

# Agent Online Quoting Guide

For group sizes 2–50

**Humana**®

GCHL8F7EN 0922



## How to create a quote online in the agent portal

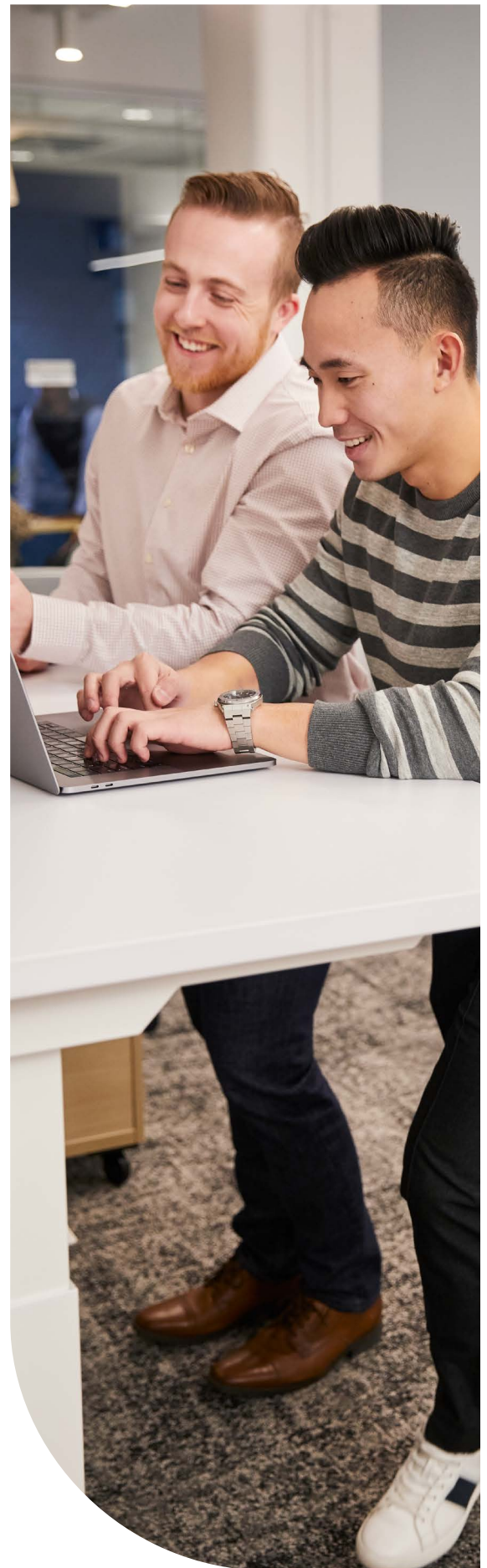
Online quoting will enable you to create, update and edit quotes for your new business and renewal business.

You have the ability to generate a quote in real time. If a prospective group is looking for a quote, you can have it ready to go within minutes. If an in-force group wants to take a look at last-minute alternatives, you can provide them in just a few clicks.

Imagine the time you will save during peak volume. You won't have to wait for email replies or locate contact numbers.

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# Contact us

DEPARTMENT	CONTACT	WHO CONTACTS	HOW WE CAN HELP
<b>Humana Business Web Support</b>	<b>888-666-5733</b> 8 a.m. – 7 p.m., Eastern time	Primary access administrator	Help with activation <ul style="list-style-type: none"> <li>• Online enrollment</li> <li>• Web functionality issues</li> <li>• Reset passwords</li> <li>• Answer questions on such topics as: delegation for group access, launch My Group application</li> </ul>
<b>Humana Business Services</b>	<b>800-592-3005</b> SBMarketSupport@humana.com	Agent and employers	<ul style="list-style-type: none"> <li>• All service inquiries for medical (under 100 membership), dental, vision and life</li> </ul>
<b>Single point of contact (SPOC)</b>	Provided to employer and agents of 100+ medical groups	Agent and employers	<ul style="list-style-type: none"> <li>• All service inquiries for 100+ medical groups</li> </ul>
<b>Open enrollment hotline</b>	<b>888-393-6765</b>	Employees	Every group does not have hotline access
<b>MyHumana questions</b>	<b>877-845-3480</b>	Employees	<ul style="list-style-type: none"> <li>• Reset passwords</li> <li>• Answer questions regarding the employee's benefits, deductibles, finding in-network physicians, etc.</li> </ul>
<b>Quotes for new business (Easy Rate)</b>	easyrate@humana.com	Agents	Support with new business quotes
<b>Quotes for in-force groups (Conservation)</b>	conservation@humana.com or levelfunding@humana.com	Agents	<ul style="list-style-type: none"> <li>• Support with alternate quotes for currently in-force groups</li> <li>• Submission request for Level Funded groups</li> <li>• Assistance with Summary of Benefit Retrievals</li> </ul>
<b>Agency Management</b>	<b>855-330-8128</b> agencymgt@humana.com <b>Contracting</b> POContracting@humana.com	Agents	Assistance with commissions, licensing, agent of record and contracting
<b>Enrollment and group level changes</b>	<b>866-584-9140</b> BEClericals@humana.com	Agents	<ul style="list-style-type: none"> <li>• Employee enrollment and/or change forms</li> <li>• New hires, employee status changes, dependent additions and terminations</li> <li>• Change of address, phone, contact information and group plan additions</li> </ul>



# Request a new quote – New business

Follow the steps below to begin quoting for a new business group not currently enrolled with a Humana plan.

- Select the **Quote, Enroll, & Manage** title, then **Get a quote for 2-50 subscribers** under the Request A Quote header of Quoting & Account Information.
- Select the sales office you are working with. All applicable options will appear.

**Note:** You must select a sales office in order to continue. If you do not know the sales office with which your agency is aligned, contact your representative or select **Humana Sales**.

- On the Pre-quote questions screen, answer the following questions based on the group's situation.
- Enter the demographics of the group, including the company name and location.

Quoting & Account Information

Request a New Business Quote

[Get a Quote For 2-50 Subscribers](#)

Select sales office

Office

☒ Humana Sales Office

☐ HumanaDental

☐ BenefitMall

☐ Rogers Benefit Group

☐ Warner Pacific

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Pre-quote questions

If the answer to questions #1, #3, #4 or #5 is "YES", this quote cannot be completed online. If the answer to questions #2 is "YES", you can proceed, however, there may be special guidelines when processing. Please contact Easy Rate at 1-800-327-9728 for more information.

\*1. Does this group currently have Humana or CompBenefits plans? ☐ Yes ☐ No

\*2. Does this group have more than one working location? ☐ Yes ☐ No  
(Note: If the group's payroll count is less than \$1:  
\*a. Question must be answered as No  
\*b. For Working locations choose a CEC/NPOS plan for all states. If location is in ME, NH, VT, WY, SD, ND, WI then choose an indemnity plan  
\*c. Please consult with your Sales Office with any members located in rural areas)

\*3. Do you anticipate quoting/enrolling less than 2 or more than 100 eligible employees for coverage? ☐ Yes ☐ No  
(If Rhode Island and New Hampshire, do you anticipate quoting/enrolling more than 100 employees for coverage?)

\*4. Are you quoting a group size of one in Colorado, North Carolina, or a group size of one, two or three in Florida? ☐ Yes ☐ No  
(Note: SI+ availability will vary by state.)

\*5. Is this group a leasing company or temporary employment agency? ☐ Yes ☐ No

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Find company details

Please choose one of the following two methods of executing your company search. 1. Enter the company's phone number. 2. Enter the company's name/city/state OR name/zip code combination. This information will be used to access Dunn & Bradstreet records and pre-select the appropriate SIC code.

Company search

Company phone number: ( ) - -

-OR-

Company name: Sally's Sweet Shop

City: Green Bay

State: WI

Zip: 54229

[Back](#) [Search](#)



## Request a new quote – New business

- Enter in or verify all demographic information including the effective date, payroll counts, full-time counts, eligible counts and SIC code. Make sure to indicate if there are any COBRA or retiree employees that will be included in the census.

Demographics: SALLY'S SWEET SHOP

Click here to lookup company information.

**Employer information**

\*Name: SALLY'S SWEET SHOP

City: NEW FRANKEN Find city

\*State: WI Find state

Zip code: 54229 Find zip

\*County name: BROWN Find county

\*SIC code: 5145 Find SIC

\*Effective date: 05 / 01 / 2021

**Employee counts**

\*Number of employees on payroll: 10 (include fulltime and part-time employees)

\*Total full-time equivalent employees: 9 (FTE Employees)

\*Total eligible employees: 9 (exclude COBRA and retired enrollees)

\*Number of COBRA or state continuation enrollees: 0

\*Number of retirees: 0

\*Is this group requesting a Level Funded Quote? ☐ Yes ☒ No

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- Select Continue, and then select the lines of coverage you wish to quote.

Verify SIC

SIC code: 5145 Nature of business: CONFECTIONERY

Choose coverage to quote

☒ Medical/Drug

☒ Dental

☒ Vision

☒ Employee life/AD&D

☒ Dependent life

☒ Voluntary employee life

☒ Voluntary employee AD&D

☒ Voluntary dependent life

☒ Voluntary spouse AD&D

☒ HSA

☒ FSA

☒ HRA

- On the census screen, enter the census starting with the dates of birth, followed by the gender for each employee and dependent, and the election type for each line of coverage. If the census is for a carve-out group, email quote request to [easyrate@humana.com](mailto:easyrate@humana.com).

<Previous Next>

	Birthdate	Age	Gender	*Is the subscriber enrolled in medicare?	*Medical	*Dental	*Vision
1.	01 / 20 / 2000	21	1-Male	2-No	1-Employee	1-Employee	1-Employee
2.	01 / 01 / 1978	43	2-Female	2-No	2-Emp/Spouse	2-Emp/Spouse	2-Emp/Spouse
How many dependent children are being covered for Medical? 02							
3.	08 / 01 / 1956	64	1-Male	2-No	1-Employee	1-Employee	1-Employee
4.	02 / 19 / 1978	43	1-Male	2-No	3-Emp/Child	3-Emp/Child	3-Emp/Child
How many dependent children are being covered for Medical? 02							
5.	01 / 20 / 2010	11	1-Male	Dependent status	4-Other		
6.	10 / 15 / 1996	24	1-Male	Dependent status	4-Other		
7.	06 / 15 / 1996	24	1-Male	2-No	1-Employee	1-Employee	1-Employee
8.	03 / 02 / 1982	39	2-Female	2-No	4-Family	4-Family	4-Family
How many dependent children are being covered for Medical? 02							
9.	05 / 06 / 1983	37	1-Male	Is the spouse enrolled in medicare? 2-No			
10.	02 / 10 / 2014	7	1-Male	Dependent status	4-Other		
11.	03 / 04 / 2016	5	2-Female	Dependent status	4-Other		
12.	02 / 16 / 1988	33	1-Male	2-No	1-Employee	1-Employee	1-Employee
13.	03 / 16 / 1985	36	1-Male	2-No	1-Employee	1-Employee	1-Employee
14.	10 / 07 / 1994	26	2-Female	2-No	1-Employee	1-Employee	1-Employee
15.			1-Male	2-No	1-Employee	1-Employee	1-Employee



## Request a new quote – New business

- Continue forward to begin selecting the networks for each line of coverage. For medical: All available networks for the group will appear on the plan selection screen. To view, select the **Find specific plan(s) to add to my quote** box.

You can filter your medical selection from the following:

- Network
  - Plan type (Copay, Canopy, HDHP, Simplicity, etc.)
  - Coinsurance
  - Deductible
  - Max out-of-pocket
  - Office copay
  - Drug card
- You can also filter your options through a monthly premium range. The lowest and highest premiums will appear under **Filtered plans are**.
  - These include the lowest and highest applicable premiums for all plans. Enter your premium between the range and select **View results**.
  - The results of your filter will appear in the middle box. Bring the requested plans into the quote by checking the box next to the plan(s) and select **Add selected to quote**.

Medical plan selection: SALLY'S SWEET SHOP - TEST  
Quote number: 052631801

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Add market suggested plans View favorites

Medical filter options  
☒ Find specific plan(s) to add to my quote.

Medical plans in this quote

Medical plan selection: SALLY'S SWEET SHOP - TEST  
Quote number: 052631801

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Add market suggested plans View favorites

Medical filter options  
☒ Find specific plan(s) to add to my quote.

Choose the details for your plan(s) Show me how

For best results, start with your most important choice and then filter all other categories to view compatible choices.

Product type	Network	Coinsurance percentages	Deductible (in)
Indemnity 21 Slv	CHC	100/70	0
NPOS 21 Canopy Slv	N/A	90/60	1000
NPOS 21 Copay Gld	NPOS-OA	80/50	1500
NPOS 21 Copay Slv		80/0	2000
NPOS 21 Effcny Brz		50/50	2500
NPOS 21 SaveHSA Brz			3000
NPOS 21 SaveHSA Slv			3500
NPOS 21 Simpcty Gld			4000

Max OOP (in)	Office copay PCP/Specialist	Drug options	Association type
5000	00/00	\$5/15/75/150/1200	N/A
5500	30/60	Ded & Coins	
6000	35/70	250/10/45/90/25%	
6500	40/80		
6900	45/90		
8550	50/100		

Monthly premium range  
MIN: \$  
MAX: \$  
Filtered plans are \$6900 to \$15200

View results Clear selections

Monthly premium range

MIN: \$5900

MAX: \$10500

Filtered plans are \$3300 to \$11700

Hide incompatible options

View results Clear selections

Medical available plans								
All	Plan name	Product type	Network	Coins	Ded (in/out)	OOP (in/out)	Office copay	Drug option
<input checked="" type="checkbox"/>	WI PPO 21 Copay Opt1 gld	PPO 21 Copay gld	CHC	100/70	2000/8000	6000/24000	45/90	\$5/15/75/150/120
<input type="checkbox"/>	WI NPOS 21 Copay Opt1 gld	NPOS 21 Copay gld	NPOS-OA	100/70	2000/8000	6000/24000	45/90	\$5/15/75/150/120
<input type="checkbox"/>	WI PPO 21 Simplicity Opt2 gld	PPO 21 Simpcty gld	CHC	100/70	0/5000	6500/26000	45/90	\$5/15/75/150/120
<input checked="" type="checkbox"/>	WI NPOS 21 Copay Opt4 gld	NPOS 21 Copay gld	NPOS-OA	80/50	1500/6000	5000/20000	40/80	\$5/15/75/150/120
<input type="checkbox"/>	WI NPOS 21 Copay Opt2 gld	NPOS 21 Copay gld	NPOS-OA	100/70	2500/10000	6000/24000	40/80	\$5/15/75/150/120
<input checked="" type="checkbox"/>	WI PPO 21 SaveHSA Opt2 Slv	PPO 21 SaveHSA Slv	CHC	80/50	3000/12000	6000/24000	00/00	Ded & Coins
Add selected to quote								



## Request a new quote – New business

- The results of your selection will appear in the box labeled **Medical plans in this quote**.
- You can remove any plans you do not wish to include by checking the box and selecting **Remove selected plans**.
- To view all available riders on any line, simply choose **Select riders** and make your selection.
- Repeat the selection steps for dental, vision and life lines if applicable.
- Once your selection is made, you will be prompted to the Confirmation screen.\* You can verify your selections from this screen by toggling between the selection view.
- On the delivery screen, enter the email address you wish to send the quote to.
- To make a change or update for any line, select the line listed:

**Return to: Medical/Dental/Vision.**

Medical plans in this quote									
All	Plan name	Product type	Network	Coins	Ded (in/out)	OOP (in/out)	Office copay	Drug option	
<input type="checkbox"/>									
<input type="checkbox"/>	WI PPO 21 Copay Opt1 Gld	PPO 21 Copay Gld	CHC	100/70	2000/8000	6000/24000	45/90	\$5/15/75/150/1200	
<input type="checkbox"/>	WI PPO 21 Simplicity Opt2 Gld	PPO 21 Simplicity Gld	CHC	100/70	0/5000	6500/26000	45/90	\$5/15/75/150/1200	
<input type="checkbox"/>	WI NPOS 21 Copay Opt4 Gld	NPOS 21 Copay Gld	NPOS-0A	80/50	1500/6000	5000/20000	40/80	\$5/15/75/150/1200	
<input type="checkbox"/>	WI PPO 21 SaveHSA Opt2 Slv	PPO 21 SaveHSA Slv	CHC	80/50	3000/12000	6000/24000	00/00	Ded & Coins	
<input type="checkbox"/>	WI NPOS 21 Copay Opt3 Gld	NPOS 21 Copay Gld	NPOS-0A	100/70	3000/12000	5000/20000	40/80	\$5/15/75/150/1200	
<input type="checkbox"/>	WI NPOS 21 Copay Opt5 Gld	NPOS 21 Copay Gld	NPOS-0A	80/50	3000/12000	5500/22000	35/70	\$5/15/75/150/1200	
<div><div>Remove selected plans</div><div>Add selected to favorites</div></div>									

Available riders	
Option	Rider name
Select	\$1000 ADULT/CHILD ORTHO
Select	\$1000 CHILD ORTHO
Select	\$1500 ADULT/CHILD ORTHO
Select	\$1500 CHILD ORTHO
Select	\$2000 ADULT/CHILD ORTHO
Select	\$2000 CHILD ORTHO
Select	COMPOSITE FILLING
Select	ENDODONTICS IN BASIC
Select	IMPLANTS 10+
Select	PERIODONTICS IN BASIC
Select	VOLUNTARY
Select	WAIVE PREV ANNUAL MAX

Confirmation of selected plans			
Please choose the selected plans you would like to view: <span>Medical</span>			
Plan name	Drug option	Medical	Asse
WI PPO 21 Simplicity Opt2 Gld	\$5/15/75/150/1200	Dental Vision	N/A
		Smpcty Gld	

**Delivery: SHELLY'S SWEETS - TEST**  
Quote number: 792683301

Notepad

Delivery Options : Agent

☒ Email:   
(Email delivery is limited to email address(s) with a maximum limit of 60 characters)

Contact Information

Phone: (  )  -

Notify e-mail address:   
(Number where you can be reached if this quote can not be delivered)  
If you wish to receive notice if this delivery fails, please ensure that there is an email address entered.

Incorrect Information? Correct it online.

Return to: Medical / Dental / Vision

\* Will appear below the Life line(s) if quoting a Life product.



# Request a new quote – Existing business

Follow the steps below to create an alternate quote for a currently in-force Humana group.

- Select the Quote, Enroll, & Manage title, then **View Current Accounts** under the Accounts & Quotes header of Quoting & Account Information.

Quoting & Account Information

Request a New Business Quote

[Get a Quote For 2-50 Subscribers](#)

For 100+ Subscribers - Please contact your sales rep.

Accounts & Quotes

Edit, move and view details of quotes.

[View All Quotes](#)

[View Current Accounts](#)

Documents

[Humana Quote/Census Forms](#)

[Large Group Risk Assessment Form](#)

[Humana Producer Guide](#)

Humana Individual Business

Generate a dental/vision quote, enroll a member online, view status of current enrollments, and review issued business.

[Go to Humana Individual](#)

- All current existing business groups will display.
- Select the plus sign next to the group you wish to quote under the Request a Quote header.

Group Name	Group Number	Renewal Date	Case Size	Multi-Location	View Letters	New Quote	Request a Quote	View Detailed Add On Rates	BUD
ANESTHESIA ASSOCIATES OF	501461	8/1/2012	29	N			N/A		
BRAY WHALER INC	671193	10/1/2020	56	N					
CHILDREN'S GARDEN SCHOOL	501481	9/1/2018	11	N		N/A	N/A		
GERRISH SMITH TUCK PC	501427	8/1/2021	13	N					

- Select the requested effective date. A list of all available dates will display in the drop-down menu for the group.

Effective date: GERRISH SMITH TUCK PC

Group number: 501427

Please complete the following information regarding the line of business and effective date of the quote

Account information

\*Quote effective date:

Select

5/01/2021

6/01/2021

7/01/2021

Additional information

Will you be adding locations to this quote?

[Back](#) [Continue](#)

- Check the boxes next to the active line of coverage you want to receive an alternate quote for at the top and the corresponding check box at the bottom under the header Lines to quote. If you are quoting a new line of coverage for an active group, select only the new line under the Lines to quote header.

**Note:** For dental, the open enrollment check box must be selected unless opting out of open enrollment.

Dental

☒ PPO 100/80/50IN 80/50/50OUT U6C 14

Deductible: 50

Annual maximum: 2000

Rate method: COMPOSITE

Renewal rate calculation date: 10/1/2020

Riders: VOLUNTARY PERIODONTICS IN BASIC ENDODONTICS IN BASIC COMPOSITE FILLINGS WAIVE PREV ANNUAL MAX IMPLANTS 10+

Rate options: \*Rate option is currently unavailable

Coverage tier: 4-tier

☒ GN HUMANA VISION \$10/15 COPAY \$130 FRAME ALLOW \$130 CONTACT ALLOW

Rate method: COMPOSITE

Exam Copay(in): 10

Materials Copay(in): 15

Retail Frame Allowance(in): 130

Contact Lens Allowance(in): 130

Renewal rate calculation date: 10/1/2020

Riders: VOLUNTARY PARTICIPATION

Rate options: \*Rate option is currently unavailable

Coverage tier: 4-tier

Lines to quote

Medical ☐

Dental ☒ [Open Enrollment](#)

Vision ☒ [Open Enrollment](#)



## Request a new quote – Existing business

- On the census screen, the group's current census will appear. Updates to a census are not available online for all groups. To update a census on an existing group email quote request to [conservation@humana.com](mailto:conservation@humana.com).

	Birthdate	Age	Gender	Is the subscriber enrolled in Medicare?	Medical	Dental	Vision
1.	01/20/2000	21	1-Male	2-No	1-Employee	1-Employee	1-Employee
2.	01/01/1978	43	2-Female	2-No	2-Emp/Spouse	2-Emp/Spouse	2-Emp/Spouse
How many dependent children are being covered for Medical? 02							
3.	08/01/1979	42	1-Male	2-No	1-Employee	1-Employee	1-Employee
4.	02/19/1978	43	1-Male	2-No	3-Emp/Child	3-Emp/Child	3-Emp/Child
How many dependent children are being covered for Medical? 02							
5.	01/20/2010	11	1-Male	4-Other	1-Employee	1-Employee	1-Employee
6.	10/15/1996	24	1-Male	4-Other	1-Employee	1-Employee	1-Employee
7.	06/15/1996	24	1-Male	2-No	1-Employee	1-Employee	1-Employee
8.	03/02/1982	39	2-Female	2-No	4-Family	4-Family	4-Family
How many dependent children are being covered for Medical? 02							
9.	05/06/1983	37	1-Male	4-Other	1-Employee	1-Employee	1-Employee
10.	02/10/2014	7	1-Male	4-Other	1-Employee	1-Employee	1-Employee
11.	03/04/2016	5	2-Female	4-Other	1-Employee	1-Employee	1-Employee
12.	02/16/1988	33	1-Male	2-No	1-Employee	1-Employee	1-Employee
13.	03/16/1985	36	1-Male	2-No	1-Employee	1-Employee	1-Employee
14.	10/07/1994	26	2-Female	2-No	1-Employee	1-Employee	1-Employee
15.			1-Male	2-No	1-Employee	1-Employee	1-Employee

- Continue forward to begin selecting the networks for each line of coverage. For medical: all available networks for the group will appear on the plan selection screen. To view, select the **Find specific plan(s) to add to my quote** box.

Quoting Account listing

Medical plan selection: SALLY'S SWEET SHOP

Quote number: 052631801

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Add market suggested plans View favorites

Medical filter options

☒ Find specific plan(s) to add to my quote.

- You can filter your medical selection from the following:
- Network
- Plan type (Copay, Canopy, HDHP, Simplicity, etc.)
- Coinsurance
- Deductible
- Max out-of-pocket
- Office copay
- Drug card

Medical plan selection: SALLY'S SWEET SHOP - TEST

Quote number: 052631801

Back Continue

Add market suggested plans View favorites

Medical filter options

☒ Find specific plan(s) to add to my quote.

Choose the details for your plan(s) Show me how

For best results, start with your most important choice and then filter all other categories to view compatible choices.

Product type	Network	Coinsurance percentages	Deductible (\$)
Indemnity 21 Slv	CHC	100/70	0
NPOS 21 Canopy Slv	N/A	90/50	1000
NPOS 21 Copay Gld	NPOS-OA	80/50	1500
NPOS 21 Copay Slv		80/0	2000
NPOS 21 Offcov Gld		80/0	2500
NPOS 21 SaveHSA Biz		60/50	3000
NPOS 21 SaveHSA Slv			3500
NPOS 21 Simplicity Gld			4000

Max OOP (\$)	Office copay PCP/Specialist	Drug options	Association type
5000	30/00	\$5/15/75/150/1200	N/A
5500	30/60	L9d & C9lre	
6000	35/70	250/10/55/50/25%	
6500	40/80		
6900	45/90		
9950	50/100		

Monthly premium range

Min: \$

Max: \$

Filtered plans are \$6900 to \$13100

View results Clear selections



## Request a new quote – Existing business

- You can also filter your options through a monthly premium range. The lowest and highest premiums will appear under **Filtered plans are**.
- These include the lowest and highest applicable premiums for all plans. Enter your premium between the range and select **View results**.
- The results of your filter will appear in the middle box. Bring the requested plans into the quote by checking the box next to the plan (s) and select **Add to selected quote**.
- The results of your selection will appear in the box labeled **Medical plans in this quote**. You can remove any plans you do not wish to include by checking the box and selecting **Remove selected plans**.
- To view all available riders on any line, simply choose **Select riders** and make your selection.
- Repeat the selection steps for dental and vision lines, if applicable.

**Monthly premium range**

MIN: \$ 5900

MAX: \$ 10500

Filtered plans are \$5300 to \$11700

?

Medical available plans								
All	Plan name	Product type	Network	Coins	Ded (in/out)	OOP (in/out)	Office copay	Drug option
<input checked="" type="checkbox"/>	WI PPO 21 Copay Opt1 dld	PPO 21 Copay dld	CHC	100/70	2000/8000	6000/24000	45/90	\$5/15/75/150/1200
<input type="checkbox"/>	WI NPOS 21 Copay Opt1 dld	NPOS 21 Copay dld	NPOS-OA	100/70	2000/8000	6000/24000	45/90	\$5/15/75/150/1200
<input checked="" type="checkbox"/>	WI PPO 21 Simplicity Opt2 dld	PPO 21 Simplicity dld	CHC	100/70	0/5000	6500/26000	45/90	\$5/15/75/150/1200
<input checked="" type="checkbox"/>	WI NPOS 21 Copay Opt4 dld	NPOS 21 Copay dld	NPOS-OA	80/50	1500/6000	5000/20000	40/80	\$5/15/75/150/1200
<input type="checkbox"/>	WI NPOS 21 Copay Opt2 dld	NPOS 21 Copay dld	NPOS-OA	100/70	2500/10000	6000/24000	40/80	\$5/15/75/150/1200
<input checked="" type="checkbox"/>	WI PPO 21 SaveHSA Opt2 Slv	PPO 21 SaveHSA Slv	CHC	80/50	3000/12000	6000/24000	00/00	Ded & Coins
<input type="button" value="Add selected to quote"/>								

Medical plans in this quote								
All	Plan name	Product type	Network	Coins	Ded (in/out)	OOP (in/out)	Office copay	Drug option
<input type="checkbox"/>	WI PPO 21 Copay Opt1 dld	PPO 21 Copay dld	CHC	100/70	2000/8000	6000/24000	45/90	\$5/15/75/150/1200
<input type="checkbox"/>	WI PPO 21 Simplicity Opt2 dld	PPO 21 Simplicity dld	CHC	100/70	0/5000	6500/26000	45/90	\$5/15/75/150/1200
<input type="checkbox"/>	WI NPOS 21 Copay Opt4 dld	NPOS 21 Copay dld	NPOS-OA	80/50	1500/6000	5000/20000	40/80	\$5/15/75/150/1200
<input type="checkbox"/>	WI PPO 21 SaveHSA Opt2 Slv	PPO 21 SaveHSA Slv	CHC	80/50	3000/12000	6000/24000	00/00	Ded & Coins
<input type="checkbox"/>	WI NPOS 21 Copay Opt3 dld	NPOS 21 Copay dld	NPOS-OA	100/70	3000/12000	5000/20000	40/80	\$5/15/75/150/1200
<input type="checkbox"/>	WI NPOS 21 Copay Opt3 dld	NPOS 21 Copay dld	NPOS-OA	80/50	3000/12000	5500/22000	35/70	\$5/15/75/150/1200
<input type="button" value="Remove selected plans"/> <input type="button" value="Add selected to favorites"/>								

Available riders	
Option	Rider name
Select	\$1000 ADULT/CHILD ORTHO
Select	\$1000 CHILD ORTHO
Select	\$1500 ADULT/CHILD ORTHO
Select	\$1500 CHILD ORTHO
Select	\$2000 ADULT/CHILD ORTHO
Select	\$2000 CHILD ORTHO
Select	COMPOSITE FILLING
Select	ENDODONTICS IN BASIC
Select	IMPLANTS 10+
Select	PERIODONTICS IN BASIC
Select	VOLUNTARY
Select	WAIVE PREV ANNUAL MAX



## Request a new quote – Existing business

- Once your selection is made, you will be prompted to the confirmation screen. You can verify your selections from this screen by toggling between the selection view.
- On the delivery screen, enter the email address you wish to send the quote to.
- To make a change or update for any line, select the line listed **Return to: Medical/Dental/Vision.**

**Confirmation of selected plans**

Please choose the selected plans you would like to view: Medical

Plan name	Drug option	Medical	Dental	Vision	Asse
WI PPO 21 Simplicity Opt2 Gld	\$5/15/75/150/1200				N/A

**Delivery: SHELLY'S SWEETS - TEST**

Quote number: 792683301

Notepad

**Delivery Options : Agent**

☒ Email:   
(Email delivery is limited to email address(s) with a maximum limit of 60 characters)

**Contact Information**

Phone: (  )  -   
(Number where you can be reached if this quote can not be delivered)

Notify e-mail address:   
(If you wish to receive notice if this delivery fails, please ensure that there is an email address entered.)

Incorrect Information? Correct it online.

Return to: Medical / Dental / Vision

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