



# Humana group quoting guide

Review the guidelines below when submitting a request for quoting for all Humana products. To make this process quick and seamless, we need all the required documents to prepare your quote. If you have any questions, please contact your licensed Humana sales agent.

## Dental

	2-50 covered lives	51-299 covered lives	300+ covered lives
Agent/Humana agency number (SAN)	Required	Required	Required
Commission schedule	Required	Required*	Required
Group information (legal name, legal address, ZIP code, SIC)	Required	Required	Required
Census file in Excel (including DOB/age, gender, coverage levels, home ZIP code, current plans)	Required†	Required	Required
Counts (payroll, FTE and eligible)	Required	Required	Required
Proposed effective date	Required	Required	Required
Current rates by plan/tier	N/A	Required	Required
Current plan design	Required	Required	Required
Current carrier	Preferred	Required	Required
Number of years with current carrier	Preferred	Preferred	Preferred
Number of carriers within the last five years	Preferred	Preferred	Preferred
History including claims, premium rates, enrollment and plan changes (two years)	N/A	If available	Required
Renewal rates (required if within 30 days of renewal, otherwise preferred)	N/A	Preferred	Preferred

\* Required for 100+ eligible

† Excel format not required for 2-50



## Vision

	2–100 covered lives	101–999 covered lives	1,000+ covered lives
Agent/Humana agency number (SAN)	Required	Required	Required
Group information (legal name, legal address, ZIP code, SIC)	Required	Required	Required
Total group counts (payroll, FTE and eligible)	Required	Required	Required
Proposed effective date	Required	Required	Required
Census file in Excel (including DOB/age, gender, coverage levels, home ZIP code, current plans)	Required <sup>††</sup>	Required	Required
Current plan design	Required	Required	Required
Current carrier	Preferred	Preferred	Preferred
Number of years with current carrier	Preferred	Preferred	Preferred
Number of carriers within the last five years	Preferred	Preferred	Preferred
History including claims, premium, enrollment (two years)	N/A	If available	Required
Current rates by plan/tier	N/A	Required	Required
Renewal rates (required if within 30 days of renewal, otherwise preferred)	N/A	Preferred	Preferred

## Life insurance

	2–299 covered lives
Agent/Humana agency number (SAN)	Required
Group information (legal name, legal address, ZIP code, SIC)	Required
Total group counts (payroll, FTE and eligible)	Required
Census file in Excel (includes all eligible employees with notations of those enrolled for contributory or voluntary plans, age, gender, salary, home ZIP code)	Required <sup>‡</sup>
Current plans	Required
Proposed effective date	Required
Requested commission, if non-standard	Required
Current rates by plan/tier	Required

<sup>‡</sup> Excel format not required for 2–50.

## Disability

	Short- and long-term disability 150 or less enrolled
Group level data (employer's legal name and address, non-standard commissions)	Required
Census level data (DOB, gender, salary and salary mode)	Required
Plan level data (inforce and/or requested plan design)	Required
Class designation	Required when more than one employee class is either inforce or requested
Date of hire	<p>Required when employee eligibility and/or employee classes are based on an employee's data of hire or length of service.</p> <p>Required for the following SIC Codes to ensure appropriate offsets are reflected in the LTD Manual Rate for an employer's participation in either the Public Employee Retirement System (PERS) or State Teacher Retirement System (STRS):</p> <ul style="list-style-type: none"> <li>- 8211-8299: Education Services</li> <li>- 9111-9721: Public Administration</li> </ul>
Occupation	<p>Required when employee eligibility and/or employee classes are based in whole or in part by occupation.</p> <p>Required for the following SIC Codes given their potential occupational diversity:</p> <ul style="list-style-type: none"> <li>-6712-6799: Holding and Other Investment Offices</li> <li>-7361: Employment Agencies</li> <li>-7363: Help Supply Services</li> <li>-7389: Business Services, Not Elsewhere Classified (NEC)</li> <li>-9111-9721: Public Administration</li> <li>-9999: Non-Classifiable Establishments</li> </ul>
Occupational specialty	<p>Required for the following SIC Codes in order to assess the risk based on the mix and type(s) of occupational specialties:</p> <ul style="list-style-type: none"> <li>-8011-8049: Physicians and Dentists</li> <li>-8062-8069: General and Specialty Hospitals</li> <li>-8092: Kidney Dialysis Centers</li> </ul>
Eligible vs. Enrolled	Indicator required for contributory and voluntary plans to determine the current participation level.
Salary vs. Hourly	Indicator required when employee eligibility and/or employee classes are based in whole or in part by exempt employee status.

## Disability

	Short- and long-term disability 150 or less enrolled
Work ZIP code	<p>Required to assign an appropriate Area Factor, particularly important for groups with employees working in multiple states or geographic regions.</p> <p>Required if employees are working in one or more of the following statutory disability/paid medical leave states or U.S. territories to ensure appropriate offsets are reflected in the Manual Rate.</p> <p>Statutory Disability: California, Hawaii, New Jersey, New York, Puerto Rico, Rhode Island</p> <p>Paid Medical Leave: Colorado, Connecticut, Delaware, District of Columbia (D.C.), Maryland, Massachusetts, New Hampshire, Oregon, Vermont, Washington</p>
Number of open and closed claims	Required **
Disabled life reserves (DLR)	Required ††
Open claims listing	Required ††
Closed claims listing	Required ††

\*\* Short-term disability: 150 or more enrolled lives (250 or more enrolled lives for CA situs) Long-term disability: 500 or more eligible lives

†† Long-term disability: 1,000 or more enrolled, incurred based pricing. Not required if an incurral exhibit from the inforce carrier has been provided

## Medical 1–100

	Community rated	Non-community rated (51–99) baseline	Non-community rated and level funded <10 enrolled lives, underwritten	Non-community rated and level funded >10 enrolled lives, underwritten
Agent/Humana agency number (SAN)	Required	Required	Required	Required
Group information (group name, legal address of company, employer ZIP code, coverage type, SIC code, etc.)	Required	Required	Required	Required
Counts (payroll, FTE and eligible)	Required	Required	Required	Required
Census file in Excel	Preferred	Required	Required	Required
• Employee first and last name	N/A	Preferred	Required	Required
• Employee age	Required	Required	N/A	N/A
• Employee DOB	Preferred	Preferred	Required	Required

## Medical 1–100

	Community rated	Non-community rated (51–99) baseline	Non-community rated and level funded <10 enrolled lives, underwritten	Non-community rated and level funded >10 enrolled lives, underwritten
• Employee gender	Required	Required	Required	Required
• Employee work ZIP code	Preferred	Required	Required	N/A
• Employee home ZIP code	N/A	Preferred	Preferred	Required
• Coverage type	Required	Required	Required	Required
• Spouse and dependent(s), first and last name	N/A	Preferred	Required	Required
• Spouse and dependent(s), age	Required	Required	N/A	N/A
• Spouse and dependent(s), DOB	N/A	N/A	Required	Required
• Spouse and dependent(s), gender	Required	Required	Required	Required
• Spouse and dependent(s), home ZIP code	N/A	Preferred	Preferred	Required
Requested effective date	Required	Required	Required	Required
Current carrier	N/A	Required	N/A	N/A
Requested plan design	Required	Required	Required	Required
Current plan design	N/A	N/A	Required	Required
Current rates by plan/tier	N/A	N/A	Required	Required
Renewal letter (CR, Virgin and PEO are excluded)	N/A	N/A	Required	Required
State-specific employee health history questions/medical health history form	N/A	N/A	Required	N/A
Humana risk assessment form (GN-67663), applicable for Non-Community groups in KY, FL, TN	N/A	N/A	Required*	Required <sup>‡</sup>
Claims experience on Level-Funded Premium (LFP) groups replacing self-funded coverage in the states of GA, LA, KS, MO, TN, WI	N/A	N/A	Required <sup>†</sup>	Required <sup>***</sup>

<sup>‡</sup> Fully insured only

<sup>\*\*\*</sup> For LFP only

## Medical 101+

	101-299 eligible lives	300+ eligible lives
Agent/Humana agency number (SAN)	Required	Required
Commission schedule	Required	Required
Group information (legal name, legal address, ZIP code, SIC)	Required	Required
Census file in Excel (including DOB/age, gender, coverage levels, home ZIP code, current plans, COBRA and waivers if applicable)	Required	Required
Employee first and last name	Preferred	Preferred
Spouse and dependent(s), first and last name, DOB/age, gender, home ZIP code	Preferred	Preferred
Current carrier	Required	Required
Current rates/fees for all plans offered by tier/plan	Required	Required
Description of plan design(s) with Rx benefits for each plan offered	Required	Required
Run-out claims and enrollment from previous carrier (if a carrier change occurred within the last 12 months)	Preferred <sup>†††</sup>	Required
Requested benefits	Required	Required
Renewal rates (required if within 30 days of renewal, otherwise preferred)	Required	Required
Monthly claims on carrier paper (12 consecutive months within 8 months of effective date, broken out by plan; not required for Virgin or coming off PEO)	Required	Required
Monthly enrollment by plan if more than one plan is offered. For IL, if any plan is an HMO, claims by plan is required. (subscribers/members and dates to coincide with claims data provided, broken out by plan; not required for Virgin or coming off PEO)	Required	Required
Provider network	Required	Required
Risk Assessment Form (GN-67663), applicable for groups with no claims experience or no dependent census provided	Required	Required
Common Ownership/Controlled Group Information Form if multiple groups are commonly owned	Required	Required

††† Underwriting may request this information at another time. You can provide with the quote if you prefer.

	50-299 covered lives	300-2,999 covered lives	3,000+ covered lives
Large claims data with diagnosis (not required for Virgin or coming off PEO)	\$25,000 Required	\$50,000 Required	\$100,000 Required

If ASO/self-funded (additional)	101+ covered lives	300+ covered lives
Admin fees (what services are included/commission level)	Required	Required
Aggregate attachment point, aggregate premium rates/corridor	Required	Required
Specific premium rates/deductible and commission level	Required	Required
Aggregate and specific contract type (i.e., 15/12, 12/12, 12/15)	Required	Required
Current Pharmacy Rx Rebate Arrangement AND Rx Discount (if pharmacy is included and not carved out)	Preferred	Preferred

## Stop loss: Individual and aggregate

	101+ covered lives
Agent/Humana agency number (SAN)/commission schedule	Required
Large claims data with diagnosis	Required
Current self-funded plan; spec ded, contract type, coverage, lifetime max	Required
Census file in Excel (including age, gender, ZIP code, coverage type)	Required
Monthly claims/enrollment (two years); required if aggregate coverage is being requested	Required
Current and/or renewal rates	Required
Current underlying plan schedule of benefits (plan document)	Required

## Go365

	100+ employees (51+ with approval)
Agent/Humana agency number (SAN)	Required
Group information (legal name, legal address, ZIP code, SIC)	Required
Covered employee count	Required
Proposed effective date	Required
Requested commission	Required if non-standard (standard is 0)
Current and renewal rates	Preferred
Current program product highlights and participation	Preferred, if available
Existing wellness contribution strategy	Preferred, if available

## EAP

	51+ employees
Agent/Humana agency number (SAN)	Required
Group information (legal name, legal address, ZIP code, SIC)	Required
Covered employee count	Required
Proposed effective date	Required
Requested commission	Required if non-standard (standard is 0)
Current and renewal rates	Preferred
Utilization reports—up to 3 years history, if available	Preferred

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