

# Quoting Process



At Network Health, our sales and underwriting teams are here to assist you with the quoting process. Please reference the below criteria when requesting the different product types available. If you have questions, please contact your Account Executive. We appreciate the opportunity to work with you and look forward to a continued relationship.

Please include the following information within your quote submission.

- Group name, county, zip code, and industry code (SIC)
- Requested effective date
- Agency name and agent name, along with contact information, such as name, email address and phone number of the person you would like us to follow up with for additional information or questions.

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## Small Groups

Please send all quotes for groups 2-50 employees to [smallgroupquotes@networkhealth.com](mailto:smallgroupquotes@networkhealth.com).

### Assure Level-Funded

**Quick Quotes** can also be run in JET with the following information.

- Census – make sure to include employees' date of birth or age, gender and type of coverage, such as EE, ES, EC, FAM (a quick quote census template is available in the agent portal on our website)
- Requested benefit plans

**Final quote** submissions should include the following, as well as what is needed for a Quick Quote.

*NOTE: The final quote is contingent if any requirements are not submitted.*

- Assure enrollment forms for all full-time employees, including waivers
- Most recent quarterly Wage and Tax report (UCT-101 with employment status – FT, PT, Termed)
- Most recent carrier renewal
- Most recent carrier invoice
- Completed eligibility certification form (ECF) listing any eligible applicants or waivers who do not appear on the most recent Wage and Tax report

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## Mid-Size Groups

Please send all quotes for groups 51-100 employees to [largegroupquotes@networkhealth.com](mailto:largegroupquotes@networkhealth.com).

*NOTE: The final quote is contingent if any requirements are not submitted.*

**Base quote** submissions should include the following information.

- Census (DOB, gender, zip code, coverage type such as EE, ES, EC, FAM)
- Requested benefit plans
- Current rates or most recent carrier invoice

**Final quote** submissions should include the following information, as well as what's needed for a base quote.

- Three-page Network Health application for all full-time employees, including waivers (to include reason for waiving)
- Most recent quarterly Wage and Tax report (UCT-101 with employment status – FT, PT, Termed)
- Most recent carrier renewal
- Most recent carrier invoice

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## GRx Quoting Requirements

In order to qualify for GRx census-underwriting, a group must meet the following requirements.

*NOTE: If the most recent renewal cannot be provided, the previous two years of renewals would be needed in order to provide an offer.*

- *The previous two years of renewals would also apply if the request is for an off-cycle renewal (e.g. group renews 1/1 but are requesting a 7/1 or 10/1 effective date).*

### 20-50 enrolled

- Include a member-level census for all employees and dependents (DOB, gender, zip code, coverage type such as EE, ES, EC, FAM)
- Renewal with an increase **less than 20%**
- Employer Attestation Form

### 51-100 enrolled

- Include a member-level census for all employees and dependents (DOB, gender, zip code, coverage type such as EE, ES, EC, FAM)
- Renewal with an increase **less than 40%**
- Employer Attestation Form

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## Large Groups

Please send all quotes for groups 101+ employees to [largegroupquotes@networkhealth.com](mailto:largegroupquotes@networkhealth.com).

*NOTE: If less than 101 enrolling, follow requirements for 51-100 Final Quote.*

**Final quote** submissions should include the following information.

- Census (DOB, gender, zip code, coverage type such as EE, ES, EC, FAM)
- Requested benefit plans
- Most recent quarterly Wage and Tax report (UCT-101 with employment status – FT, PT, Termed)
- Most recent carrier renewal (if available) and rate history (minimum of two years)
- Last two years of claims experience
- Last two years of contracts and members (premium vs. claims)
- High dollar claims information