

NEW GROUPS

GENERAL GUIDELINES



Please consider the following guidelines when writing new group business with Alliant Health Plans.

- 1) The company must conduct its business year-round and not be seasonal in nature.
- 2) An employer/employee relationship must exist for eligibility.
- 3) Groups applying for coverage without a Federal ID number must produce evidence of legal business status.
- 4) Eligible employees must be employed on a full-time basis with at least 30 hours per week.
- 5) Employees must have earnings reported on a W-2.
- 6) A Business Employee Eligibility Verification Statement must be completed for 2 subscriber employer groups that do not have earnings reported on a W-2.
- 7) COBRA and disabled persons eligible for coverage must be included and noted in the census for rating purposes.
- 8) Waiting periods cannot exceed 90 days.
- 9) The employer must attest to the small group or large group status by signing the rating page.
- 10) The rating page is an attachment to the group contract.

LARGE GROUP (51 to 99 full time equivalents)

- 1) The following information is needed:
 - a) Census to include: Relationship (E, S, D), Last Name, First Name, Gender, DOB, Zip Code, DOH, PT/FT Status, Contract Type (EE, ES, EC, Fam, Waiver, WP), Plan Election, COBRA. Electronic Excel spreadsheets preferred.
 - b) Current and Renewal Benefit Summaries and Rates
 - c) Completed Group Health Questionnaire
- 2) No coverage for retired or early retirees

LARGE GROUP (100+ full time equivalents)

- 1) In addition to the 51 to 99 group size required data, the following information is needed:
 - a) Medical and Rx monthly claims experience (24 months carriers reporting)
 - b) Claims information over \$25,000 per member with diagnosis, prognosis and status
 - c) Renewal calculation exhibit with the rate adjustment

SUBMISSION – Ensure the following items are included when submitting a new soldgroup:

- 1) Employer Group Enrollment Application
- 2) Premium Rate Summary
- 3) Signed Group Health Care Contract
- 4) Employee Enrollment Application and Change in Coverage Form
- 5) If 4 or fewer employees are enrolling, a copy of Employer's Quarterly Tax and Wage Report 9DOL-4N) is required.
- 6) First month's premium payment required with groups submission. Mail checks to:
Alliant Health Plans, P.O. Box 2627, Dalton, Georgia 30722.
- 7) Auto Pay Form (must be received and processed no later than the 15th of the month prior to the effective date, if elected).