

Information needed to complete underwriting for your 2021 Sourcewell health proposal

<p>Forms</p> <ul style="list-style-type: none"> • <u>HealthPartners employer questionnaire</u>: all pool-eligible groups (25 or more participating employees) <ul style="list-style-type: none"> ○ Please indicate known status or prognosis for known high claimants • <u>Group size verification form</u>: for groups with 25-50 participating employees <ul style="list-style-type: none"> ○ Please report the number of employees working 20+ hours/week for each available month of the calendar year 2018 • <u>Broker services acknowledgement and authorization form</u>: <ul style="list-style-type: none"> ○ Please complete to acknowledge the role and compensation, if any, desired for your existing or new broker • <u>Employee application with health history</u>: from each eligible employee/retiree, only if you are: <ul style="list-style-type: none"> ○ Small group with at least 25 participating employees ○ Large group (51 or more participating employees) but unable to provide the claims data listed below ○ Health history forms dated no sooner than 120 days prior to desired effective date <ul style="list-style-type: none"> - Note that forms can be started earlier, but signed no sooner than 120 days prior; as well, all eligible participants must be asked to update their forms if any significant diagnosis occurs prior to the proposal due date ○ Even those waiving must complete, but only the waiver section (reason waiving); please note that 75% participation is required by those not waiving for other group coverage, Medicare, or TriCare ○ Also provide a copy of your most recent bill ○ All required forms, completed in entirety, must be submitted at least 3 weeks prior to proposal due date, and any forms requiring diagnosis update must be submitted prior to the release of a proposal • If you currently have fewer than 25 employees participating on your group plan: <ul style="list-style-type: none"> ○ Your group is currently ineligible to join our pool ○ Please contact a broker to assist you with plans available in the small group marketplace ○ If you don't have a group plan, and are interested in an easy way to assist your employees in enrolling and financing individual coverage, please contact Sourcewell
<p>Claims experience by month, if available:</p> <ul style="list-style-type: none"> • Minimum of 24 months; preferred 36 months • Clear indication of incurred and paid dates
<p>Enrollment information (both contract and member counts) by month to match the given claims experience period</p>
<p>Desired rate tiering:</p> <ul style="list-style-type: none"> • We administer a variety of rate tiering options, which do not include age-banded tiers, so please indicate your preference: <ul style="list-style-type: none"> ○ 2-tier (Employee, Family), 3-tier (Employee, Employee + 1, Family), or 4-tier (Employee, Spouse, Child(ren), Family)
<p>Current census</p> <ul style="list-style-type: none"> • Must be in Excel or CSV format (not PDF), with the following fields: <ul style="list-style-type: none"> ○ Employee identifier ○ Date of birth, as well gender ○ Worksite location, as well employee zip code ○ Dependent code (Ee, Sp, Ch, etc.) ○ Class code (Union 1, Non-U, Retiree, etc.); not needed if all classes will be staying in this group ○ Benefit plan enrolled in ○ Rate tier enrolled in (Single, EE+1, Family, etc.) • Summary count of enrollment by tier within plan
<p>Current and renewal rates and contributions</p> <ul style="list-style-type: none"> • Current and renewal rates, by tier, within each plan • Current and renewal contributions (by employer towards premiums and to medical accounts), by tier, within each plan
<p>Current and prior year benefits</p> <ul style="list-style-type: none"> • SBCs, and SPDs if available <ul style="list-style-type: none"> ○ note any benefit changes within the reported experience periods ○ clearly indicate any unique provisions to be continued (4th quarter deductible carryforward, accident provisions, etc.)
<p>Benefit changes or alternates requested</p>
<p>Additional preferred items (which can help you receive a timely and competitive proposal)</p> <ul style="list-style-type: none"> • Reason for request for proposal (list what is expected and explain readiness for change) • Annual summary of enrollment in each plan, by rate tier, for same month (for example, January) in each of prior 2-3 years • Excel (or CSV) format to extent possible for all requested data