

# Broker User Guide – BusinessEDGE Level Funded Quotes



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#### Purpose

The purpose of this user guide is to outline the level-funded quote process. The process includes how to:

- create a new quote
- perform quote actions
- initiate group application process

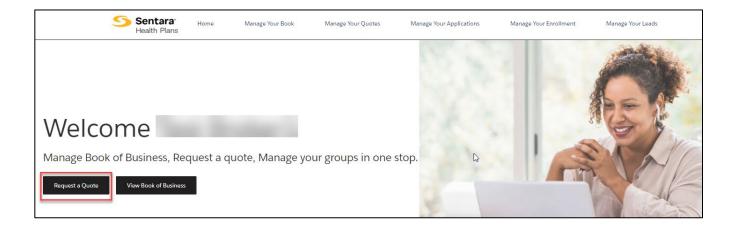
As a reminder, the parameters for group size are as follows:

	Small Group	Mid-Market Group	Large Group
Funding Type		Fully Insured	
Total # of Employees	<u>&lt;</u> 50	>50	>50
Eligible # of Employees		<u>&lt;</u> 150	<u>&gt;</u> 151
Funding Type		Level Funded	
# of Enrolled Employees		10 - 150	



## **Create New Quote**

Click Request a Quote on your home screen.



Select the primary broker of record for the quote. You can choose yourself or you can select **On Behalf of another broker**. If you choose another broker, please enter the primary broker name. Once the primary broker is chosen, click **Next**.

	O000000_	
Broke	r Information	
Broker Information     Who is the primary Broker of Record for this quote?     MySelf     On Behalf of another broker		
		Next



Enter group information on the *Group Information* screen, ensuring the fields outlined in red are filled out. Click **Next** once the following information is filled out:

- effective date (dropdown options)
- group name
- street address
- city
- state
- zip code
- total number of employees
- eligible number of employees
- number of enrolled employees
- funding and plan type
- enter incumbent carrier information or click no current carrier

Group Information				
Please enter your group inform	nation below.			
* Effective Date				
Clear	<b>_</b>			
Required				
* Group Name				
Search Address 0				
Street				
* City	* State			
*Zip Code	County			
* Total Number of Employees	* Eligible Number of Employees	* Number of Enrolled Employees		
Incumbent Carrier				
No Current Carrier	Other Incumbent Carrier			
Industry Type	SIC Code			
Funding Type	Plan Type			
Level Funded	Calendar			
Fully Insured	Contract			
Save for later			Previous	Next



Enter employer contact information and click Next.

	<b>o</b> ———	• • • • • • • • • • • • • • • • • • •	• • •	•		
		Employer Contact Information				
Employer Contact Info	rmation					
Please enter your group information First Name	n below.	Last Name				
Email		Phone Number				
Save for later					Previous	Next

**Note:** If you ever need to go back to the previous step, click on the check box on the blue line at the top

	o	-o		
		Employer Contact Information		
Employer Contact Inforr	nation			
Please enter your group information b	elow.			
First Name		Last Name		
		Phone Number		
Email				
Email				

You can also save for later at any point during the quoting process by clicking **Save for later** located in the bottom left corner. This button is located on each screen (shown below is where the button is on the Employer Contact Information screen)

	o <u>    o     o     o      o      o       </u>	••	
	Employer Contact Information		
Employer Contact Information			
Please enter your group information below.			
First Name	Last Name		
	Last Name		
Email	Phone Number		



When you click **Save for later**, a pop-up box displays asking **Are you sure you want to save it for later?** You can choose **Cancel** or **Ok**. If you click **Cancel**, you will be brought to the screen where you left off and you can continue your work. If you choose **Ok**, you will come to a new screen that indicates your quote is saved for later. You can resume by clicking or bookmarking the link or you can also copy or email the link.



#### How to Upload a Census

You upload a census on the Census Information screen.

Click **Download Excel Template.** An Excel file downloads, and you can update the census information. **Save** the Excel file to your computer. Click **Upload Employees**, find the saved census file you want to upload, and click **Next** when the field mapping pop up displays.

Census Information						
The number of eligible employ Please upload the employee ir			nust match the Total nu	mber of Members.		
	Iomation spreadsnee	t me.				
Download Excel Template						
Total Members	Total Emp	Emp	Emp+Child	Emp+Children	Emp+Spouse	Emp+Family
Total Members O	Total Emp O	Emp O	Emp+Child O	Emp+Children O	Emp+Spouse O	Emp+Family O
				in the second		



Map the fields on the Cer	sus Data Mappings	screen and click Save.
---------------------------	-------------------	------------------------

		24 Record(s) iden	tified		
ntify File Mappings					
Social Security Number		Last Name		First Name	
Social Security Number	*	Last Name	•	First Name	•
Address		City		State	
Address		City	*	State	*
Postal Code	Shin (	Home Phone		Work Phone	
Postal Code	*	Home Phone	Ψ.	Work Phone	*
Cell Phone		Email		Group Class	
Cell Phone	*	Email		Group Class	*
Sub Group		Effective Date		Hire Date	
Sub Group	*	Effective Date	Ŧ	Hire Date	•
Birthdate		Gender		Relationship	
Birthdate	•	Gender	v	Relationship	•
PCP Number		HSA		HSA Begin Date	
PCP Number	*	HSA	Ŧ	HSA Begin Date	*
Process Date		Term Date		Out of Area	
Process Date	•	Term Date	•	Out of Area	•
Disabled Dep					
Disabled Dep	*				

You can also click Add Employee to add employee information manually.

Click the arrow next to **Employee 1** to add the employee information.

	oloyee+Family
1 1 0 0	0
	Ľ



Fill out the employee information.

John	oyee 1 Test	0 dependents	A Missir	ng Information	â
Details					
First Name	Last Name	Gender	Birthdate	Age	
John	Test	Male 🔻	Jul 10, 1956 🗰		
			30110,1730 E		
Cobra	Out of Area	Primary Member Identifier	Member Identifier	Postal Code	
Cobra No				Postal Code 12345	
	Out of Area	Primary Member Identifier M88F89	Member Identifier		

To add a dependent, click Add Dependent.

	Employee 1 John Test	0 de	ependents		ŵ
Details					
First Name	2	Last Name	Gender	Birthdate	Age
John		Test	Male 🔻	Jul 10, 1956 🛗	
Cobra		Out of Area	Primary Member Identifier	Member Identifier	Postal Code
No	▼	No 🔻	M88F89	M88F89	12345
Product Lir	ne	Number of Children	Relationship		
Medical	I	1	Employee 🔹		

Once you've entered all the information, click Next.



#### **Required Fields for BusinessEDGE (Level-Funded) Quote**

- First Name
- Last Name
- Gender
- Birthdate
- COBRA
- Out of Area
- Primary Member Identifier
- Member Identifier
- Postal Code
- Relationship
- Tobacco User

#### **Plan Selection Features**

On the **Plan Selection** page, you will be able to utilize filters to look for relevant plans, compare plans, view the plan details benefit summary, and add plans to the cart. Rates will not display for mid-market groups.

**Note:** 4 plans per quote is optimal as that is how many plans can be viewed on the side-by-side comparison. Additional plans will go to another page on the proposal and will slow down the time to process the quote.

To filter plans, use the drop-down arrow to choose your filter options from Product Type, Product Lines, and Deductible, then click **Apply**.

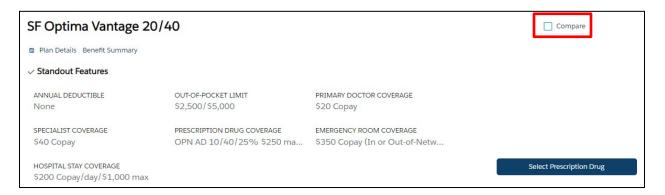
Plan Selection	n			
Product Type	Product Lines	Deductible		
None	None	None	-	oly



**Note:** For Mid-Market level-funded quotes you can select if you would like to include a Chiropractic Rider (CHIRO) or Morbid Obesity Rider (MOR) by checking the boxes beside the appropriate Rider during the Plan Selection.

Plan Selection			
Chiropractic Rider	(CHIRO)	Morbid Obesit	y Rider (MOR)
Product Type	Product Lines	Deductible	
None 🔻	None 🔻	None 🗸 Apply	

To compare plans, click the **Compare check box** of the plan you want to compare.



Once displayed, click **Compare** at the top of the screen, next to Review Cart.

Product Type	Product Lines	Deductible		
None 🔻	None 🔻	None	Apply	Compare     Review Cart
			10 Available Plans	

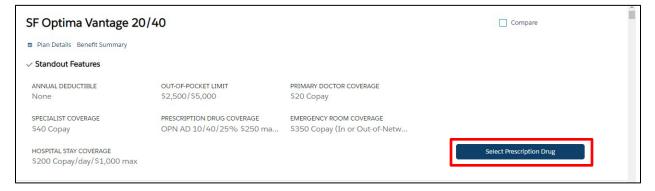


A separate window displays information for each plan.

	Compare Plans	
	SF Optima Plus 1750/30/30%	SF Optima Plus 500/25/20%
Annual Deductible*	1750/3500	500/1500
Out-of-Pocket Limit*	5500/10000	4000/8000
Primary Doctor Coverage*	\$30 Copayment (Deductible does not apply)	\$25 Copayment (Deductible does not apply)
Specialist Coverage*	\$60 Copayment (Deductible does not apply)	\$50 Copayment (Deductible does not apply)
Emergency Room Coverage*	30% Coinsurance AD (In or Out-of-Network)	20% Coinsurance AD (In or Out-of-Network)
Hospital Stay Coverage*	30% Coinsurance AD	20% Coinsurance AD
Prescription Drug Coverage	OPN \$10/\$30/\$50 or 20%/20% (\$250 Max)	OPN \$10/\$30/\$50 or 20%/20% (\$250 Max)
In Network		
Out Of Network		



To choose a plan, click **Select Prescription Drug**, then choose the Prescription Drug Coverage, click **Add to Cart**.



Once the Prescription Drug Coverage has been added, click **Add to Cart** and then the **X** to return to the Plan Selection page.

	×
Edit SF Optima Vantage 20/40	
Family: Optima Vantage	
Line of Business: Group Health	
ct Configure Item Attributes	: (
Prescription Drug Coverage OPN AD 10/40/25% \$250 max /25% \$400 max \$150 RX DED OPN 10/30/25% \$250 max/25% \$400 max	
F	
AI N	
SF S	
H S 	
	Add to Cart



Click **Review Cart** once you have added the plans.

Plan Select	ion						
Product Type		Product Lines		Deductible			
None	•	None	•	None	•	Apply	Review Cart (1)
						10 Available Plans	

#### **Review Cart**

Review your selected plan(s) on the next screen and click **Next**. To delete a plan from your quote, you can hover over the check mark and click the **X**.

ledical Plans Edit S	Selections						
F Optima Plus 1	750/30/30%						
Annual Deducti	Out-of-Pocket Li	Primary Doctor	Specialist Cover	Prescription Dru	Emergency Roo	Hospital Stay Co	
1750/3500	5500/10000	\$30 Copaym	\$60 Copaym	103050_AC	30% Coinsu	30% Coinsu	
rescription Drug Cov	erage: OPN \$10/\$30/	\$50 or 20%/20% (\$2	50 Max)				



#### **Document Upload**

To upload documentation for the quote, click **Upload Files** on the next screen and then click **Next**.

**Note:** This screen displays the necessary documentation that should be uploaded for Level Funded quotes.

Document Upload			
Quote Document Upload			
1 Upload Files Or drop files			
Level-Funded Documents to Upload: • Current plans and rates, renewal plan	and rates, SBCs for each plan, census split by plan		
<ul> <li>Required if less than 20 employees er</li> </ul>	olling either member applications, competitor applications, universal applications and/or another self-funded q	uote	
Save for later		Previous	Next

0	pload Files
Receipt_Structube.pdf 73 KB	
1 of 1 file uploaded	Done

Once documentation has been uploaded, click **Done**.

#### Congratulations, for submitting your new quote!

The next screen displays a success message indicating you have submitted your new quote. You will be notified once your quote has been underwritten. Click **Go to Quote**.

	O O O O O O O O O O O O O O O O O O O
Quote Summary	Congratulations, for submitting your new quote!
	You will be notified once your quote has been underwritten. Click <b>Go To Quota</b> to view your new quote.
	Previous Go To Quote



## **Quote Actions**

From the Quote Detail screen, you can do the following actions:

- accept a quote
- submit for a relook
- clone a quote
- edit a quote
- close a quote

## Accept a Quote

Once a quote is underwritten, you will receive an email from the Sentara Health Plans Sales team. When you navigate to the quote, you can view the BusinessEDGE proposal under the **Related in the Files section**.

Quote Test5	12/1/2021 Ches	sa Broker					Clor	ne Quote	Edit Quote	Submit Quote	•
Quote Number 00059466	Expiration Date 11/30/2022	Opportunity ID Test5 12/1/2021	Status Underwritten	Type New Business							
	~	Under	rwritten	Final	Review		Closed		Solo	1	
Details Related											
🔕 Quote Li	ne Items (1)										C
Product					Phar	macy Code	Product Type	Product	Sub Type	Total Price	
SF Optima Plus	1750/30/30% OPN \$1	10/\$30/\$50 or 20%/20	% (\$250 Max)		1030	50_AC133A	Medical	PPO		\$0.00	
											View All
		_									
Files (1)											¥
	Proposal - Sample 21 • 33KB • pdf										

To accept the quote, click **Submit Quote**.

Quote Test 12,	/1/2021 Annie I	Broker				Clone Quote	Edit Quote	Submit Quote	•
Quote Number 00059441	Expiration Date 11/30/2022	Opportunity ID Test 12/1/2021	Status Underwritten	Type New Business					



Select Accept Quote. In the Comments, note which plans were sold, then click Next.



Your Sentara Health Plans Sales Team will be notified to complete the quote process and you will be notified when you can begin the group application process.

#### Submit for a Relook

To submit a quote to the Sentara Health Plans Sales Team to review or negotiate rates, click **Submit Quote**.



Select Submit for Relook, enter any applicable comments, and click Next.





Your Sentara Health Plans Sales Team will be notified of the request, and the quote status will change to **In Review**.

#### **Clone a Quote**

The purpose of cloning a quote is to include multiple quotes under one opportunity. Cloning a quote allows you to apply different plans and funding types. Cloning will keep all the quotes grouped together under one opportunity.

A quote can be cloned from any status by clicking **Clone Quote**. Enter the effective date and plans from the **Plan Selection** page before proceeding with cloning the quote. The remaining fields such as group information, contact details and census information are carried over from the original quote, however you have the flexibility to change any details as necessary. Once the quote is cloned, the quote status is set to **In Review** if underwriting is required.

Quote Acme O	Group 9/1/2021	. John Broker					Clone Quote Close Quote	9
Quote Number 00000863	Expiration Date 8/31/2022	Opportunity ID Acme Group 9/1/2021	Status In Review	Total Price \$0.00	Type New Business			
	'n Review	Underwritter	n	Fi	nal Review	Closed	Sold	

#### Edit a Quote

The purpose of editing a quote is to change plans on the quote. Changes cannot be made to the quote that will impact the rates.

Quote Test Bu	sinessEDGE Gro	up 6/1/2023 Test A Brol	ker1			Clone Quote	Edit Quote	Submit Quote	•
Quote Number 00077209	Expiration Date 5/31/2024	Opportunity ID Test BusinessEDGE Group	Status Underwritten	Type New Business					
	~	Underwritten		Final Review	Closed		c	old	
	<b>*</b>			rinai keview	Closed		5	oid	



#### Close a Quote

If a proposal is not selected, close the quote by clicking **Close Quote**.

Quote	Lvnx LLC 07/31	1/2021 Broker3 Broker3			Generate Proposal	Clone Quote	Close Quote
Quote Number	Expiration Date	Opportunity ID	Status Final Review	Type New Business			
0000002	8/1/2022	Diverse Lynx LLC 07/31/2021					

Choose a **Status Reason** from the drop down and then click **Done**.

Status Closed StatusReason Clear	
StatusReason	
- Clear	
Clear	
mployer Preference	
inancial Offer	
Vetwork	Done
Product	
Submission Incomplete / Withdrawn	
Does not meet Underwriting Criteria	
Other	

The quote will be closed.



### **Group Application Process**

Once the quote has been accepted, the application screen displays as well as the **Guidance for Success**.

Application a1r7f000001FxCZ					Submit Application	Add Group Classes	Import Membershi
V In Progress	Application Uploaded	Rejected	Submitted	Membership Uploaded	Membership Appro	oved	
Key Fields Mode of Eligibility			1. Select M 2. Go to re 3. Once co 4. Optiona	for Success ode of Eligibility uired application documents ta mplete, click the "Submit Applicati before submitting the Applicati ecify the group class by clicking	ation" button for your on:	group's application to b	e processed

#### Mode of Eligibility

Select Mode of Eligibility, by clicking Edit, next to the Guidance for Success.

V In Progress	Application Uploaded	Rejected	Submitted	Membership Uploaded	Membership Approved	
Key Fields			Edit Guidance f	or Success		
Mode of Eligibility			2. Go to req 3. Once con 4. Optional			b be processed

Select Web (Import or hand pick) / Spreadsheet or Paper / Manual, then click Save.

Edit Application		
Mode of Eligibility 🜒		
None	•	
✓ -·None		
Web (Import or hand pick) / Spreadsheet		
Paper / Manual		
	Cancel Sav	e



## **Required Application Documents**

Go to **Required Application Documents** tab and submit the required documents.

Details Required Application Doc	cuments			
Application Name			Status	
a1r0r000001f3j4			In Progress	
Account Test 15			Broker Account Test 15	
Opportunity			Owner	
Test 15 9/1/2021 Barbara Penn			Tracye Watts	
Quote			Sales Rep	
Test 15 9/1/2021 Barbara Penn			Tracye Watts	
Census			Primary Applicant Contact	
			Barbara Penn	
Contract			Mode of Eligibility	
			834	
APPLICATION DOCUMENTS <sup>(3)</sup>				
VEC Report	W	Employer Group Application 💌	Binder Check 💌	Member Application
		Due:	Due:	Due:
Due:				
No Files Yet		No Files Yet	No Files Yet	No Files Yet
Waivers		Extra Files in Application   Documents		
Due:				
		Due:		
No Files Yet		No Files Yet		

#### Once the steps are completed, click Submit Application

Application a1r7f000001FxCZ					Submit Application Ad	d Group Classes	Import Membership
✓ In Progress	Application Uploaded	Rejected	Submitted	Membership Uploaded	Membership Approved		
Key Fields			Edit Guidance	for Success			
Mode of Eligibility			2. Go to rec 3. Once cor 4. Optional	ode of Eligibility quired application documents ta mplete, click the "Submit Applic before submitting the Applicati ecity the group class by clicking	ation" button for your group on:	o's application to be	e processed



A message displays indicating your application was submitted and the Sentara Health Plans Sales Team will be notified.

Submit Application
Click Submit Application to submit your Group Application.
Upon submission, your required application documents will be reviewed. An Optima Health representative will be in touch shortly.
Thank you for choosing Optima Health!
Next



#### **Add Group Class**

Note: Prior to submitting your application, you can add a group class, however it is not required. The Sentara Health Plans Sales Team can submit the application on your behalf.

Specify the group class by clicking Add Group Class

In Progress       Application Uploaded       Rejected       Submitted       Membership Uploaded       Membership Approved         Key Fields       Edit       Guidance for Success         Mode of Eligibility       1. Select Mode of Eligibility       2. Go to required application documents tab and submit the required documents         3. Once complete, click the "Submitting the Application" button for your group's application to be processed       4. Optional before submitting the Application.         1. Specify the group class by clicking the "Add Group Class" button       1. Specify the group class by clicking the "Add Group Class" button	Application a1r7f000001FxCZ					Submit Application Ad	ld Group Classes mport Mer	nbership
Mode of Eligibility  1. Select Mode of Eligibility  2. Go to required application documents tab and submit the required documents  3. Once complete, click the "Submit Application" button for your group's application to be processed  4. Optional before submitting the Application:		Application Uploaded	Rejected			Membership Approved		
1. Specify the group etablish for the group etablish of the state				1. Select Mo 2. Go to req 3. Once com 4. Optional I	de of Eligibility uired application documents t uplete, click the "Submit Applic before submitting the Applicat	cation" button for your group tion:	p's application to be processed	

Fill out the Group Class Information and click Next

* Employee Class	* New Hire	
	•	•
* Following	Number of Days	
	- Clear	
Student Dependent Age	Non - Student Dependent Age	
26	26	
Employer & Member Contribution? Please select your mode of cont Percentage Amount Employer Contribution % 0-100		
Employer %		
50		

A message displays indicating the group class has been created. Click **Finish**.

Group Class Created	
roup class has been created for Group Test 15	
	Finish



#### **Import Membership**

Once the group application is in the **submitted stage**, import the membership by clicking **Import Membership**. If you provided the group's member application or enrollment spreadsheet in the Required Documents, then the **Sentara Health Plans Sales team can import the membership on your behalf.** 

Application a1r7f000001Fy0G							Submit Application	Add Group Classes	Import Membership
Guidance for Success	rship by click	✓	rt Membership	Y button.	Submitted	Membership Uploaded	Membership Appr	roved	

You can download the enrollment spreadsheet by clicking the Download .CSV Template and clicking **Upload Employees**, and click **Next**.

-	Membership					
	Total Members 17	Employees 1	Employee+Child(s) 1	Employee+Spouse 3	Employee+Family	
			Delete All Data	ployees	Ľ	j
>	Employee 1 Mary Brown	1 de	pendent		亩	I
>	Employee 2 George Jones	1 de	pendent		â	J
>	Employee 3 Stephanie Davis	1 de	pendent		â	j
>	Employee 4 Mike Lopez	1 de	pendent		â	j
>	Employee 5 Mary Martin	5 de	pendents		â	j
>	Employee 6 Anne Anderson	0 de	pendents		ŵ	ī
					Next	



The final step to import membership is to click **Finish**.

Final Step		
	Membership Uploaded	
		Finish

The status of the group application updates to **Membership Uploaded**.

Application a1r7f000001Fy0G							Submit Application	Add Group Classes	Import Membership
<ul><li>✓</li></ul>	$\rangle$	~		~	~	Membership Uploade	Membership App	roved	
Guidance for Success							_		
Thank you for uploading your n	iembership. 1	It is now under r	eview.						

The Sentara Health Plans Sales team will be notified and once the membership has been reviewed and approved the application status updates to **Membership Approved**.

Application a1r7f000001Fy0G									Submit Application	Add Group Classes	Import Membership
										_	
✓ ✓	$\rangle$	~	$\rangle$	~	$\rangle$	~	$\rangle$	~	Membership Appr	oved	
Guidance for Success											
Congratulations! Your members	hip has been	approved!									

Congratulations you've completed your group's member enrollment!