



Health Alliance for Technology- ALLtech Minimum Quote Requirements & Quote Assumptions and Conditions

Program Management Provided By
Wells Fargo Insurance Services

Minimum Quote Requirements and Disclaimers

Below is a list of the minimum information requirements to receive a quote. If a quote request is received without any of the following information, a single request will be made for the missing information within 24 hours of receiving the quote. If that information is not received within 2 business days, or our office is not informed of pending follow up, the quote will be declined due to incomplete information after 5 business days from receipt of initial request.

Groups 5-99 Currently Fully Insured

1. Broker/Agent Information:
 - a. Broker/Agent Name, Phone/Fax and E-mail
2. UHC Representation Name/Office if through UHC representative.
3. Company Profile:
 - a. Full Company Name
 - b. Address of Company (Street/City/State/Zip)
 - c. Standard Industry Code (SIC) or North American Industry Classification System (NAICS)¹.
 - d. Renewal Date
 - e. Requested Effective Date²
 - f. Years in business
4. Employer Contribution
 - a. % level of Individual rate³
 - b. % level of Family rate⁴
5. Company Census in Microsoft Excel and include for each employee:
 - a. All company employees must be included⁵
 - i. **Our office will assume the submitted census includes all employees to determine participation requirements unless otherwise noted. Employees listed as "Waiving Coverage" are assumed to have valid waivers; therefore the assumed participation level is 100%. NOTE: THIS MAY EFFECT FINAL RATING BASED ON INFORMATION PROVIDED AT GROUP ENROLLMENT.**
 - ii. **ALSO NOTE: New groups will be required to submit a copy of the latest Quarterly Wage and Tax Report (5208) or the current two week payroll statement (all pages, including grand totals) in lieu of the 5208. In addition, owner only groups will require proof of ownership/tax documentation for all owners/officers/partners enrolling. Please see the NEW GROUP SUBMISSION CHECKLIST FOR ADDITIONAL INFORMATION.**
 - b. Current Plan the employee is enrolled on and the dependent tier (i.e. EE, ES, ESC or EC).
 - c. Date of Birth (MM/DD/YYYY)
 - d. Gender
 - e. Active/COBRA Status
 - f. Home Zip Code⁶
 - g. Please add employees who are waiving coverage and note if for other coverage or simply waiving⁷.
6. Summary of Current and Renewal Benefits: (include listing of co-pays, coinsurance, deductibles and Pharmacy co-pays for each plan)
7. Rate History:
 - a. Current name & how long with carrier⁸
 - b. If less than 3 yrs, list prior carrier
 - c. Current Rates
 - d. Renewal Rates
 - i. Off anniversary quoting: Current rates and prior year's rates are required for quoting. If not available, please provide a reason for consideration by our office to receive a quote.
8. Completed and signed ALLtech-specific HRO

¹ SIC is a direct factor in rating. If this information is not provided, our office will assign an appropriate SIC, if possible, based on research. NOTE: THIS MAY EFFECT FINAL RATING BASED ON INFO PROVIDED AT GROUP ENROLLMENT. Please refer to the ALLtech Approved Industry List attached for guidance on those industries that would qualify for ALLtech coverage.

² Quotes are valid for the month noted on the original RFP. Please inquire with our office for quote effective date extension.

³ If this information is not provided, the minimum quote assumption of 75% employee contribution will be used. NOTE: THIS MAY EFFECT FINAL RATING BASED ON INFO PROVIDED AT GROUP ENROLLMENT.

⁴ If this information is not provided, the minimum quote assumption of 0% dependent contribution will be used. NOTE: THIS MAY EFFECT FINAL RATING BASED ON INFO PROVIDED AT GROUP ENROLLMENT.

⁵ Our office will assume the submitted census includes all employees to determine participation requirements unless otherwise noted. Employees listed as "Waiving Coverage" are assumed to have valid waivers. NOTE: THIS MAY EFFECT FINAL RATING BASED ON INFORMATION PROVIDED AT GROUP ENROLLMENT.

⁶ If this information is not provided, our office will assume all employees share the zip code of the company. NOTE: THIS MAY EFFECT FINAL RATING BASED ON INFORMATION PROVIDED AT GROUP ENROLLMENT.

⁷ Our office will assume the submitted census includes all employees to determine participation requirements unless otherwise noted. Employees listed as "Waiving Coverage" are assumed to have valid waivers. NOTE: THIS MAY EFFECT FINAL RATING BASED ON INFORMATION PROVIDED AT GROUP ENROLLMENT.

⁸ Years with previous carrier is a direct factor in rating. If no information is provided, our office will assume group had insurance with incumbent for only 1 year.

Self-Insured (all group sizes) or Fully Insured (groups over 100 employees)

1. Most recent 24 months of paid claim experience and earned premium listed monthly along with eligibility.
2. Claimant Large Loss Information: (include diagnosis if applicable and current status of the claim)
3. If group is self-funded, please also provide:
 - a. Stop Loss Levels and Fees
 - b. Administrative Fees
 - c. Attachment Point & Corridor Amount
4. For Long Term Disability quotes, salary and occupation must be included on the census.

• **General Quote Assumptions and Conditions:**

1. Group must be headquartered in Washington State. Group may have a location or subsidiary located outside the State of Washington as long as at least 51% of all eligible employees reside in the State of Washington, or are at work physically at an employer site located in Washington State. Employees must be on US payroll, be US citizens or residents working in the United States.
2. Employers primary SIC codes must match the list in the Administrative Guidelines Appendices.
3. Quotes are valid only for effective date shown on the proposal and are based on the information provided; however, this proposal may be invalidated if the information provided has been misrepresented. Final rates as verified and approved by the Program Manager of ALLtech, a benefits program under the Associated Employers Trust (AET), are guaranteed for 12 months beginning on the first day of the policy. ALLtech reserves the right to recalculate rates at any time during the employer's contract year if the enrollment of the participating employer changes by more than 10%.
4. Proposed rates are based on the census provided. Final rates are based on actual enrollment, pending verification and approval by the Program Manager.
5. An ALLtech-specific Group Health Risk Questionnaire is required. The Program reserves the right to re-rate the participating employer if the completed questionnaire is not received before the quote is prepared. For all ALLtech groups, an updated/final ALLtech Group Health Risk Questionnaire (HRQ) must be provided upon new case submission. No exceptions. HRQ's provided during the quoting process are no longer accepted for new case submissions. The group and broker signatures must match the ones on the Group Master Application (GMA). The signature date on the HRQ must match the date on the GMA. The final HRQ must be entered into the ALLtech rate model to verify rates. Note that HRQ responses, SIC code, Employer contribution levels and census changes can all have an impact on rates.
6. Available only to employers with 5 or more enrolling employees.
7. A true employer/employee relationship must exist and be verifiable.
8. The program is offered to full-time employees and their dependents only. Eligible employees are permanent employees who work at least 30 hours in a normal work week. An employer may elect to reduce the eligibility requirement to 20 hours per week, provided it is non-discriminatory, as long as there are at least two employees in the group who work 30 hours a week or more.
9. ALLtech does not provide coverage for early or Medicare-eligible retirees.
10. This quote is contingent upon the condition that UnitedHealthcare is the only carrier of medical coverage offered.
11. Off-anniversary Group Specific benefit, rate and risk level changes are not allowed.
12. All claims incurred prior to the effective date will be the liability of the prior carrier.
13. This quote assumes that ALLtech will not be subject to extraterritorial mandates (i.e. not subject to the benefits or the administrative mandates of a state outside of the state the contract is issued in.). This quote may be subject to underwriting review in the event an extraterritorial mandate applies.
14. 100% of eligible employees must have workers' compensation coverage, except those legally not required to be covered by workers' compensation coverage.
15. New employer coverage will be effective the first of the month.
16. Carrier age limits for dependent children: End of the month following the 25th birthday.
17. Coverage for Domestic Partners must be indicated on the Group Master Application and an approved Affidavit of Domestic Partnership must be submitted for each such covered partner.
18. Any deductibles satisfied under the prior carrier for the current calendar year may be credited by completing a Deductible Credit form or with a report generated by the prior carrier showing social security number and amount to be credited for each enrollee as a separate amount.
19. Quote is based on only one classification of employees and one probationary period for all employees unless otherwise clearly specified in the request for proposal. Participating employers with fewer than 20 employees are not eligible for multiple classifications and/or probationary periods. Multiple employee classifications must be non-discriminatory and preclude individual selection by the employer or the employees.

20. All rates (excluding-HRA/HSA products) assume that none of the deductible, coinsurance, or copayments are self-insured.
21. ALLtech, a benefit program under the Associated Employers Trust (AET), will only accept a Group Master Application from one legal entity in which a true employer/employee relationship exists with all eligible employees. Documentation substantiating this relationship may be requested.
22. TEFRA and OBRA eligibility will be assumed for all participating companies regardless of size; however it will be the responsibility of the member to inform Medicare of their status so that claims will be properly adjudicated. It is the responsibility of the member to understand the requirements for Medicare eligibility and enrollment.
23. Recertification is required on any disabled or handicapped dependent child(ren) over 24 years of age.
24. Contribution/Participation Assumptions:
 - 100% Employer Contribution/Participation Assumption: If an employer contributes 100% of the employee premium, 100% of all eligible employees must enroll. Employees with qualified group coverage through another source may be excluded from the eligible employee count.
 - Less than 100% Employer Contribution/Participation Assumption: If an employer contributes less than 100% but no less than 75% of the employee premium, a minimum of 75% of eligible employees must enroll. NOTE: 75% is the minimum employer contribution for employees and 0% is the minimum employer contribution for dependents.
25. Dual Option Coverage:
 - Participating Employers of fewer than 10 enrolled employees may choose one medical plan option.
 - Participating Employers of 10 or more enrolled employees may select up to two medical plan options. HRA products may not be offered in a dual choice arrangement. Please see the ALLtech Dual Choice Matrix for approved medical plan pairings.
 - All pricing shown assumes the selection of one medical plan, unless dual choice is either specifically requested in the RFP or the group has dual medical plan options currently in force. Please note that dual option coverage is one of the many components that make up the ALLtech risk model, and may impact the risk level generated by the model.
 - The employer contribution for employees must meet the minimum requirement of 75% for each medical plan offering.
26. Quote Assumptions for Consumer Driven Health Plans (HRA/HSA products):
 - These rates assume that the employer contribution to the HSA Plan fund does not exceed 80% of the HSA deductible (applicable deductible level –either individual or family).
 - If the CDHP Plan fully replaces other plans (total replacement), all other standard underwriting rules apply.
 - The CDHP rates assume that part of the plan will be self insured confined within the provision of the CDHP platform.
 - For HSA products, a person changing status from individual to family, due to a qualifying event, must satisfy the family deductible before: (1) any claims are paid or (2) any further claims are paid.
 - For HRA products, employer account contributions cannot exceed 50% of the plan deductibles.
27. ALLtech Quote Pricing Options:
 - Standard Rates- No requirement for the employer group to participate in the ALLtech Wellness Program or be an active member with an ALLtech Endorsed Sponsor.
 - Wellness Credit- An employer group can achieve monthly premium savings if the group selects to participate in the ALLtech Wellness Program and meets 2009-2010 Wellness Program requirements. These requirements are described in the ALLtech quote cover letter accompanying each released ALLtech quote and as posted in the following link: (Note: link to ALLtech website new Wellness Program Toolkit imbedded here.)
 - Preferred Rates- The employer group must provide documentation indicating they are a member in good standing with an ALLtech Endorsed Sponsor for the entire duration of the group's contract year to qualify for ALLtech Preferred Rates. If the group's membership ceases mid-plan year, the group will be re-rated and would be billed under the applicable rates as presented in the group's original ALLtech sold effective date quote proposal.
28. If any of the above terms are not met, then the Program reserves the right to immediately change rating components or void the proposal.

• **Quote Assumptions for Compulsory Benefits:**

1. A medical plan and \$15,000 Life/AD&D is required to satisfy the Compulsory Benefit requirement.
2. The compulsory benefits are the minimum product offering to all size groups.
3. Uncommon eligibility is not allowed under Compulsory Benefit Programs.
4. If any Buy-Up Life/AD&D plan option is elected, it is in addition to the Compulsory \$15,000 Life/AD&D.

• **Quote Assumptions for Buy-Up Plan Selections:**

1. Only one ALLtech Employee Basic Life/AD&D plan (Options 1-4) can be offered. If a Buy-Up Life/AD&D plan is elected, it is in addition to the Compulsory \$15,000 Life/AD&D.
2. Quote Assumptions pertaining to Life/AD&D Plans:
 - All employees enrolled in an ALLtech Medical plan are automatically enrolled in \$15,000 Life/AD&D. If Medical coverage is waived, Life/AD&D coverage is not available.
 - Life/AD&D plans are not offered on a stand-alone basis.
 - Employees must be Actively at Work on the effective date.
 - Proposed rates are based on the schedule of benefits and census provided. Rates are subject to change.
 - Proposal is a summary only. Actual benefits and plan conditions are subject to issued contract.
 - Life plan features include Waiver of Premium, Accelerated Benefit and Conversion Privilege.
 - AD&D benefit includes seat belt provision, speech and/or hearing.
 - Supplemental Life and AD&D insurance only available to groups of 10 or more – 20% participation required.
 - Employee must be enrolled in Supplemental Life and AD&D plan for dependents to be eligible for Supplemental Life and/or AD&D coverage.
 - Age Reductions; Benefits reduce to 65% at age 65, to 50% at age 70, to terminate at retirement.
 - For multiple-of-pay Buy-Up Life option premium and benefit calculation purposes, employee salaries will be rounded to the next highest \$1,000 increment if not a multiple of \$1,000 already.
 - Guarantee Issue amounts for Unimerica products are as follows:
 - Buy-Up Life and AD&D options – Options 1 and 2 and Dependent Life (All Amounts), Options 3 and 4 (5-19 Employees: \$50,000, 20-50 Employees: \$100,000, 51+ Employees: \$175,000
 - Supplemental Life and AD&D- 10-50 Employees: \$30,000, 51-99 Employees: \$80,000, 100+ Employees: \$100,000
 - Until Evidence of Insurability (EOI), if applicable, is approved by Unimerica, the Guarantee Issue amounts above will be the coverage amount in force and used for benefit payment and billing purposes. Once Evidence of Insurability (EOI) has been approved in writing by Unimerica, the next scheduled monthly premium billing will reflect the approved amount and will be billed the first of the month following the date the EOI was approved; however, the approved amount of coverage will be effective on the date the EOI is approved by underwriting.
 - No person may be insured as an employee and a dependent at the same time; or a dependent of more than one employee.

• **Quote Assumptions for Bundled Benefit Programs:**

1. Bundled products include Dental, Vision, Short Term Disability (STD), and Long Term Disability (LTD). Bundled products are only available when a Medical plan is selected.
2. Groups of 10 or fewer subscribers must have "common eligibility" for all lines of coverage.
3. Groups of 11 or more subscribers, with less than 100% employer/dependent contribution, may have "un-common eligibility" between Medical and Dental.
4. "Common eligibility" means that enrollment is consistent across all lines of coverage for employees and dependents.
5. Employer participation in the Vision and Dental plans is optional. Only one Vision and one Dental plan may be offered.
6. Quote Assumptions pertaining to Dental Plans:
 - Dental is not offered on a stand-alone basis. Dental is only available when an ALLtech medical plan is selected.
 - Employer groups with no prior Dental coverage are eligible for Dental Plans A and F only.
 - Plan F requires at least two enrolled employees. Other plans require 75% employee participation.
7. Quote Assumptions pertaining to Vision Plans:
 - Vision is not offered on a stand-alone basis. Vision is only available when an ALLtech medical plan is selected.
8. Quote Assumptions for Disability Programs:
 - Short and Long Term Disability plans are only available to groups with five or more enrolling employees.
 - Short and Long Term Disability plans are NOT available on a stand-alone basis.
 - Disability plans are non-contributory. 100% of all eligible employees must enroll, regardless of Medical enrollment.
 - Employees must be Actively at Work on the effective date.
 - Proposed rates are based on the schedule of benefits and census provided.
 - Disability coverage is not available for groups whose primary SIC codes include: 8071 (Medical Labs) or similar industry classifications.

- Rates are subject to change.
- Groups over 100 employees require underwriting approval by Unimerica Life Insurance Company.
- Proposal is a summary only. Actual benefits and plan conditions are subject to issued contract.

If any of the above terms are not met, then United HealthCare Insurance Company reserves the right to immediately change rating components or void the ALLtech proposal.