

Information Needed for Proposal & Requirements

ALL INFORMATION SUBMITTED IS PROTECTED BY HIPAA AND KEPT STRICTLY CONFIDENTIAL

Additional information may be needed, and if so, will be communicated at the appropriate time.

1. All groups with less than 100 covered employees/retirees or groups with more than 100 who cannot provide required claim utilization reports (see 7 & 8 below) – **EasyApps secure online health applications** are required to be completed by all eligible employees, covered retirees, and COBRA members. Health questions should also be answered for eligible dependents, even if not currently covered by employee/retiree.
Note: Health applications are only reviewed by MEUHP underwriters for the group's potential membership proposal. All information is kept strictly confidential. Customer service is available to group members who need assistance.
2. **Electronic Census of employees, retirees, and COBRA.** (see "Census Template" spreadsheet). If you have a different version, check with Missy Maxwell to see if it will work. Code Employees as Emp; Retirees as Ret; and COBRA as COBRA in column F. The more information entered in columns G through R will be less information the employees and retirees will need to complete.
3. **Summary of Benefits and rates on all plans currently offered** (or side-by-side plan comparison spreadsheet).
4. **Premiums by rate tier for each plan currently offered**, and prior year (and renewal, if applicable).
5. **Current Month Bill** from carrier or TPA detailing monthly rates and members and dependents enrolled by plan.
6. **Bill from one year** prior to current bill with same information as #5.
7. If available, most recent **24 to 36 months of most recent Claims Utilization and Premium Paid Reports**.
8. If available, most recent **Large claim reports** with diagnosis for claims more than \$25,000 on an individual to match time frames in #7. Information or prognosis on one or more large claimant, if known, can be important to the underwriter's overall assessment of the risk of the group.
9. **Disclose all current covered employees, retirees, COBRA or dependent members that are Totally Disabled.**

Conditions: If approved for membership, the school district must pay at least 80% of the employee premium of the lowest cost MEUHP plan offered. And, at least 75% of employees eligible for the school board paid health contribution must enroll in the health plan unless documented as covered on another group health plan through their spouse or retiree health plan. No more than a 10% decrease in enrollment on new MEUHP effective date vs. prior plan enrollment.

Questions, Assistance, Submissions go to **Missy Maxwell**, MEUHP Group Plan Coordinator
info@meuhp.com or 800-821-7303, ext. 1179