

Delaware Quote Request Form



Please complete and email to your Sales Executive.

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) - **identify medical, dental, and vision contract types separately if the enrollment in ancillary lines differs from the enrollment in medical coverage**
 - Enrolled plan identification (if employees are currently offered more than one plan) - **identify medical, dental, and vision plan selections separately for any line of coverage where multiple plans are offered**
2. Detailed benefit grid for all current plan options (Med/Rx, Dental and/or Vision)
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. Producer Authorization Letter
6. Collective Bargaining Agreement (CBA) - if applicable
7. Certificates of Insurance - only required if CBA applies

Producer Information

Name of Producer: Contact Phone:
Agency Name: General Agency/TPA (if applicable):
Contact: Today's Date:
Contact Email Address: Are you the incumbent Producer?
Producer Commission:

Group Information

Group Name:
Contact Name:
Address: Contact Email:
Address: Contact Phone Number:
City: EIN - Employer ID #s:
State: DE Group Currently Offers:
Zip: Medical/Rx (See page 3 - 5 for available options)
County: Vision (See page 6 for available options)
SIC Code: Dental (See page 7 for available options)
Industry Description: Stop Loss

How long has the client been in business:
Union: If **Yes**, Union Name/Local Number:
Is this the Corporate Headquarters? If **No**, Location:
Is the client part of an Association or Trust Fund? If **Yes**, Name:
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?

Employer Contributions

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

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 group/market size determination, count all eligible employees who were employed on at least 50% of your business days in the PRECEDING calendar quarter. Count all employees who worked on a full-time basis that had a normal work week of 30 or more hours including owners, partners, and union employees. If you offer coverage to 1099 independent contractors that normally work 30 or more hours per week, please include them as well. EXCLUDE employees who work on a part-time, temporary and substitute basis.

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 eligible employees on all your business days during the **PRECEDING** calendar quarter: (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 Yes, 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		

Supplemental Products

List supplemental coverage

	<u>Dental</u>	<u>Vision</u>
Employer Sponsored:		
Voluntary:		
Carrier:		
Renewal Month:		
Are you the Incumbent Producer:		
Number of Employees Eligible for Coverage:		
Number of Employees Covered under Plan:		

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.

By entering your name on the signature line below, you understand that you are creating an electronic signature which has the same effect as written signature, and you are representing that you have reviewed and submitted this form accordingly.

Name _____
 (Signature of Authorized Representative)

Title _____

Date _____

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

Medical Plan Name	Type	Deductible	Plan Payment Level (Coinsurance)	TMOOP	Emergency Room	PCP	Specialist	Rx Key: Green = Standard Template (quicker setup) Yellow = Available Medical/Rx pairing Red = Medical/Rx pairing is not available Drug Options -- see details below Select options by putting an <input checked="" type="checkbox"/> in the Green or Yellow boxes.									
								Rx A	Rx B	Rx C	Rx D	Rx E	Rx DI	Rx CCA	Rx CCD		
HSA PPO Designs--Non-Embedded																	
HSA PPO 100% \$3,000/\$6,000	Non-Embedded	\$3,000 / \$6,000	100% INN 80% OON	\$3,000 / \$6,000	100% after network deductible	100% after deductible	100% after deductible										
HSA PPO Designs--(Liaison-like)--Embedded & Non-Embedded																	
PPO Healthy Savings \$1,600 90%/70% (Liaison-like)	Non-Embedded	\$1,600 / \$3,200	90% INN 70% OON	\$2,600 / \$5,200	90% after network deductible	90% after deductible	90% after deductible										
PPO Healthy Savings \$2,000 90%/70% (Liaison-like)	Non-Embedded	\$2,000 / \$4,000	90% INN 70% OON	\$3,000 / \$6,000	90% after network deductible	90% after deductible	90% after deductible										
PPO Healthy Savings Embedded \$3,500 90%/70% (Liaison-like)	Embedded	\$3,500 / \$7,000	90% INN 70% OON	\$4,500 / \$9,000	90% after network deductible	90% after deductible	90% after deductible										
PPO Healthy Savings \$1,600 (Liaison-like)	Non-Embedded	\$1,600 / \$3,200	100% INN 80% OON	\$1,600 / \$3,200	100% after network deductible	100% after deductible	100% after deductible										
PPO Healthy Savings \$2,000 with Copays (Liaison-like)	Non-Embedded	\$2,000 / \$4,000	100% INN 80% OON	\$2,500 / \$5,000	\$150 after network deductible	\$25 after deductible	\$25 after deductible										
PPO Healthy Savings Embedded \$3,500 (Liaison-like)	Embedded	\$3,500 / \$7,000	100% INN 80% OON	\$3,500 / \$7,000	100% after network deductible	100% after deductible	100% after deductible										
PPO Healthy Savings Embedded \$5,000 (Liaison-like)	Embedded	\$5,000 / \$10,000	100% INN 80% OON	\$5,000 / \$10,000	100% after network deductible	100% after deductible	100% after deductible										
PPO Healthy Savings Embedded \$6,350 (Liaison-like)	Embedded	\$6,350 / \$12,700	100% INN 80% OON	\$6,350 / \$12,700	100% after network deductible	100% after deductible	100% after deductible										
HSA EPO Designs--Embedded																	
HSA EPO Embedded 70% \$5,000/\$10,000	Embedded	\$5,000 / \$10,000	70%	\$6,000 / \$12,000	70% after deductible	70% after deductible	70% after deductible										
HSA EPO Embedded 70% \$6,500/\$13,000	Embedded	\$6,500 / \$13,000	70%	\$8,050 / \$16,100	70% after deductible	70% after deductible	70% after deductible										
HSA EPO Embedded 80% \$3,000/\$6,000	Embedded	\$3,000 / \$6,000	80%	\$6,000 / \$12,000	80% after deductible	80% after deductible	80% after deductible										
HSA EPO Embedded 80% \$4,000/\$8,000	Embedded	\$4,000 / \$8,000	80%	\$5,000 / \$10,000	80% after deductible	80% after deductible	80% after deductible										
HSA EPO Embedded 90% \$5,000/\$10,000	Embedded	\$5,000 / \$10,000	90%	\$6,000 / \$12,000	90% after deductible	90% after deductible	90% after deductible										
HSA EPO Embedded 100% \$5,000/\$10,000	Embedded	\$5,000 / \$10,000	100%	\$5,000 / \$10,000	100% after deductible	100% after deductible	100% after deductible										
HSA EPO Designs--Non-Embedded																	
HSA EPO 100% \$1,600/\$3,200	Non-Embedded	\$1,600 / \$3,200	100%	\$1,600 / \$3,200	100% after deductible	100% after deductible	100% after deductible										
HSA EPO 100% \$2,000/\$4,000	Non-Embedded	\$2,000 / \$4,000	100%	\$2,000 / \$4,000	100% after deductible	100% after deductible	100% after deductible										
HSA EPO 100% \$3,000/\$6,000	Non-Embedded	\$3,000 / \$6,000	100%	\$3,000 / \$6,000	100% after deductible	100% after deductible	100% after deductible										

Rx Plan Name	Formulary Design	Formulary Type	Mandatory Generic	34 Days Supply	90 Days Supply	Additional Information
Rx A	Comprehensive	Incentive	SensibleRx Choice	Generic - \$10 Preferred Brand - \$25 Non-Preferred Brand - \$50	Generic - \$20 Preferred Brand - \$50 Non-Preferred Brand - \$100	Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia + Copay Armor
Rx B	Comprehensive	Incentive	SensibleRx Choice	Generic - \$15 Preferred Brand - \$30 Non-Preferred Brand - \$60	Generic - \$30 Preferred Brand - \$60 Non-Preferred Brand - \$120	Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia + Copay Armor
Rx C	Comprehensive	Incentive	SensibleRx Choice	Generic - \$10 Preferred Brand - \$45 Non-Preferred Brand - \$65	Generic - \$20 Preferred Brand - \$90 Non-Preferred Brand - \$130	Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia + Copay Armor
Rx D	Comprehensive	Incentive	SensibleRx Choice	Generic - \$20 Preferred Brand - \$60 Non-Preferred Brand - \$80	Generic - \$40 Preferred Brand - \$120 Non-Preferred Brand - \$160	Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia + Copay Armor
Rx E	Comprehensive	Incentive	SensibleRx Choice	Generic - \$15 Preferred Brand - \$75 Non-Preferred Brand - \$100	Generic - \$30 Preferred Brand - \$150 Non-Preferred Brand - \$200	Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia + Copay Armor
Rx CCA	Core	Closed	No	Tier 1 - \$3 Tier 2 - \$10 Tier 3 - 10%; \$150 max Tier 4 - 15%; \$450 max	Tier 1 - \$6 Tier 2 - \$20 Tier 3 - 10%; \$300 max Tier 4 - 15%; \$900 max	Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia + Copay Armor
Rx DI	Comprehensive	Incentive	SensibleRx Choice	Generic - coinsurance after medical deductible Preferred Brand - (coinsurance minus 5%) after medical deductible Non-Preferred Brand - (coinsurance minus 10%) after medical deductible	Generic - coinsurance after medical deductible Preferred Brand - (coinsurance minus 5%) after medical deductible Non-Preferred Brand - (coinsurance minus 10%) after medical deductible	QHDHP Deductible integrated with medical Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia
Rx CCD	Core	Closed	No	coinsurance (if applicable) after medical deductible	coinsurance (if applicable) after medical deductible	QHDHP --all four tiers pay the same after deductible Deductible integrated with medical Quantity Level Limits: Safety/Specialty + Dose Opt + Watchful Performance: Deterrent/Patient Extenders + Guideline Step Therapy: Preferred Retail Exclusivity: Walgreens + Hemophilia

Customized 100+ Enrolled Contracts - (Please Try to Select 3-4 Medical/Rx Combinations)

Customized Benefit Options - 100+ Contracts									
OPTION 1	Product	Deductible		Coinsurance		CO-Insurance Max		PCP	SP
		INN	OON	INN	OON	INN	OON		
	ER	MRI	Spinal Manipulation		Prescription Drug - Retail				
			Benefit	Limit	Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty
	Prescription Drug - Mail Order						Mandatory Generic	Pharmacy Network	Formulary
Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty					
OPTION 2	Product	Deductible		Coinsurance		CO-Insurance Max		PCP	SP
		INN	OON	INN	OON	INN	OON		
	ER	MRI	Spinal Manipulation		Prescription Drug - Retail				
			Benefit	Limit	Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty
	Prescription Drug - Mail Order						Mandatory Generic	Pharmacy Network	Formulary
Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty					
OPTION 3	Product	Deductible		Coinsurance		CO-Insurance Max		PCP	SP
		INN	OON	INN	OON	INN	OON		
	ER	MRI	Spinal Manipulation		Prescription Drug - Retail				
			Benefit	Limit	Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty
	Prescription Drug - Mail Order						Mandatory Generic	Pharmacy Network	Formulary
Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty					
OPTION 4	Product	Deductible		Coinsurance		CO-Insurance Max		PCP	SP
		INN	OON	INN	OON	INN	OON		
	ER	MRI	Spinal Manipulation		Prescription Drug - Retail				
			Benefit	Limit	Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty
	Prescription Drug - Mail Order						Mandatory Generic	Pharmacy Network	Formulary
Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty					
OPTION 5	Product	Deductible		Coinsurance		CO-Insurance Max		PCP	SP
		INN	OON	INN	OON	INN	OON		
	ER	MRI	Spinal Manipulation		Prescription Drug - Retail				
			Benefit	Limit	Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty
	Prescription Drug - Mail Order						Mandatory Generic	Pharmacy Network	Formulary
Low Cost Generic	Generic	Form Brand	Non-form Brand	Specialty					

Standard Vision Options

Vision Plans						
Premier			Designer			
Option I Voluntary	Option I Non-Voluntary	Option II Non-Voluntary	Option I Voluntary	Option I Non-Voluntary	Option II Non-Voluntary	
Eye Examination - (In-Network)						
Frequency - Once every Copay	12 months \$0	12 months \$0	24 months \$0	12 months \$10	12 months \$10	24 months \$10
Frames - "The Collection" (In-Network)						
Fashion Level	\$0	\$0	\$0	\$0	\$0	\$0
Designer Level	\$0	\$0	\$0	\$0	\$0	\$0
Premier Level	\$0	\$0	\$0	\$25	\$25	\$25
Non-Collection - Allowance	Up to \$150*	Up to \$150*	Up to \$150*	Up to \$130*	Up to \$130*	Up to \$130*
Contact Lenses - Formulary Plan (In-Network)						
Elective - Allowance	Up to \$150**	Up to \$150**	Up to \$150**	Up to \$130**	Up to \$130**	Up to \$130**

*Plus 20% discount on any overage

**Plus 15% discount on any overage

Match Current Benefits (attach plan design):

Full Time Equivalent vs. Enrolled Contracts:

Current rates:

Renewal rates:

Commission:

Vision claims are required for groups with 150+ enrolled contracts.

Standard Dental Options

Plan	Benefit Period	Deductible	Network	Out-of-Network	Annual Max	Class I/Class II/Class III/Orthodontics	Orthodontic Max	Smile for Health	Implant
Flex 2W				90th percentile		100/80/Not Covered/Not Covered *	Not Applicable		Not Covered
Flex 3W				90th percentile		100/80/50/Not Covered *	Not Applicable		
Flex 3Wo				90th percentile		100/80/50/50 *			
Flex 4W				90th percentile		100/100/Not Covered/Not Covered *	Not Applicable		Not Covered
Flex 8W				90th percentile		100/100/50/Not Covered *	Not Applicable		
Preferred 10Wo				90th percentile		100/80/50/50 INN; 80/60/50/50 OON *			
Flex Value 1	Calendar	\$0/\$0	Advantage	90th percentile	\$1,000	100/0/0/Not Covered **	Not Applicable	Not Covered	Not Covered
Flex Value 2	Calendar	\$100/\$300	Advantage	90th percentile	\$1,000	80/50/20/Not Covered **	Not Applicable	Covered	Not Covered
Flex Value 3	Calendar	\$25/\$75	Advantage	90th percentile	\$1,000	100/50/0/Not Covered **	Not Applicable	Not Covered	Not Covered
Flex Value 4	Calendar	\$100/\$300	Advantage	90th percentile	\$1,000	100/50/20/Not Covered **	Not Applicable	Covered	Not Covered

Match Current Benefits (attach plan design):

Full Time Equivalents vs. Enrolled Contracts:

Current rates:

Renewal rates:

Commission:

Dental claims are required for groups with 150+ enrolled contracts.

* Class I - exams, cleanings, fluoride treatments, x-rays, sealants, space maintainers and palliative treatment (emergency)

Class II - basic restorative (fillings), repairs (crowns, inlays onlays, bridges, dentures), oral surgery (including simple and surgical extractions), general anesthesia, endodontics, periodontics (surgical and nonsurgical) and posterior resins

Class III - Inlays, onlays, crowns and prosthetics (bridges, dentures)

Orthodontics - diagnostic, active, retention treatment

** Class I - exams, cleanings, fluoride treatments, x-rays, sealants, space maintainers and palliative treatment (emergency)

Class II - simple extractions, basic restorative (fillings), posterior resins, repairs (crowns, inlays onlays, bridges, dentures) and general anesthesia

Class III - oral surgery (including surgical extractions), endodontics, periodontics (surgical and nonsurgical), Inlays, onlays, crowns and prosthetics (bridges, dentures)

Orthodontics - diagnostic, active, retention treatment