

Agent Online Quoting Guide

For group sizes 2–100

Humana®

GCHL8F7EN 0621



How to create a quote online in the agent portal

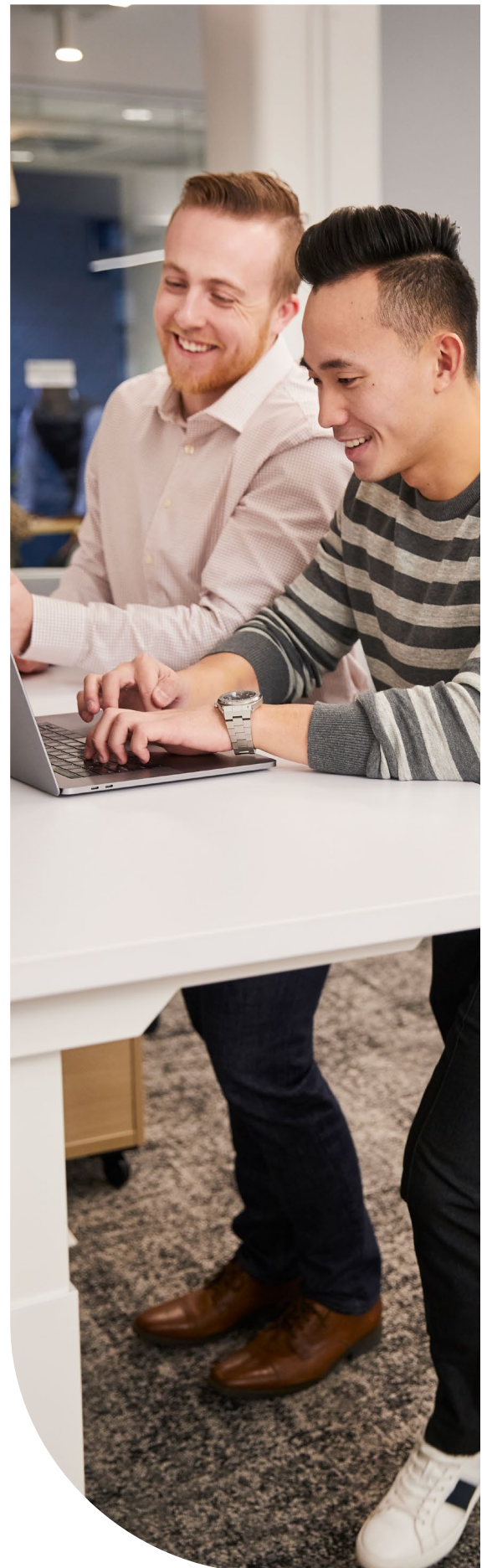
Online quoting will enable you to create, update and edit quotes for your new business and renewal business.

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.

Index

Contact us.....	3
Request a new quote – New business.....	4
Request a new quote – Existing business.....	8
Multiple location groups.....	11
Multiple location – Quoting.....	11





Contact us

DEPARTMENT	CONTACT	WHO CONTACTS	HOW WE CAN HELP
Humana Business Web Support	888-666-5733 8 a.m. – 7 p.m., Eastern time	Primary access administrator	Help with activation <ul style="list-style-type: none"> • Online enrollment • Web functionality issues • Reset passwords • Answer questions on such topics as: delegation for group access, launch My Group application
Humana Business Services	800-592-3005 SBMarketSupport@humana.com	Agent and employers	<ul style="list-style-type: none"> • All service inquiries for medical (under 100 membership), dental, vision and life
Single point of contact (SPOC)	Provided to employer and agents of 100+ medical groups	Agent and employers	<ul style="list-style-type: none"> • All service inquiries for 100+ medical groups
Open enrollment hotline	888-393-6765	Employees	Every group does not have hotline access
MyHumana questions	877-845-3480	Employees	<ul style="list-style-type: none"> • Reset passwords • Answer questions regarding the employee's benefits, deductibles, finding in-network physicians, etc.
Quotes for new business (Easy Rate)	800-327-9728 easyrate@humana.com	Agents	Support with new business quotes
Quotes for in-force groups (Conservation)	800-327-9728 conservation@humana.com or levelfunding@humana.com	Agents	<ul style="list-style-type: none"> • Support with alternate quotes for currently in-force groups • Submission request for Level Funded groups • Assistance with Summary of Benefit Retrievals
Agency Management	855-330-8128 agencygmt@humana.com Contracting POContracting@humana.com	Agents	Assistance with commissions, licensing, agent of record and contracting
Enrollment and group level changes	866-584-9140 BEClericals@humana.com	Agents	<ul style="list-style-type: none"> • Employee enrollment and/or change forms • New hires, employee status changes, dependent additions and terminations • Change of address, phone, contact information and group plan additions



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 2-100 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.

Note: For multi-location groups with a 51+ payroll count, see [Multiple Location Groups](#).

- Enter the demographics of the group, including the company name and location.

Quoting & Account Information

Request a New Business Quote

[Get a Quote For 2-100 Subscribers](#)

Select sales office

Office

- ☒ Humana Sales Office
- ☐ HumanaDental
- ☐ BenefitMall
- ☐ Rogers Benefit Group
- ☐ Warner Pacific

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

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 payroll count is less than 51, this question must be answered as No.)
- *3. Do you anticipate quoting/enrolling less than 2 or more than 100 eligible employees for coverage? ☐ Yes ☐ No
(Note: 51+ availability will vary by state.)
- *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
- *5. Is this group a leasing company or temporary employment agency? ☐ Yes ☐ No

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

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

Back Continue

- 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, contact Easy Rate at 800-327-9728.

<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.	06 / 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	6	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

Back Continue

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

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 (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		
6550	50/100		

Monthly premium range
MIN: \$
MAX: \$
Filtered plans are \$6900 to \$11500

View results Clear selections

Monthly premium range

MIN: \$5900

MAX: \$10500

Filtered plans are \$5300 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 checked="" 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.

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

- 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	\$5/15/75/150/120	
<input type="checkbox"/>	WI PPO 21 Simplicity Opt2 Gld	PPO 21 Simplicity Gld	CHC	100/70	0/5000	6500/26000	45/90	\$5/15/75/150/120	
<input type="checkbox"/>	WI NPOS 21 Copay Opt4 Gld	NPOS 21 Copay Gld	NPOS-0A	80/50	1500/6000	5000/20000	40/80	\$5/15/75/150/120	
<input type="checkbox"/>	WI PPO 21 SaveHSA Opt2 Gld	PPO 21 SaveHSA Gld	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	\$5/15/75/150/120	
<input type="checkbox"/>	WI NPOS 21 Copay Opt5 Gld	NPOS 21 Copay Gld	NPOS-0A	80/50	3000/12000	5500/22000	35/70	\$5/15/75/150/120	
<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: Medical			
Plan name	Drug option	Medical	Asse
WI PPO 21 Simplicity Opt2 Gld	\$5/15/75/150/1200	Medical Dental Vision	N/A
		Smpcty Gld	

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

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](#)



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 2-100 Subscribers](#)

For 100+ Subscribers - Please contact your sales rep.

Accounts & Quotes

Edit, move and view details of quotes.

[View All Quotes](#)

View existing business quotes, BUD and renewal letters, plus ADD ON rates.

[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
ANESTHESIA ASSOCIATES OF	501461	8/1/2012	29	N			N/A	
BRAY WHALER INC	671193	10/1/2020	56	N			N/A	
CHILDREN'S GARDEN SCHOOL	501481	9/1/2018	11	N			N/A	
GERRISH SMITH TUCK PC	501427	8/1/2021	13	N			N/A	

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

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 WAXIVE PREV ANNUAL MAX IMPLANTS 10+

Rate options: * Rate Option is currently unavailable

Coverage tier: 4-tier

Vision

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

Rate method: COMPOSITE

Exam Copy(in): 10

Materials Copy(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, please contact Conservation at **800-327-9728**.

	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							
Birthdate Age Gender Medicare/Status							
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							
Birthdate Age Gender Medicare/Status							
5.	06 / 15 / 1996	24	1-Male	2-No	1-Employee	1-Employee	1-Employee
6.	03 / 02 / 1982	39	2-Female	2-No	4-Family	4-Family	4-Family
How many dependent children are being covered for Medical? 02							
Birthdate Age Gender Medicare/Status							
7.	05 / 06 / 1983	37	1-Male	2-No	1-Employee	1-Employee	1-Employee
8.	02 / 10 / 2014	7	1-Male	2-No	4-Other	4-Other	4-Other
9.	03 / 04 / 2016	5	2-Female	2-No	4-Other	4-Other	4-Other
10.	02 / 16 / 1988	33	1-Male	2-No	1-Employee	1-Employee	1-Employee
11.	03 / 16 / 1985	36	1-Male	2-No	1-Employee	1-Employee	1-Employee
12.	10 / 07 / 1994	26	2-Female	2-No	1-Employee	1-Employee	1-Employee
13.			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

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

[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 (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		80/50	2000
NPOS 21 Efficacy Brz		60/50	2500
NPOS 21 SaveHSA Brz			3000
NPOS 21 SaveHSA Slv			3500
NPOS 21 Simplicity Gld			4000

Max OOP (in)	Office copay PCP/Specialist	Drug options	Association type
5000	00/00	\$515/75/150/1200	N/A
5500	30/50	Ded & Coins	
6000	35/70	250/10/45/50/25%	
6500	40/80		
7000	45/90		
7500	50/100		

Monthly premium range

MIN: \$

MAX: \$

Filtered plans are \$4800 to \$13200

[View results](#) [Clear selections](#)

- 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**.

Monthly premium range

MIN: \$5900

MAX: \$10500

Filtered plans are \$5300 to \$11700

[Hide incompatible options](#)

[View results](#) [Clear selections](#)



Request a new quote – Existing business

- 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.
- 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 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	\$5/15/75/150/1200
<input type="checkbox"/>	WI NPOS 21 Copay Opt1 Gld	NPOS 21 Copay Gld	NPOS-OA	100/70	2000/8000	6000/24000	45/90	\$5/15/75/150/1200
<input checked="" 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 checked="" type="checkbox"/>	WI NPOS 21 Copay Opt4 Gld	NPOS 21 Copay Gld	NPOS-OA	80/50	1500/6000	5000/20000	40/80	\$5/15/75/150/1200
<input type="checkbox"/>	WI NPOS 21 Copay Opt2 Gld	NPOS 21 Copay Gld	NPOS-OA	100/70	2500/10000	6000/24000	40/80	\$5/15/75/150/1200
<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
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 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-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 Gld	NPOS 21 Copay Gld	NPOS-OA	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-OA	80/50	3000/12000	5500/22000	35/70	\$5/15/75/150/1200
Remove selected plans 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

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

Delivery: SHELLY'S SWEETS - TEST

Quote number: 792683301

Notepad

Delivery Options : Agent

☒ Email: (Email delivery is limited to email address(es) 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

[Back](#) [View proposal PDF](#) [Continue](#)



Multiple location groups

Multiple location rating is determined by the payroll count of a group. Only groups with 51+ employees on payroll can be quoted as a multiple location site in the Agent Portal.

Both the main location and all applicable working locations are included in multiple location ratings. Humana defines a working location as all locations within the multi-location group other than the main location/home office site (including home locations).

When an individual works from home and a working location, the location where that individual spends the majority of their time working (at home or the office) is considered the working location.

Multi-location Form		Humana.
Group number	Choose one of the following: <input type="checkbox"/> Primary site multi-location <input type="checkbox"/> Various site multi-location	
DBA name of company	Legal name of company	
County	State	<input type="checkbox"/> Bill all group numbers together <input type="checkbox"/> Bill each group number separately. Additional billing fees may apply.

Please complete the information below for each quoted working location. Contact name and phone numbers are needed only if different from the main location. Group numbers will be completed by sales off. if appropriate.



Multiple location – Quoting

- For a new Multiple Location Group, select the Quote, Enroll, & Manage title, then **Get a Quote for 2-100 Subscribers** under the Request a New Business Quote header of Quoting & Account Information.
- For existing groups adding additional working locations, please contact beclericals@humana.com.
- 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**.

Quoting & Account Information

Request a New Business Quote

[Get a Quote For 2-100 Subscribers](#)

Quoting	Account listing
Select sales office	
<div>Office</div> <div> <input checked="" type="radio"/> Humana Sales Office <input type="radio"/> HumanaDental <input type="radio"/> BenefitMall <input type="radio"/> Rogers Benefit Group <input type="radio"/> Warner Pacific </div>	
<div>Back</div> <div>Continue ></div>	



Multiple location – Quoting

- On the Pre-quote questions screen, answer the following questions based on the group's situation. For payroll counts of 51+, select **Yes** for question 2: Does this group have more than one working location?
- If the group has fewer than 51 employees on payroll, they must be quoted as a single site group. For questions, please contact Easy Rate at **800-327-9728**.
- Enter the demographics of the group, including the company name and location.

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 51, question must be answered as No. For Working locations choose a CHC/NPOS pt. Zoom | states. If location is in ME, NH, VT, WI, SD, ND, MT then choose an indemnity plan. 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? ☐ Yes ☐ No
 Note: 51+ availability will vary by state.

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

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

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

Humana

Quoting Account listing

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](#)

- Enter 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.

Note: New Business Level Funding options are not available on the Agent Portal or via telephone. For Level Funded requests, please email levelfunding@humana.com. Make sure to include all applications and required documents.

Humana

Quoting Account listing

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

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

- Enter the name(s) of each additional working location along with the working location(s):
 - City
 - State
 - ZIP code
 - County

Once entered, a soft warning will appear indicating the locations have been assigned.

Warning - City, State and County Assigned

Exclude	*Location name	*City	*State	Zip code	County
1.	TESTING PSML	NEW FRANKEN	WI	54229	BROWN
2.	<input type="checkbox"/> TESTING PSML	*Warning - City, State and County Assigned RACINE	*Warning - City, State and County Assigned WI	53401	*Warning - City, State and County Assigned RACINE
3.	TESTING PSML	*Warning - City, State and County Assigned LAWRENCEVILLE	*Warning - City, State and County Assigned GA	30043	*Warning - City, State and County Assigned GWINNETT
4.	TESTING PSML	*Warning - City, State and County Assigned ORLANDO	*Warning - City, State and County Assigned FL	32830	*Warning - City, State and County Assigned ORANGE



Multiple location – Quoting

- Select Continue, and then select the lines of coverage you wish to quote.
- 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, contact Easy Rate at **800-327-9728**.
- For multiple location groups, an additional box will appear inquiring about any known medical conditions or pregnancies. Only answer **Yes** to this question if you are made aware of specific medical condition(s) or pregnancies and the exact individuals they pertain to. Additional forms may be required. If you are unsure, leave the answer selected as **No**.
- 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.
- On the confirmation page, you can review your selection and verify which products are available in each location by hovering over the drop-down menu.

The screenshot shows a census form with multiple sections for entering employee and dependent data. Each section includes fields for Birthdate, Age, Gender, and various election types (Medical, Dental, Vision). The form is organized into rows for each individual being covered.

	Birthdate	Age	Gender	Is the subscriber enrolled in Medicare?	Medical	Dental	Vision
1.	01 / 01 / 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.	06 / 15 / 1996	24	1-Male	2-No	1-Employee	1-Employee	1-Employee
6.	03 / 02 / 1982	39	2-Female	2-No	4-Family	4-Family	4-Family
How many dependent children are being covered for Medical? 02							
7.	02 / 06 / 1983	37	1-Male	2-No	1-Employee	1-Employee	1-Employee
8.	02 / 10 / 2014	7	1-Male	2-No	1-Employee	1-Employee	1-Employee
9.	03 / 04 / 2016	5	2-Female	2-No	1-Employee	1-Employee	1-Employee
10.			1-Male	2-No	1-Employee	1-Employee	1-Employee

Is the census for the group a specific class of employees? ☐ Yes ☒ No
 Are there any known medical condition(s) and/or pregnancy(s) within the group? ☐ Yes ☒ No

The screenshot shows the 'Medical plan selection' screen for 'SALLY'S SW'. It includes a quote number and buttons for 'Back', 'Continue', 'Add market suggested plans', and 'View favorites'. A section for 'Medical filter options' is highlighted, with a checkbox for 'Find specific plan(s) to add to my quote'.

The screenshot shows the 'Confirmation of selected plans' screen. It prompts the user to choose the selected plans they would like to view, with a dropdown menu showing 'Medical', 'Dental', and 'Vision'. Below this is a table of selected plans.

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



Multiple location – Quoting

- A list of locations will appear. If the product is available in all locations, then **ALL** will appear.
- If the working location doesn't have access to the network selected by the main location, then they may choose another network as long as it is available to the main location and working location. For additional plan location questions and guidance, contact your sales rep.
- 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**.

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

Plan name	Drug option	Product type	Asac	Network	Coins (In/Out)
WT Smtpcy NPOS 16 OPT 11	\$10/35/55/25%	NPOS Smtpcy 16	N/A	NPOS-OA	100/70
Available Locations: [icon]					
WT Smtpcy NPOS 16 OPT 14		NPOS Smtpcy 16	N/A	NPOS-OA	100/70
Available Locations: [icon]					
WT Smtpcy NPOS 16 OPT 13	\$10/40/70/25%	NPOS Smtpcy 16	N/A	NPOS-OA	100/70
Available Locations: [icon]					
WT Smtpcy NPOS 16 OPT 14	\$10/45/90/25%	NPOS Smtpcy 16	N/A	NPOS-OA	100/70
Available Locations: [icon]					
WT NPOS 16 Copay OPT 13	\$10/35/55/25%	NPOS Copay 16	N/A	NPOS-OA	100/70
Available Locations: [icon]					
WT NPOS 16 Copay OPT 15	\$10/35/55/25%	NPOS Copay 16	N/A	NPOS-OA	100/70
Available Locations: [icon]					

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

Notepad

Delivery Options : Agent

☒ Email: agent1@agent.com
(Email delivery is limited to email address(s) with a maximum limit of 60 characters)

Contact Information

Phone: (333) 333-3331
(Number where you can be reached if this quote can not be delivered)

Notify e-mail address: agent1@agent.com
(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

[Back](#) [View proposal PDF](#) [Continue](#)