

Broker Portal

New Group Quote

*****Please to be sure to save all your work as you are moving along! If you do not save it, you will need to restart the quote from the beginning*****

- 1. Step One:
 - 1.1. Enter group’s name, effective date, and zip code
 - 1.2. Choose what employer rating for the quote on this page

2. Step Two:

*****There are two different options for entering employee information for step two. If only the required information is entered, the remaining information can be added during the application process *****

[+ ADD EMPLOYEE](#) [+ ADD EMPLOYEES](#) [📄 UPLOAD EMPLOYEE SPREADSHEET](#) [📄 SAMPLE EMPLOYEE SPREADSHEET](#)

2.1. Option A – Manually Enter Employee Basic Information

2.1.1. If you choose this option, you only need to enter the required information at this time; date of birth, gender, zip code, waiving coverage (if they are declining), and employee class.

#	M/F	DOB*	Tobacco	Waived ?	ZIP Code	Employee Class* ?
1	<input checked="" type="radio"/> / <input type="radio"/>	<input type="text" value="06/21/1974"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text" value="59602"/>	<input type="text" value="Fulltime"/>
2	<input type="radio"/> / <input checked="" type="radio"/>	<input type="text" value="12/05/1990"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="59602"/>	<input type="text" value="Fulltime"/>
3	<input type="radio"/> / <input checked="" type="radio"/>	<input type="text" value="10/02/1980"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="59602"/>	<input type="text" value="Fulltime"/>
4	<input type="radio"/> / <input checked="" type="radio"/>	<input type="text" value="03/10/1975"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="59602"/>	<input type="text" value="Fulltime"/>

2.2. If you are adding dependents/spouses, click on the edit button for the employee you are adding a dependent or spouse to (in employers’ row). You will need to add the employees first and last name if you are adding a spouse or dependent to move forward.

2.2.1. Go to the Spouse & Dependent tab and add the dependent or spouse information. The gender and DOB are only required at this time.

Employee ×

Employee
Address
Spouse & Dependents

M/F
DOB*
Tobacco

Dependent #1
 /
05/04/2012

ADD DEPENDENT
 ADD SPOUSE

Option B – Employee Census Spreadsheet

2.2.2. The second option is to complete an employee census spreadsheet. If you choose this option, you will need to obtain all employee information before uploading it. (You will not need to go back and add information during the application stage if you choose this option).

ADD EMPLOYEE
 ADD EMPLOYEES
 UPLOAD EMPLOYEE SPREADSHEET
 SAMPLE EMPLOYEE SPREADSHEET

2.2.2.1. You can find an employee census spreadsheet either on Step 2 or on our website.

Field Legend:														Required Field	Optional Field	
Employee Census																
Role	SSN	Last Name	First Name	Gender	Date of Birth	Address Line 1	Address Line 2	City	State	ZIP	Phone	Hire Date	Employee Class <small>(only one required)</small>	Subscriber Waived <small>(blank=N)</small>		
PRIMARY	089-65-9876	Flintstone	Wilma	F	1/1/1971	100 Main St		Stone Age	GA	30062	55-555-123	1/1/2004	Full Time	Y		
SPOUSE		Flintstone	Fred	M	4/23/1973											
DEPENDENT		Flintstone	Pebbles	F	2/2/2002											
PRIMARY	089-65-1237	Rubble	Betty	F	6/17/1978	200 Main St		Stone Age	GA	30068	55-555-543	2/1/2008	Full Time			
DEPENDENT		Rubble	Bamm-Barr	F	3/2/1996											
DEPENDENT		Rubble	Hoppy	M	1/16/1999											
PRIMARY	778-86-1234	Slate	Gray	M	11/30/1975	300 Main St		Stone Age	GA	30005	55-555-454	6/2/2013	Full Time	Y		
DEPENDENT		Slate	Boy	F	11/30/2004											
DEPENDENT		Slate	Girl	M	1/1/2008											
PRIMARY	225-56-1234	Slaghoople	Pearl	M	11/30/1969	400 Main S Suite A		Quarry	GA	30005	55-555-990	6/1/2013	Part Time			
PRIMARY	224-56-1234	Masonry	Perry	M	11/30/1975	500 Main St		Quarry	GA	30005	55-555-233	10/5/2012	Part Time			

2.2.3. Add any dependents or spouses underneath the employee as shown above. Even if an employee waives coverage it needs to be marked.

2.2.4. After the spreadsheet is completed, click on the “Upload Employee Spreadsheet” option to import employee census.

3. Step Three:

3.1. Choose between the two contribution methods below, Tier-Based or Member-Level

Tier-based Contribution

Employer contributions are for either an *employee-only* tier or a *employee with family* tier.

Employee - The employer's employee contribution is for an employee who is ONLY getting coverage for himself/herself.

Family - The employer's family contribution is applied equally to all members of the family *including the employee*.

Member-level Contribution

Employer contributions are completely separate for employees and dependents.

Employee - The employer's employee contribution is applied to the employee's portion of the premium *regardless of whether employee is covering his/her family*.

Dependents - The employer's dependent contribution is applied only to the dependent's portion of the premium.

4. Step Four:

- 4.1. Enter the employer contribution for each class either using dollar contributions or a percentage.

Dollar Contributions

Employees get a set dollar amount to select any plan they want.

Defined Contribution allows employees to pick their own coverage from multiple plans available in an online marketplace.

The employer contribution amount stays the same no matter which plan the employee selects, but the employee's contribution amount and percentage of the total premium changes. This allows the employee a larger selection of plans.

Percent Contributions

Employees get a set percentage of a limited number of plans.

Generally employees are given one or two plan options selected by the employer. The employee's contribution percent always stays the same, however their contribution amount will change based on plan choice.

The employer amount adjusts based on which plan the employee selects. The employer has to identify the specific plans available to employees, thereby limiting the employee choices.

5. Step Five:
- 5.1. Select the plans to present in the proposal. You may include all the plans, or just one. Under each plan there is also a button that lets you compare plans.

Bronze - Co-Op Plus

Add to Compare COMPARE

Expanded Bronze - Connected Care

Add to Compare COMPARE

Bronze - Connected Care

Add to Compare COMPARE

- 5.1.1. If you choose to compare plans, select what plans to compare and then select the chart button to the right. This will bring up another screen where you can see the comparisons of all the plans you have selected.

Compare Plans

Use the *Select* button to choose plans. Once you've added all desired plans to the cart, click *Next* to review.

SELECTED ITEMS
 SELECT ALL PLANS
 SAVE AS PDF
 SHOW ALL PLANS

Bronze - Co-Op Plus <input checked="" type="checkbox"/> REMOVE FROM COMPARE	Expanded Bronze - Connected Care <input checked="" type="checkbox"/> REMOVE FROM COMPARE	Bronze - Connected Care <input checked="" type="checkbox"/> REMOVE FROM COMPARE
\$ 942.73 /mo <i>i</i>	\$ 968.93 /mo <i>i</i>	\$ 973.19 /mo <i>i</i>
<input checked="" type="checkbox"/> SELECTED	<input type="checkbox"/> SELECT	<input type="checkbox"/> SELECT
Summary Offering a wide network of providers and a comprehensive array of benefits, Co-Op Plus at the bronze level combines lower premiums with shared responsibility, providing solid health care coverage for Montanans.	Summary Offering extreme premium savings through a select network of dedicated providers and moderate out-of-pocket expenses, Connected Care emphasizes preventative care and affordability.	Summary Offering extreme premium savings through a select network of dedicated providers and moderate out-of-pocket expenses, Connected Care emphasizes preventative care and affordability.
<input checked="" type="checkbox"/> OUTLINE OF COVERAGE <input checked="" type="checkbox"/> SUMMARY OF BENEFITS & COVERAGE	<input checked="" type="checkbox"/> OUTLINE OF COVERAGE <input checked="" type="checkbox"/> SUMMARY OF BENEFITS & COVERAGE	<input checked="" type="checkbox"/> OUTLINE OF COVERAGE <input checked="" type="checkbox"/> SUMMARY OF BENEFITS & COVERAGE
Metal Level BRONZE	Metal Level BRONZE	Metal Level BRONZE

5.2. You can save this page as a pdf file and send it with the proposal

5.2.1. If you would like to add more plans for comparison or select which plans to continue with, click the "Show All Plans" button at the top to go back to your proposal page

6. Step Six:

6.1. Final step is to send the proposal. You can either download the proposal as pdf or email it to the employer.

MONTANA HEALTH 21

EFFECTIVE DATE: 06/01/2021

LEWIS AND
 CLARK COUNTY,
 59602
 Primary Contact:
 Jessica StClair
 Group ID: 1455

Your agent Jessica has developed the following proposal for your review. To get the selected effective date, the employer application for group enrollment must be submitted by **May 29, 2021** and the employee application for group enrollment must be submitted by **May 31, 2021**.

Quick Summary

Plan Name	Medal	Total Est. Premium	Coverage	Plan ID
Bronze - Co-Op Plus	BRONZE	\$942.73	Medical	32225MT007000600
Bronze PLUS - Connected Care	BRONZE	\$1,024.48	Medical	32225MT013000500

Total Employees

4

Number of Plans

2

Waived Coverage

1

Average Age in Group

34

Employer Contributions

Employee Class	Count	Employee	Dependents
Fulltime	4	50%	0%

Plan Details

Plan	Total Estimated Premium	Employer Portion	Features
Bronze - Co-Op Plus Outline of Coverage Coverage Summary	\$942.73	Fulltime: \$471.36	HSA Compatible: No Deductible - Individual: \$7,800 Deductible - Family: \$7,800/individual; \$15,600/family Primary Care Visit: Tier 1: \$10 copay Tier 2: You pay \$70 after deductible----- Tier 1 - Preferred Generic Drugs: \$15 copay after deductible
Bronze PLUS - Connected Care Outline of Coverage Coverage Summary	\$1,024.48	Fulltime: \$512.24	HSA Compatible: Yes Deductible - Individual: \$7,000 Deductible - Family: \$7,000/individual;\$14,000/family Primary Care Visit: 0% after deductible Tier 1 - Preferred Generic Drugs: 0% after deductible

Fulltime

Employee	Coverage For:	Bronze - Co-Op Plus	Bronze PLUS - Connected Care
FEMALE	(E) Dec 5, 1990 (30)	\$273.45 EP: \$136.72 EE: \$136.72	\$297.16 EP: \$148.58 EE: \$148.58
FEMALE	(E) Oct 2, 1980 (40)	\$307.90 EP: \$153.95 EE: \$153.95	\$334.60 EP: \$167.30 EE: \$167.30
FEMALE	(E) Mar 10, 1975 (46)	\$361.38 EP: \$180.69 EE: \$180.69	\$392.72 EP: \$196.36 EE: \$196.36
FEMALE	Waiving Coverage (E) Jun 21, 1974 (46) (C) May 4, 2012 (9)	\$0.00 EP: \$0.00 EE: \$0.00	\$0.00 EP: \$0.00 EE: \$0.00