



Small Business Broker Reference Guide

Wendy Matthews AE for 51-100 Accounts

Nebraska & Western Iowa

United
Healthcare[®]

Small Business of Nebraska/Western Iowa

51-100 Eligible Employees New Business Proposal & Installation Requirements

❖ How to receive a 51-100 initial group proposal from UnitedHealthcare?

1. Agency should submit their Request for Proposals to their Sales Account Executive wendy_a_matthews@uhc.com proposal to send back to the Agency. Turnaround times vary depending on time of year.
- a. All proposal requests should include the **51-100 Broker Submission Checklist** completed in full, which is also a guide for the information needed to provide a proposal

b. All RFP Must include the following:

• Total Number of FT Eligible Employees	• Employer Contributions for Single and Family Coverage
• Excel Census with Employees & Dependents*	• 2 years of Carrier history to include large claimant information. If the group is currently level funded or self-funded.
• Employee's Home Zip Code	• Writing Agents Name & Writing Agency
• Benefit Elections for each Employee	• Billing and Service Fee Agreement for all IA Groups
• Benefit Summaries / Rates for all current plans	• ATNE (Average Total Number of Employees) are required for all Iowa Groups

***Excel census must include Employees and Dependents Names including Gender, Dates of Birth, and Social Security Numbers.**

❖ How to submit a 51-100 Group for Medical Underwriting to UnitedHealthcare?

1. If currently Fully insured, Agency should submit the following information via secure delivery to their Sales Account Executive wendy_a_matthews@uhc.com medical underwriting to receive final rates (**Items a. thru f. are the required – see chart on next page for submission requirements for all products lines**):
 - a. Complete the UHC Enrollment Census Spreadsheet including COBRA enrollees.
 - b. Waivers are not required.
 - c. Current and renewal rates for the current carrier are required for medically underwritten rates
 - d. Group contact name and phone number.
 - e. Group's Tax ID number.
 - f. 51-100 Broker Submission Checklist needs to be submitted if it wasn't previously submitted for an Initial proposal request.
2. If participation is less than 50% then Medical Underwriting will be required. Each member enrolling will be required to fill out a Health application.
3. Virgin Groups will be underwritten using an Employee census and Employer Application. Rates will be determined based upon the percentage enrollment of the Full-time eligible employees

Please note:

- **Final rates may be subject to change with 10% or more census change at time of installation**

❖ How to submit a 51-100 new business sold case for installation to UnitedHealthcare?

1. Agency should submit the following via secure deliver to secure delivery to their Sales Account Executive wendy_a_matthews@uhc.com for installation.
(**Items a. to f. below are required – see chart on page 4 for submission requirements for all products lines**):
 - a. Employer Application. *Please be sure to use the most current version available on UnitedeServices.com.*
 - **Nebraska use Employer Application for Large Group #370-6691 (05/20)**
 - **Iowa use Employer Application for Large Group #250-6690 (07/17)**
 - b. Binder Check* for first month's premium (copy is acceptable until installation is completed).
 - c. Please mail binder checks to the mailing address below*.
 - d. Notice of plan(s) and rate(s) selected.
 - e. PRIME Enrollment Spreadsheet with plan elections if more than one plan has been selected.
 - f. Confirm if the group wants paper or electronic billing statements.

Please note:

Additional information may be requested after installation begins.

***Binder Check's Mailing Address:**

(Remember to include the Groups TINS # or Policy # on check before sending)

UHS
Box 94017
5505 N Cumberland Ave, Ste 307
Chicago, IL 60656-1471

Medical underwriting requirements

Medical Underwriting requirements may change, and Medical Underwriting reserves the right to request additional information as they deem necessary. In addition, if there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail. Please submit the following via secure delivery to your Sales Account Executive: wendy_a_matthews@uhc.com.

Category	Explanation/Requirements
<p>Applications without Medical history required** (Applications and requirements may vary by state. Be sure to use the applicable forms per state.)</p> <p>**Please note the application forms are subject to change. Always use the current forms available located on UnitedeServices.com.</p>	<ul style="list-style-type: none"> • If applications are required, they must be signed and dated within 90 days of requested effective date. • Employee Enrollment Forms can be located on UniteDeServices.com under Forms or downloaded here: <ul style="list-style-type: none"> ○ For Nebraska - Employee Enrollment App (370-6692 v 5/20) ○ For Nebraska - Employee Health App (370-6693 v 5/20) ○ For Iowa – Employee Enrollment App (250-6691 v 10/15) ○ For Iowa – Employee Health App (250-6692 v 10/15)

Case Installation Requirements by Products

Pre-sale requirements may change, and installation reserves the right to request additional information as they deem necessary. In addition, if there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail.

Requirements Employer:	Medical	Life ¹	Dental ^{1,2}	Vision ¹	Supp Life, STD & LTD
ER Application	UHC Employer App (State Specific)	UHC Employer App (State Specific)	UHC Employer App (State Specific)	UHC Employer App (State Specific)	UHC Employer App (State Specific)
Copy of Premium Check or Direct Debit Form	Medical Premium	Life Premium ³ Voluntary Plans Not required	Dental Premium ³ Voluntary Plans Not required	Vision Premium ³ Voluntary Plans Not required	Supp Life, STD, LTD Premium ³ Voluntary Plans Not required
Premium Payment can be combined when multiple products are sold					
Verification Approval	Verification Approval e-mail from Broker is only required when a binder check has not been provided				
Notice of selected plan(s) and rate(s)	An email notice must be received indicating plan(s) and rate(s) sold.				
Employee:					
EE Application If currently <50% enrolled	Employee Application w/ Medical questions	Employee Application w/ Medical questions	Employee Application w/ Medical questions	Employee Application w/ Medical questions	Employee Application w/ Medical questions
EE Waiver	Waiver forms are not required.				

1. For Life, Dental, and Vision products, if there is an existing Medical product, we will not require the binder check and we can accept an enrollment spreadsheet in place of the employee enrollment forms (with the exception of Life over the guaranteed issue which will require enrollment forms for underwriting review).
2. Some dental plans have a separate built in benefit waiting period for major dental services and Orthodontia. In those cases, a group may be allowed to waive the waiting period if they provide evidence of prior dental coverage that includes major services and was in place for 12 consecutive months. Documentation accepted is prior carrier dental SPD or COC and a recent and 12-month old bill or the renewal **letter from the prior dental carrier**.
3. Voluntary definition = Employer contributes 0 - 49%

Case Installation Explanation/Requirements

Pre-sale requirements may change, and installation reserves the right to request additional information as they deem necessary. In addition, if there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail.

Category	Explanation / Requirements
Enrollment form requirements	<ul style="list-style-type: none"> All applications will need to be legible and have the following items (that were not reviewed for completion prior to medical underwriting) such as: Date of hire, Social security numbers for all enrolling employees and dependents, Complete address, city, state, zip code, Plan election if more than one plan is offered (on form or census).
Rating Structure	<ul style="list-style-type: none"> Rating structure is based on the Total number of Full Time Eligible Employees. Group is composite rated.
Employer contribution requirements	<ul style="list-style-type: none"> For Employer Contributory plans such as Medical, the Employer must contribute a minimum of 50% or more on the cost of the lowest plan for the single premium. For Voluntary plans the Employer must contribute 0-49% of single premium.
Classes	<ul style="list-style-type: none"> Classes that may be excluded must be based on hourly/salary, union/non-union, and/or management/non-management.
Participation Requirements	<ul style="list-style-type: none"> Nebraska ONLY: All total eligible employees. Iowa ONLY: 25% of total eligible employees. Dual Option: For groups 51-100 there must be at least 1 or more enrolled in any plans offered.
Independent contractor (1099) guidelines	<ul style="list-style-type: none"> Employers may elect to offer coverage for their independent contractor (1099) employees if the following conditions are met: The employer agrees to contribute the same amount toward the premium as regular taxed employees. The employer agrees to require the same waiting period for Independent Contractors as regular taxed employees. The employer agrees to extend the coverage to all Independent Contractors who meet these qualifications, including any future 1099 employees.
Retiree Coverage	<ul style="list-style-type: none"> Nebraska: Post-65 Retirees who are Medicare eligible coverage is not available; Pre-65 "Early" Retirees not eligible for Medicare may be covered <u>up to 20% of the total enrollment</u>. Iowa: Post-65 Retirees who are Medicare eligible coverage is not available; Pre-65 "Early" Retirees not eligible for Medicare may be covered ONLY for school districts and municipalities up to 20% of the total enrollment. Rates and Employer Contributions must be the same as active employees.
Minimum hours worked per week to be eligible	<ul style="list-style-type: none"> 30 - 40 hours per week for all products
ID Cards	<p>Medical and Dental ID cards are mailed to employee's homes within 7-10 business days of the policy being issued. Temp ID cards will be provided on an as needed basis. Covered employees may also log into www.myuhc.com to print temp ID cards at any time after the group has been installed.</p> <p>Vision ID Cards are not mailed by UHC, however members covered by vision are able to register for www.myuhcvision.com and print a vision ID card.</p>
Dual or Triple Options	<p>Dual options are available for groups with 51-100 eligible employees.</p> <ul style="list-style-type: none"> Can offer up to 5 plan options. Dental dual options are allowed. Vision dual options are not allowed.
Effective Date	1st or 15th of the month.

Exclusions and coverage limitations are detailed in the group contract and the member certificate of coverage. If there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail.

Small Business for Nebraska/Western Iowa

51-100 Eligible Employees Renewal Business

Renewal Account Executives:

❖ Stacey Jackson stacey_r_jackson@uhc.com

- Provides renewal packets
- Reviews renewal packets to determine cost savings and appropriate plan selection
- Ongoing UHC plan, market, and day-to-day business education
- Provides mid-year reporting on renewals
- Provides annual plan grids
- Processes renewals through Plan Change Unit
- Requests alternate medical quotes
- Provides dental, vision, life, LTD, STD quotes
- Requests All Savers quotes
- Assists with All Savers migration installation*
- Assists with All Savers to UHC Fully Insured migrations
- Assists with UHC Fully Insured to All Savers migrations
- Provides ongoing education related to market insight, pricing, the ACA, UHC and All Savers updates
- Routes agent in the appropriate direction for service and enrollment issues
- Works with groups directly, when requested, to process renewals and with up-sales

*All Savers Migration

www.MyAllSavers.com

MyAllSaversInfo@unitedhealthone.com (for renewal kit and plan inquiries)

MyAllSaversReply@unitedhealthone.com

- Utilize your Renewal Account Executive to ensure the respective UHC fully insured client is a good candidate for the All Savers program.
- Once candidacy has been approved, a quote will be requested by your Renewal Account Executive and provided to you.
- When a group chooses to move from UHC to ASO, please follow the install instructions provided to you on the All Savers Migration process document.
- If you need assistance with the install, please reach out to your Renewal Account Executive and/or the All Savers contact team.