

# GRx Quoting Information Requirements

Please note: Materials should be sent to your sales account executive or client consultant and [SalesAdmin@HealthAlliance.org](mailto:SalesAdmin@HealthAlliance.org).

## ✓ Census

### 1. Population to Be Included:

All eligible employees and dependents (including waivers).

### 2. Format Required:

Excel file.

### 3. Order Required:

- Last name.
- First name.
- ZIP code.
- Birth date: mm/dd/yyyy.
- Gender: M or F.
- Covered: Y/N.
- Coverage status.

## ✓ Group Information

### 1. Current:

- Current carrier.
- Current benefits.
- Current and renewal rates.
- Large claimants.
- Nature of business.

### 2. Size:

- Large group prospects of 150 total employees or less.
- Must meet 50% employee participation.
- Group is not eligible if 50% or more of their employees are outside of the Health Alliance™ service area.

## ✓ Underwriting Requirements\*

### 1. Current and renewal rates.

### 2. For groups located in all Illinois counties

**EXCEPT the following:** Cook, DuPage, Jo Daviess, Kane, Kendall, Lake, McHenry.

\*Health Alliance will rerun groups post-sale with enrollment census to verify changes in risk. Groups may be subject to re-rating.

## GRx does not apply to the following:

### 1. Self-funded quotes.

### 2. Rate for a special program.