

# **How to Quote for the Fox Cities Chamber Choice Health Program**

Our quoting team at Network Health assists with the quoting process by retrieving the necessary information and walking it through our system, engaging all parties from beginning to end.

Please use the following process when requesting a quote. Contact any member of our sales team with questions. We appreciate the opportunity to work with you and look forward to our continued partnership.

Submit the information listed below to [fcchamberchoice@networkhealth.com](mailto:fcchamberchoice@networkhealth.com), using a secure email.

## **Assure Quick Quote Submission**

With the following information, Network Health will provide an Assure Level-Funded quick quote for groups with **2–50 enrolled employees**.

- Group name, county and zip code
- Requested effective date
- Requested benefit plans (optional)
- Agent and agency
- Census – Make sure to include the employee's date of birth or age, gender and type of coverage such as E, E/S, E/C, FAM (a quick quote census template is available in the agent portal on our website)

## **Assure Final Proposal Submission**

With the following information, Network Health will provide an Assure Level-Funded final proposal for groups with **2–50 enrolled employees**.

- Group name, county and zip code
- Requested effective date
- Requested benefit plans
- Agent and agency
- Assure or WI Universal enrollment forms for all full-time employees, including waivers
- Current quarterly Wage and Tax report with employee status marked
- Prior carrier most recent monthly bill
- Census – Make sure to include the employee's date of birth or age, gender and type of coverage such as E, E/S, E/C, FAM (a proposal census template is available in the agent portal on our website)
- Completed eligibility certification form listing any eligible applicants or waivers who do not appear on the most recent wage and tax report

## **Final Proposals for Mid-Size Groups with Rapid GRx Underwriting**

Network Health can offer final proposals to mid-size groups with **51-100 people enrolled** using risk score in place of applications. To determine the risk score, we need the following information.

- Full member census – Including legal first and last name, zip code, date of birth, gender and type of coverage (whether the individual is an employee or dependent)
- Employer name, address and requested effective date
- Copy of prior carrier bill
- Wage and tax form
- Copy of renewal
- SIC Code

## **Final Proposals for Mid-Size Groups**

Network Health can offer final proposals to mid-size groups with **51-100 people enrolled** using employee applications.

- Three-page Network Health application for all full-time employees, including waivers (to include reason for waiving) or WI Universal Application
- Current wage and tax (Employment status needed to determine participation such as FT, PT, termed)
- Most recent prior carrier bill
- Plans requested
- Census

## **Final Proposals for Large Groups**

Network Health can offer final proposals to mid-size groups with **101+ people enrolled** using claims data in place of applications.

- If less than 101 enrolling, follow requirements for 51-100 Final Quote
- Census (DOB, gender, zip code, coverage type such as EE, ES, EC, F)
- Plans requested
- Last two years of claims experience
- Last two years of contracts and members (premium vs. claims)
- High-dollar claims information
- Current benefits
- Current rates and rate history (minimum two years); renewal information if available