
  - Current plan designs with rates (if applicable)
  - Renewal information (if applicable)

#### **Large Group - Open Market**

- Turnaround - 7 to 14 business days (sometimes longer)
- Documents needed:
  - RAPT Census w/ Dependents
  - GHQ (or doc with equivalent information)
  - Claims Information (100+ ee's)
  - Current plan designs with rates (if applicable)
  - Renewal information (if applicable)

#### **Master Plans**

- Turnaround time - 4 business days
- **All Master Plan Carriers - Required Documents:**
  - RAPT Census w/ Dependents
  - GHQ
  - Claims Information (100+ ee's)
  - Current plan designs with rates (if applicable)
  - Renewal information (if applicable)
  - Current plan designs with rates (if applicable)
- **Florida Blue - Required Documents:**

- PHQ\* - for 5 to 25 employees
    - PHQ's can be sent electronically by benefits department.
- **Humana - Required Documents:**
  - PHQ\*- under 10 employees
    - PHQ's can be sent electronically by benefits dept.
- **Aetna- Required Documents:**
  - PHQ\*- under 20 employees
    - PHQ's can be sent electronically by benefits dept.
- **Anthem - Req Documents:**
  - No PHQs required
  - Can only write between zip coded 90000 and 93596

### Group Health General Requirements

- ACA Tax Penalties
  - **Part A:** Failure to offer coverage to 95% of the full-time, benefit eligible employees
    - Penalty: \$2,880 PEPY
    - **Count all FTEs less 30 employees**
  - **Part B:** Failure to provide affordable, minimum value coverage to a benefits eligible employee
    - Penalty: \$4,320 PEPY for each employee who receives a tax credit on the Marketplace for individual coverage.
      - This penalty is prorated based on the number of months the employee received a subsidy.
- Participation
  - 50%+ of qualified FTE's less valid waivers
- Employer Contribution
  - Must be 50% of the lowest cost plan offered
  - Employee responsibility cannot be over 9.12% of the household income (2023)
    - Must be deemed affordable for at least 95% of the FTEs

### Carrier Resources

#### **Master Plans**

- Florida Blue
- Humana
- Anthem
- Aetna

#### **Open Market- Non-Traditional Products**

- ECH- Association/Union Plan
  - When to sell

- For groups that are mainly driven by price with no affordable traditional open market options.
- Quoting/UW
  - Documents needed for approval
    - ECH Census
  - 24hr turnaround for approval
  - 2 or more participating lives
- Binding Requirements
  - Membership Application- Signed by the company
  - NWA Authorization form
    - Must be completed by 50% of the staff (regardless of participation)
- Presentation Topics
  - Participation
    - Must have 2 or more enrolled regardless of group size
    - Must have 50% or more of the staff sign NWA Authorization
  - Coverage
    - Plans do have RBPs and balance billing for hospital coverage
      - ECH pays 120% of Medicare billing rates
      - Overcoming Objection
        - As long as they call Qualexas Claims Concierge at 833-273-2253 to make them aware of an upcoming procedure or hospital visit they can help negotiate with the provider and potentially prevent or greatly reduce the final cost.
        - Most clients experiencing issues with balance billing did not call first.
        - Employees can add a hospital plan for around \$15 a month to help offset this expense.
    - Network
      - Hospital coverage does not require the member to follow a specific network.
        - Keep in mind, not all hospitals charge the same rates. Try to stay away from research hospitals, like Mayo Clinic.
      - All other services (PCP, Spec, UC) follow the PHCS nationwide network.
- Gravie- Level Funded, Self-Funded, & ICHRA
  - Level Funded
    - When to sell
      - Healthy groups that are price driven

- Quoting/UW
    - 15 participating lives or more
    - 4 to 5 plan options offered per group
    - 6 day turn around
    - DOCS NEEDED:
      - Census (with or without dependent info)
      - PHQ's OR claims data for all group sizes
        - High-cost claimant report will work
  - Coverage
    - Two plan types
      - Comfort: No out of pocket expense for most services
      - Traditional: More co-pay options
    - Network
      - Uses the Aetna or Cigna nationwide networks
  - Unique Selling Points
    - They offer 12-month interest free loans to cover up to the max out of pocket expenses for each plan.
      - We can payroll deduct for the payment
      - Loans through "Paytient"
  - ICHRA
    - When to sell
      - Risker/higher rated groups.
      - Great option when you need to carve out a state or two
    - Quoting/UW
      - Any number of plans allowed
      - To be qualified plans must be deemed affordable
        - Most companies will do age-banded contributions
      - DOCS NEEDED:
        - Census form- include gross payroll data for affordability check
  - Solvo Health
    - For groups with 75 or more participating employees
    - Healthy and higher risks with high RX claims
-

- Difference Card
  - For groups with a large increase in rates, as long as group is on a high or medium plan currently.
  - Offers a unique employer healthcare solution that allows groups to maintain a rich level of benefits for their employees, without increasing employee contributions or reducing their benefit package.
  
- Level-Funded Options
  - UHC-LF
    - When to sell
      - Healthy group that is price driven and wants a traditional insurance option
    - Quoting/UW
      - 5-9 enrolled or virgin groups need to complete PHQ.
      - 10+ enrolled complete GHQ
    - Network
      - Choice & Choice Plus National Network
    - Unique
      - Client can offer unlimited number of plans.
      - Surplus is refunded at 100% to the group if they renew with UHC-LF