PriorityQuote new business user guide

All agents contracted to sell Priority Health small group plans automatically have access to our online quoting and enrollment tool, **Priority**Quote. You can access the tool by logging into your account at *priorityhealth.com/agent*.

Use this guide for help with:

Quoting a group

- Creating a group
- Add the census
- Create a proposal
- View member level rates
- View rate grids
- Edit a group
- Copy a quote

Enrolling a group

- Enrollment in coverage
- Complete the group application
- Required supporting document
- Employee information forms

PriorityQuote technical support

Hours:
Mon. – Thurs. 7:30 a.m. – 7 p.m.
Fri. 9 a.m. – 5 p.m.
Sat. 8:30 a.m. – 12 p.m.
Contact info:
Phone: 844.548.2574
Email: *pqsupport@priorityhealth.com*

For more information, contact Small business at 800.471.2504.

You can access the full **Priority**Quote user guide for small group by logging into your account at: *priorityhealth.com/agent/center/group/small/quoting/priorityquote-user-guide*.

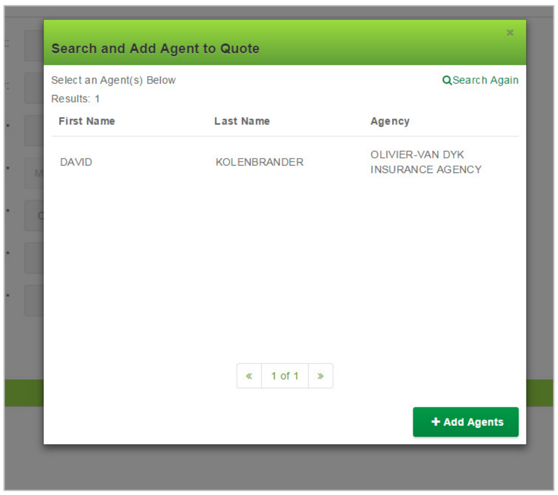
Creating a group

1 Log in to **Priority**Quote via the Agent Center and select **Small Group** to create a new group.

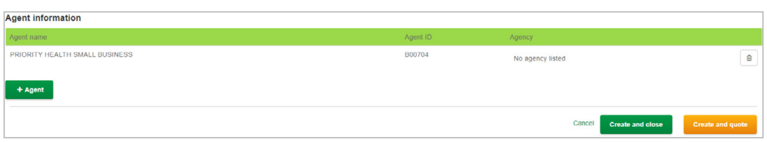
2 Enter the group information.
(Any information you enter here will carry over to the group application.)

3 Select **+ Agent** to assign an agent to the quote. You can search for an agent by first and/or last name.
- If you are an agent administrator, you will need to select an agent to assign to the quote.

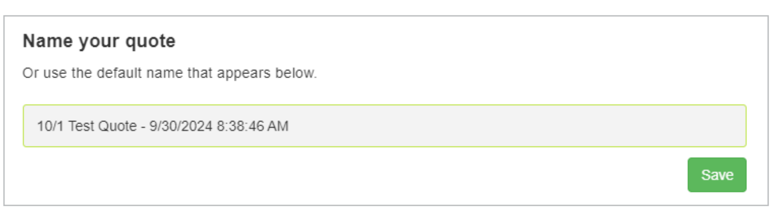
4 Select the correct agent's name and click **+ Add Agents**.



5 Once the agent has been added, select **create and quote** to continue to the quote.



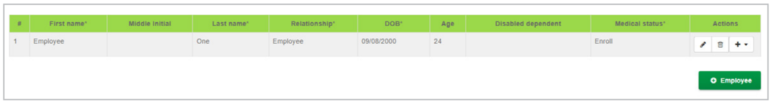
6 Name your quote or use the default group name. Select **Save**.



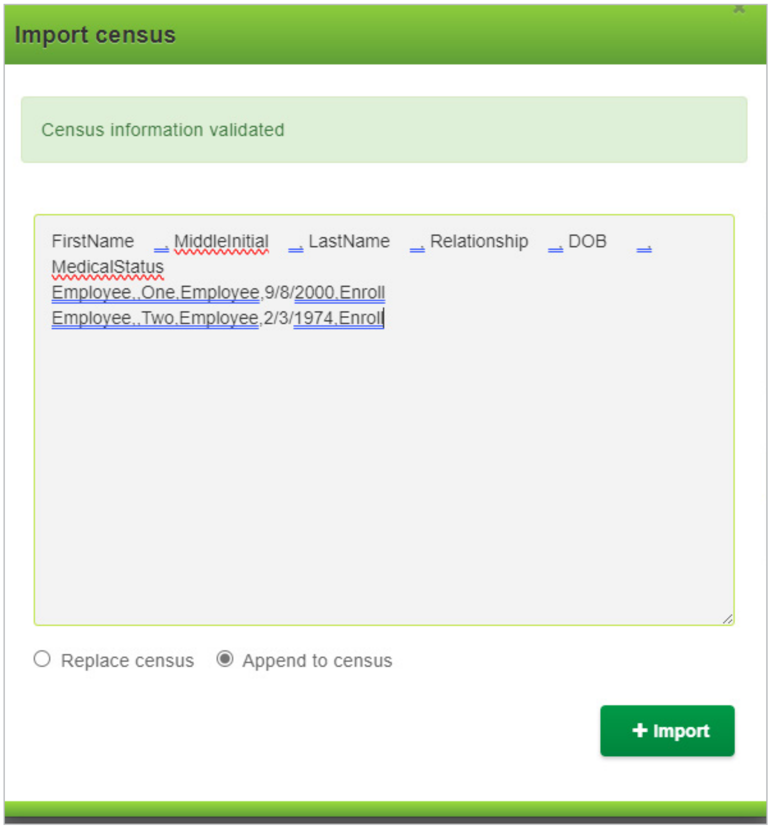
Add the census

1 Add employees and dependents to the quote by selecting **+ Employee** or **Import census**.

Option 1: Select **Add Employee** to manually enter employee or dependent information.



Option 2: Select **Import census** to import the census data from an excel spreadsheet. Copy and paste all of the fields from the census template into the Import census box. Include the header and don't include the sample row. Select either **Replace census** or **Append to census**. Select **+ Import**.



2 Select **Save all changes**.

3 Select **Continue**.

Create a proposal

1 To create a proposal, check the box next to the plans you would like to include.

All plans (102) | Medical plans (102)

search

*Medical rates include taxes and fees.
View Small Business plan SBCs

	Metal tier	Plan name	Monthly premium (without taxes and fees)	Monthly taxes and fees	Monthly premium* (with taxes and fees)
☐	Platinum	**Priority**PPO 250 100%	$1,457.47	$7.88	$1,465.35
☐	Platinum	**Priority**PPO 250 90%	$1,431.36	$7.72	$1,439.08
☐	Platinum	**Priority**PPO 475	$1,430.50	$7.72	$1,438.22
☐	Platinum	**Priority**POS 250 100%	$1,330.51	$9.14	$1,339.65
☐	Platinum	**Priority**POS 250 90%	$1,307.92	$8.99	$1,316.91
☐	Platinum	**Priority**POS 475	$1,307.50	$8.97	$1,316.47
☐	Gold	**Priority**PPO 500	$1,230.33	$6.38	$1,236.71
☐	Platinum	**Priority**HMO 250 100%	$1,215.50	$8.36	$1,223.86
☐	Gold	**Priority**PPO 1000	$1,213.08	$6.27	$1,219.35
☐	Platinum	**Priority**HMO $0/100%	$1,209.82	$8.30	$1,218.12

« 1 2 3 4 5 6 7 … 11 »   10 25 50 100

2 All selected plans will display under **Selected Plans**.
When you've selected all the plans you want to include, click **Create proposal**.

Effective date: 10/01/2024

Selected plans

For proposal or enrollment

	Metal tier	Plan name	Monthly premium*
☑	Gold	**Priority**HMO 500	$1,040.10
☑	Gold	**Priority**HSA HMO 2350 100%	$956.38

Assign Plans | Create proposal | Enroll

If the group is offering multiple plans and you would like to see correct rates based on enrollment in the correct plans, select **Assign Plans**.

Group Census: 10/1 test

search

 # Members: 2
 # Employees: 2

First name	Last name	Relationship	DOB	Age	Medical status	Medical Plan*
Employee	One	Employee	9/8/2000	24	Enroll	Select (Select / PriorityHMO 500 / PriorityHSA HMO 2350 100%)
Employee	Two	Employee	2/3/1974	50	Enroll	

*Updated rates for any plans assigned to members will show up on Proposal Document and will not be reflected in Priority Quote.

Save and close

3 Select **Create proposal** and save the quote to your computer.

Create proposal

Selected plans

Select	Metal tier	Plan name	Monthly premium
☑	Gold	**Priority**HMO 500	$1,040.10
☑	Gold	**Priority**HSA HMO 2350 100%	$956.38

*Updated rates for any plans assigned to members will show up on Proposal Document and will not be reflected in Priority Quote.

Include these documents in the proposal:

- ☑ All
  - ☑ Rate grid(s)
  - ☑ SBC(s)
  - ☑ Benefit summary(s)
  - ☑ Participation requirements

New group application forms/process:

- ☑ All
  - ☑ Enrollment form
  - ☑ Waiver form
  - ☑ New business group application
  - ☑ Group agreement
  - ☑ W-9

Create proposal

4 Close the create proposal window.

View member level rates

1. If you would like to see the member level rates for any plan, click the premium amount under **Monthly premium**. A window will display.

PriorityHMO 500

Age	Member rate (with taxes and fees)
0 - 14	$285.60
15	$310.98
16	$320.69
17	$330.40
18	$340.85
19	$351.30
20	$362.13
21	$373.33
22	$373.33
23	$373.33
24	$373.33
25	$374.82
26	$382.29
27	$391.25

2. To print the member level rates, select **Print** in the upper right hand corner. From here, you can also view plan details (select **See plan details**) and view rate grids (select **See rate grid**).

for 10/1 test

Print

See rate grid
See plan details

PriorityHMO 500

Name	Relationship	Birth Date	Age	Member rate (with taxes and fees)
Employee One	Employee	09/08/2000	24	$373.33
Employee Two	Employee	02/03/1974	50	$666.77
Group monthly total				**$1,040.10**

Premium PEPM: (2 employees) $520.05 (with taxes and fees)
Premium PMPM: (2 enrollees) $520.05 (with taxes and fees)

Annual total premium: (with taxes and fees) $12,481.20

View rate grids

1. To view rate grids, click on **See rate grid**.

for 10/1 test

Print

See rate grid
See plan details

PriorityHMO 500

Name	Relationship	Birth Date	Age	Member rate (with taxes and fees)
Employee One	Employee	09/08/2000	24	$373.33
Employee Two	Employee	02/03/1974	50	$666.77
Group monthly total				**$1,040.10**

Premium PEPM: (2 employees) $520.05 (with taxes and fees)
Premium PMPM: (2 enrollees) $520.05 (with taxes and fees)

Annual total premium: (with taxes and fees) $12,481.20

2. To print rate grids, select **Print** in the upper right-hand corner.

for 10/1 test

Print

Monthly premium: $1,040.10

See rate grid
See rate details

PriorityHMO 500

Edit a group

1. To change group details (effective date, zip code, etc.), click **Edit group** next to the group name.

Quote for: **10/1 test** Edit group
Copy this quote
View census

Agent name(s): PRIORITY HEALTH SMALL BUSINESS

Quote name:10/1 test Quote - 9/4/2024 1:28:22 PM Copy Copy with Quote ID:769449

Rating factors

Effective date:	10/01/2024	Total # of employees:	2
ZIP code:	49505	Total # of members:	2
County:	Kent		

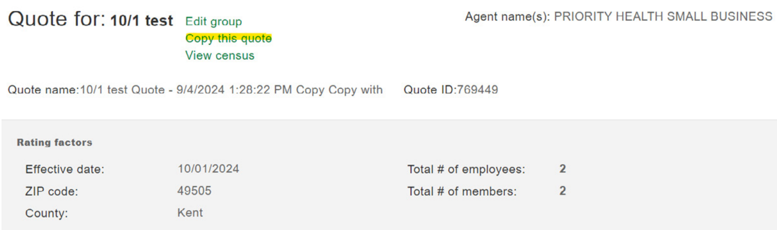
2. Make necessary changes and click **Save and close**.

Copy quote

You'll need to copy the quote if you need to:

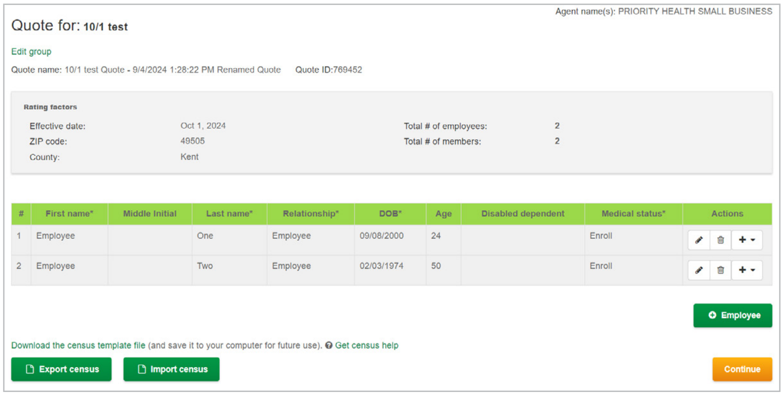
- add or remove employees
- add or remove dependents
- make any other changes

1 Click **Copy this quote** next to the group name.



2 Rename the quote copy or use the default name. Click **Save.**

3 Make your changes to the census and click **Continue**.



Enroll in coverage

1. To enroll in medical plans, check the box(es) next to the appropriate medical plans and click **Enroll** under the Selected plans box.

Effective date: 10/01/2024

Selected plans

For proposal or enrollment

	Metal tier	Plan name	Monthly premium*
☑	Gold	PriorityHMO 500	$1,040.10
☑	Gold	PriorityHSA HMO 2350 100%	$956.38

Assign Plans | Create proposal | Enroll

Complete the group application

1. Enter the employee counts
2. Enter the Tax ID/EIN for the group.
3. Enter the group demographic and contact information.
4. Enter the business information.

Business information

What is the legal company type?	Choose...
Is this a PEO/leasing company?	○ yes ○ no This field is required
Is your group eligible to file taxes as common control with another company?	○ yes ◉ no

5. If common control exists:

- Select yes for "Is your group eligible to file taxes as common control with another company?"
- Enter the number of subgroups being added.

Business information

What is the legal company type?	Choose...
Is this a PEO/leasing company?	○ yes ○ no This field is required
Is your group eligible to file taxes as common control with another company?	◉ yes ○ no
How many additional commonly controlled subgroups are there?	1

- Select the pencil icon to edit the subgroup and enter the subgroup name, EIN, demographic information and contact information.

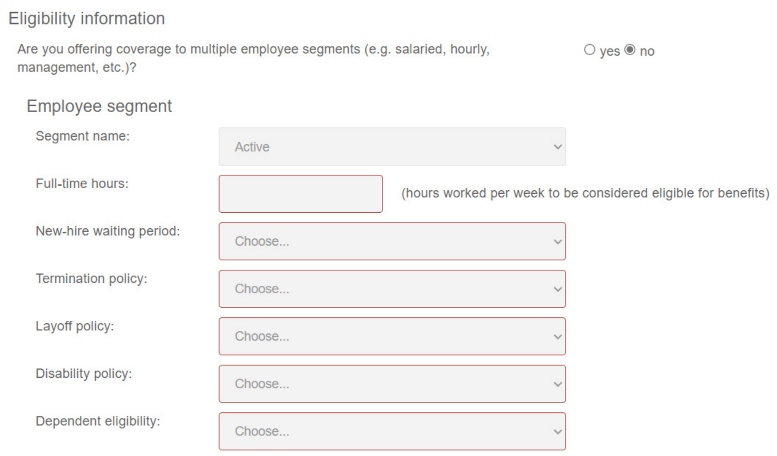
Subgroup forms

Use the edit or remove buttons to modify subgroup information.

Subgroup Name	Form status	Edit/remove
Subgroup 2	Incomplete	✎ 🗑

- Select Save subgroup

6 Enter the eligibility information for the group.



7 Complete Additional coverage information section.

- If the group selected an HRA or an HSA plan, an additional field will display.

8 Complete Section 111.

9 Complete the pediatric dental section.

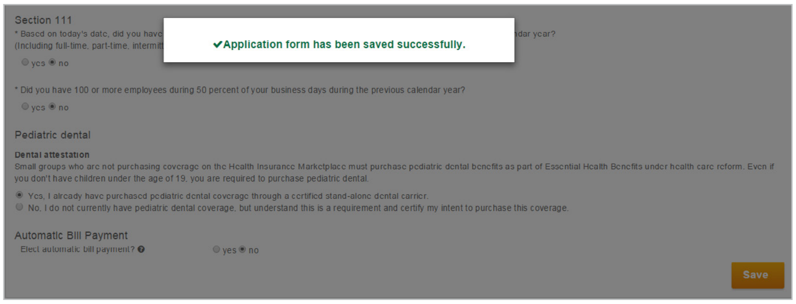
10 Complete the Automatic Bill Payment Section.

- If the group is selecting to have the premiums automatically withdrawn, select 'yes' and complete the EFT page in the Employer Application and attach a voided check.

11

Select **Save** to save the group application. Once it saves, a notification message will display. Click the group application to remove the message.

- If the group is selecting to have the premiums automatically withdrawn, select 'yes' and complete the form.

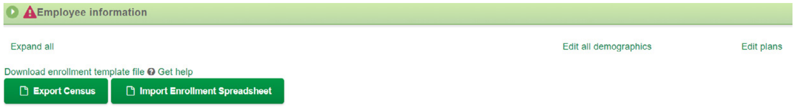


Supporting documentation

All documents in the supporting documentation field are required to complete the new group submission with the exception of the Agent access request form. If the group is selecting an HRA plan, additional documentation is required.

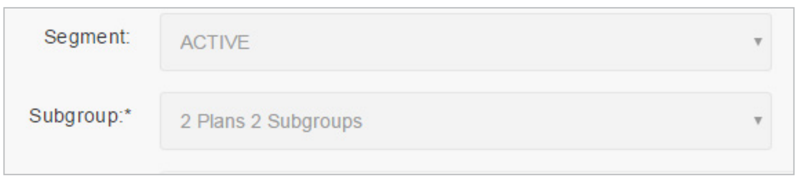
Employee information forms

1. To complete the individual employee forms, you can either **Edit all demographics** at the same time or click the **pencil icon** next to each employee and dependent to edit one at a time.



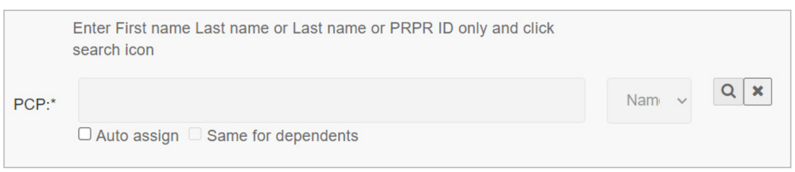
2. If the group is offering more than one option, select the medical plan. If the group is only offering one plan, this field will default to the sold plan.

3. If the group is offering coverage to multiple segments of employees, select the correct segment from the drop down. If the group has common control and subgroups, select the correct subgroup from the drop down for the employee.

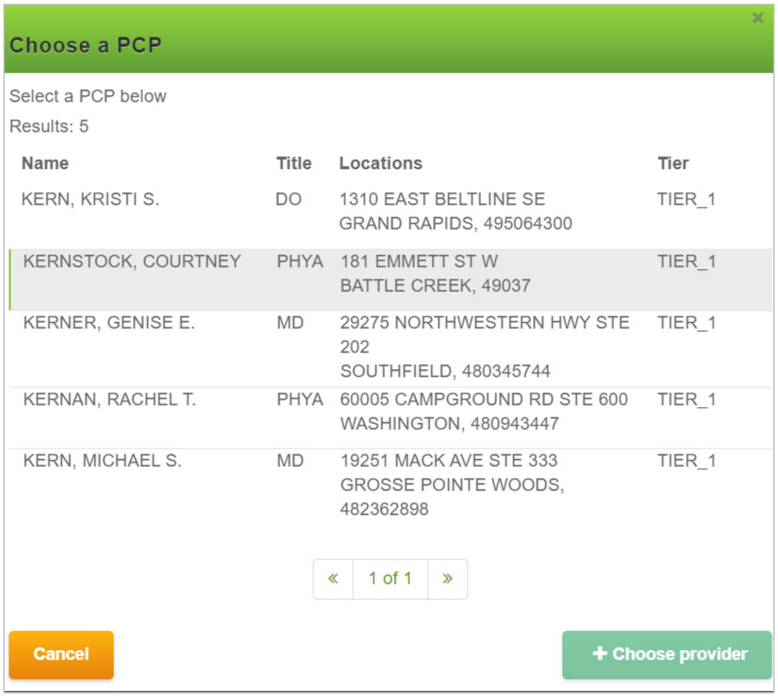


4. Enter the employee information.

5. If the group selected an HMO or POS plan, the PCP field will display.



a. Enter the primary care provider name. Click the magnifying glass/search icon. If there is only one possibility, the provider name will automatically display. If there are multiple provider possibilities, select the correct provider and click **Choose provider**. If there is not a primary care provider listed on the form or enrollment spreadsheet, please select auto assign.



Name	Title	Locations	Tier
KERN, KRISTI S.	DO	1310 EAST BELTLINE SE GRAND RAPIDS, 495064300	TIER_1
KERNSTOCK, COURTNEY	PHYA	181 EMMETT ST W BATTLE CREEK, 49037	TIER_1
KERNER, GENISE E.	MD	29275 NORTHWESTERN HWY STE 202 SOUTHFIELD, 480345744	TIER_1
KERNAN, RACHEL T.	PHYA	60005 CAMPGROUND RD STE 600 WASHINGTON, 480943447	TIER_1
KERN, MICHAEL S.	MD	19251 MACK AVE STE 333 GROSSE POINTE WOODS, 482362898	TIER_1

6 Click **Save** to complete the employee.

**If you are logged in as an agent administrator, you will see the message below. To finalize the application, the agent will need to log in and complete the Agent Acknowledgement.*

Only an agent may electronically sign this form. Please have your agent log in to complete the enrollment.

7 Agent Signature

a. Locate the group in the recent activity box and click **Signature** required.

	2 Plans 2 Subgroups		5/1/2016		Signature required

b. Sign the Agent Acknowledgement and click **Complete**.

8 The group is now complete and will be reviewed by Small Business Sales. If there is anything special you would like Priority Health to know about the group, fill in the notes section.