



Request for Quote (RFQ)

Please note: Both initial and final rates should be sent to Quotes@healthalliance.org.
Quotes are available 90 days ahead of effective date.



Preliminary Quotes—2–5 business days

- (1) Name and address of business
- (2) Census listing all employees
 - a. Date of birth for every intended member*
 - b. City, state, ZIP of group requesting quote (a zip code is needed for every employee)
 - c. Type of coverage
 - i. Employee only
 - ii. Employee and spouse
 - iii. Employee and child(ren)
 - iv. Family
 - v. Waiver
- (3) Agency name and name of the specific agent (include general agency, if applicable)
 - a. If agent is listed with a different agency than the one sending the quote request to us, we need clarification



Final Rates—Estimated turnaround: 5–7 business days

- (1) Most recent State Wage and Tax document
 - a. Indicate if owner is also an employee
 - b. Letter in lieu of Tax and Wage (if not available)
 - c. Indicate employee status (full-time, part-time, seasonal or temporary)
- (2) Completed Health Alliance Small Group Illinois or Iowa Employee Application forms
 - a. Includes section for waiver of group coverage
 - b. This form must be signed by the employee and dated within 60 days of the effective date
- (3) Completed Employer Application and Eligibility and Enrollment Form (Exhibit B)
 - a. Signed and dated within 90 days of application
- (4) Supplemental networks for out-of-network employees
 - a. Note: The group cannot have more than 40 percent of eligible employees outside the Health Alliance service area on a supplemental network
 - b. Out-of-network coverage is available on PPO plans only.
 - c. If you have out-of-network employees, refer to the new NationCare checklist.



Sold Commercial Group

- (1) Signed acceptance letter along with first month's premium check
- (2) COBRA Administration paperwork (if applicable)



Enrollment

- (1) A post-implementation email is sent to the employer group once the group is in our system. The email includes the welcome letter, employer Web portal information, GEA, Exhibit C and sold benefit worksheets. Please review and share all items with the client. The GEA and Exhibit C should be reviewed, signed and returned to ClientSupport@HealthAlliance.org within 7 days of receipt.
- (2) ID cards and member materials are mailed to the member's residence.

*Names are not mandatory, but appreciated.

**50% of eligible employees (minus valid waivers) must be enrolled