

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, **PriorityQuote**. 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 **PriorityQuote** 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 **PriorityQuote** 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**.

Search and Add Agent to Quote

Select an Agent(s) Below Search Again

Results: 1

First Name	Last Name	Agency
DAVID	KOLENBRANDER	OLIVIER-VAN DYK INSURANCE AGENCY

< 1 of 1 >

+ Add Agents

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

Agent information

Agent name	Agent ID	Agency
PRIORITY HEALTH SMALL BUSINESS	000704	No agency listed

+ Agent

Cancel **Create and close** **Create and quote**

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

Name your quote

Or use the default name that appears below.

10/1 Test Quote - 9/30/2024 8:38:46 AM

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.

#	First name	Middle initial	Last name	Relationship	DOB	Age	Enrolled dependent	Medical status	Actions
1	Employee		One	Employee	09/08/2000	24		Enroll	

+ Employee

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**.

Import census

Census information validated

FirstName == MiddleInitial == LastName == Relationship == DOB ==
MedicalStatus
Employee..One.Employee,9/8/2000.Enroll
Employee..Two.Employee,2/3/1974.Enroll

☐ Replace census ☒ Append to census

+ Import

2 Select **Save all changes**.

3 Select **Continue**.

Download the census template file (and save it to your computer for future use). [Get census help](#)

Report census

Import census

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)
<input type="checkbox"/>	Platinum	PriorityPPO 250 100%	\$1,457.47	\$7.88	\$1,465.35
<input type="checkbox"/>	Platinum	PriorityPPO 250 90%	\$1,431.36	\$7.72	\$1,439.08
<input type="checkbox"/>	Platinum	PriorityPPO 475	\$1,430.50	\$7.72	\$1,438.22
<input type="checkbox"/>	Platinum	PriorityPOS 250 100%	\$1,330.51	\$9.14	\$1,339.65
<input type="checkbox"/>	Platinum	PriorityPOS 250 90%	\$1,307.92	\$8.99	\$1,316.91
<input type="checkbox"/>	Platinum	PriorityPOS 475	\$1,307.50	\$8.97	\$1,316.47
<input type="checkbox"/>	Gold	PriorityPPO 500	\$1,230.33	\$6.38	\$1,236.71
<input type="checkbox"/>	Platinum	PriorityHMO 250 100%	\$1,215.50	\$8.36	\$1,223.86
<input type="checkbox"/>	Gold	PriorityPPO 1000	\$1,213.08	\$6.27	\$1,219.35
<input type="checkbox"/>	Platinum	PriorityHMO \$0/100%	\$1,209.82	\$8.30	\$1,218.12

«1234567...11»

102550100

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*
<input checked="" type="checkbox"/>	Gold	PriorityHMO 500	\$1,040.10
<input checked="" type="checkbox"/>	Gold	PriorityHSA 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
Employee	Two	Employee	2/3/1974	50	Enroll	Select

*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
<input checked="" type="checkbox"/>	Gold	PriorityHMO 500	\$1,040.10
<input checked="" type="checkbox"/>	Gold	PriorityHSA 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)
☒ COC(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.

Priority Health 5

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

[See rate grid](#)
[See plan details](#)

 Print

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

[See rate grid](#)
[See plan details](#)

[Print](#)

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

[See rate grid](#)
[See rate details](#)

[Print](#)

Monthly premium: \$1,040.10

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

ZIP code: 49505

County: Kent

Total # of employees: 2

Total # of members: 2

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.

Quote for: 10/1 test [Edit group](#) Agent name(s): PRIORITY HEALTH SMALL BUSINESS
[Copy this quote](#)
[View census](#)

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

Name your quote

Or use the default name that appears below.

10/1 test Quote - 9/4/2024 1:28:22 PM Renamed Quote

Save

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

Quote for: 10/1 test Agent name(s): PRIORITY HEALTH SMALL BUSINESS
[Edit group](#)
Quote name: 10/1 test Quote - 9/4/2024 1:28:22 PM Renamed Quote Quote ID: 769452

Rating factors			
Effective date:	Oct 1, 2024	Total # of employees:	2
ZIP code:	49505	Total # of members:	2
County:	Kent		

#	First name*	Middle initial	Last name*	Relationship*	DOB*	Age	Disabled dependent	Medical status*	Actions
1	Employee		One	Employee	09/08/2000	24		Enroll	✎ 🗑 ⬆
2	Employee		Two	Employee	02/03/1974	50		Enroll	✎ 🗑 ⬆

[📄 Employee](#)

Download the census template file (and save it to your computer for future use). [📄 Get census help](#)

[📄 Export census](#) [📄 Import census](#) [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*
<input checked="" type="checkbox"/>	Gold	PriorityHMO 500	\$1,040.10
<input checked="" type="checkbox"/>	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	Edit Remove

- Select Save subgroup

6 Enter the eligibility information for the group.

Eligibility information

Are you offering coverage to multiple employee segments (e.g. salaried, hourly, management, etc.)?

☐ yes ☒ no

Employee segment

Segment name:

Active

Full-time hours:

(hours worked per week to be considered eligible for benefits)

New-hire waiting period:

Choose...

Termination policy:

Choose...

Layoff policy:

Choose...

Disability policy:

Choose...

Dependent eligibility:

Choose...

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.

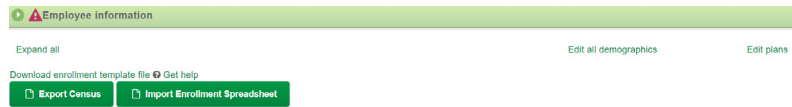
The screenshot shows a web application interface. At the top, a green notification box displays the message: "✓ Application form has been saved successfully." Below this, the form is divided into several sections. The first section is titled "Section 111" and contains two questions with radio button options for "yes" and "no". The second section is titled "Pediatric dental" and includes a "Dental attestation" paragraph followed by two radio button options. The third section is titled "Automatic Bill Payment" and includes a question with radio button options. A "Save" button is located at the bottom right of 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.



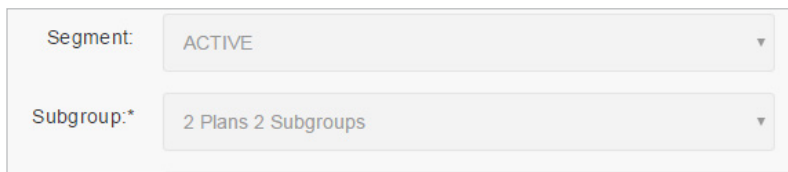
The screenshot shows the top section of the 'Employee information' form. It has a green header bar with the title 'Employee information'. Below the header, there are links for 'Expand all', 'Edit all demographics', and 'Edit plans'. At the bottom of this section, there are two buttons: 'Export Census' and 'Import Enrollment Spreadsheet', along with a link to 'Download enrollment template file' and a 'Get help' link.

- 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.



The screenshot shows a form with two columns: 'Name*' and 'Medical plan*'. The 'Name*' column has a dropdown menu with 'Employee' and 'One' options. The 'Medical plan*' column has a dropdown menu with 'Select', 'PriorityHMO 600', and 'PriorityHSA HMO 2350 100%' options.

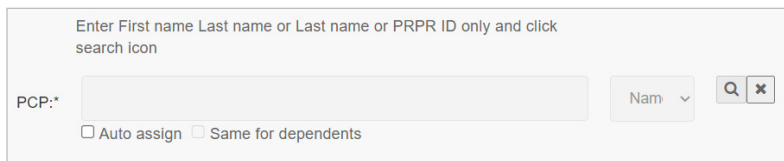
- 3 If the group is offering coverage to multiple segments of employees, select the correct segment from the drop down. If the group has common control and subgroups, select the correct subgroup from the drop down for the employee.



The screenshot shows two dropdown menus. The first is labeled 'Segment:' and has 'ACTIVE' selected. The second is labeled 'Subgroup:*' and has '2 Plans 2 Subgroups' selected.

- 4 Enter the employee information.

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



The screenshot shows a form with a text input field for 'PCP:*'. Above the field is a prompt: 'Enter First name Last name or Last name or PRPR ID only and click search icon'. To the right of the field is a dropdown menu labeled 'Nam' and a search icon. Below the field are two checkboxes: 'Auto assign' and 'Same for dependents'.

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.

Choose a PCP

Select a PCP below

Results: 5

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

<<

1 of 1

>>

Cancel

+ Choose provider

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.

Agent Signature

- Group must be of a permanent nature and financially stable. Group must have been formed for a purpose other than to secure group insurance.
- Group must meet the definition of "small employer" and "full-time equivalent employee" as defined in Article 17 of the Internal Revenue Code, 26 U.S.C. § 4081(c)(2).
- Individual employees whose working days are less than 30 weeks per year, temporary employees, seasonal employees, and 1099 contractors are not eligible.
- Domestic, corporate officers, directors, corporate employees, elected officials, and partners or partners are not eligible unless they are full-time employees.
- Group must carry Workers' Compensation coverage unless not required by law.
- Priority Health will not be used with an employer-sponsored individual plan if a group is not used to meet the Participant Rules.
- Members who are eligible for Medicare (or any governmental benefit) will be treated as if they are enrolled in Medicare parts A & B when Priority Health benefits are applied whether or not they are actually enrolled.
- Group must meet Employee Contribution Level for all actively enrolled employees.
- Grouping is only permitted if a group purchases a PriorityHealth package.
- Consentment that Group may terminate this Agreement, without cause, at the end of any month by giving Health Plan 30 days advance written notice of termination.
- Consentment to plan for benefits of benefits and coverage (COB) to the group.
- Grouping, including pay plans, is only permitted if a group purchases a PriorityHealth package or an approved wraparound product. PriorityHealth includes predefined deductible employee contribution amounts for each first plan that the employee pays first. Once the employee meets the predefined deductible, the employee contribution is then applied to the remaining deductible. If a group is not a PriorityHealth member, the group is responsible for those costs. Groups are eligible to use outside companies to fund the deductible based on those predefined contribution amounts. The level of reimbursement cannot differ from what Priority Health has first-aid only DPA's.

By submitting this application, I acknowledge that the agent/agent(s) have/has read and COMPLETE GROUP UNDERSTANDING THAT HEALTH PLAN WILL RELY ON THE INFORMATION CONTAINED IN THIS APPLICATION TO SET THE PREMIUM AND TO PROVIDE THE COVERED SERVICES UNDER THIS AGREEMENT.

Electronic signature

Agent Notes

Notes for Sales Team (optional)

Application successfully submitted

Small Business will now review and process the application. We will email you with questions or when the group has been approved. You can track application status here in **PriorityQuote 2.1**. Contact Small Business at 800.471.7504 with questions. Thank you for your partnership.