

## PRICING PROPOSAL SUBMISSION REQUIREMENTS

The following is required to request a pricing proposal:

### Company Information

Ultimate Health is available for groups only.

- » Company Name
- » Complete Company Address
- » Company Website Address
- » Industry
- » No. of Company Full-Time Employees
- » Primary Medical Plan Renewal Date
- » Ultimate Health Effective Coverage Date (1st of the month only)

### Census

Provide the following for each participant to be included in this quote.

- » Date of Birth
- » Gender
- » Zip Code
- » Coverage Tier as Enrolled in Primary Medical\*
- » SBC of Primary Coverage (including Rx, dental and vision if applicable)

\*The coverage tier for Ultimate Health **must match** the primary medical plan coverage tier.

## ELIGIBILITY

- » Available in all states *except*: CT, NH, NJ, VT & WA
- » Excluded states refer to location of master application, not participant residence, worksite or corporate situs.
- » General eligible employee classes are defined by the group and may include but are not limited to:
  - C-Suite
  - Officers
  - Shareholders
  - Retirees
  - Owners
  - Partners
  - Board Members
  - Employees

## MINIMUM ENROLLMENT REQUIREMENTS

Ultimate Health is a group non-contributory plan. It must be 100% employer paid.

States	Creditable Primary Coverage <sup>†</sup>	Plan Option <sup>‡</sup>	Minimum Enrolled
All states in which we are available*; exceptions made for states listed separately in this chart	PPO/POS	Platinum; Diamond Diamond Plus	3+ 15+
CA; MA	PPO/POS/EPO/HMO	Platinum; Diamond Diamond Plus	3+ 15+
NY; WI	PPO/POS EPO/HMO EPO/HMO PPO/POS/EPO/HMO	Platinum; Diamond Platinum Diamond Diamond Plus	3+ 3+ 5+ 15+

\*States in which Ultimate Health are not available include: CT, NH, NJ, VT & WA

<sup>†</sup>See below for detail on creditable primary coverage

<sup>‡</sup>Different Ultimate Health plan options may be offered within a group

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## PRIMARY COVERAGE

- » The coverage tier for Ultimate Health **must match** primary medical plan tier coverage.

### Employees (and dependents) covered on employer-sponsored plan:

- » Creditable primary coverage must include hospital, medical and Rx coverage. Minimal Essential Coverage plans are **not** considered creditable primary coverage. A primary dental and/or vision plan is not required.
- » Ultimate Health can be written on top of **any** primary health plan as long as it meets the requirements of creditable primary coverage as noted above. This includes, but is not limited to: fully insured plans, self-funded plans, PEO plans, qualified HDHP plans and Medicare (see Medicare requirements to the right).
- » If primary coverage is EPO/HMO, it must provide “out-of-area coverage/national access.” If an EPO/HMO plan is in place, Ultimate Health **will reimburse** eligible out-of-network expenses.

### Employees (and dependents) NOT covered on employer-sponsored plan:

Employer-sponsored medical plan coverage is not required, but creditable primary group coverage elsewhere (as noted to the left) is required.

For employees waiving the policyholder’s primary medical plan(s), the following is required:

- » Summary of Benefits and Coverage (SBC) of primary plan (unless on Medicare);
- » If only on Medicare, evidence of enrollment in Medicare parts A, B and a Medicare Supplemental plan with Rx coverage (Part D);
- » The number of participants waiving the policyholder’s primary medical plan should not exceed 33% of the total employees enrolled in Ultimate Health.

## ULTIMATE HEALTH AND CONSUMER ACCOUNTS (FSAS, HRAS, HSAS)

The chart below shows if Ultimate Health can be offered in combination with consumer accounts and if so, which plan will pay first:

Consumer Account	Available with Ultimate Health?	Who Pays First?
Flexible Spending Account	Yes	Ultimate Health
Health Reimbursement Arrangement	Yes	Ultimate Health
Health Savings Account	No*	n/a

\*Ultimate Health is available to be written on a Qualified High Deductible Health Plan as noted in creditable primary coverage section above. However, the HSA associated with this plan **may not** be funded while enrolled in Ultimate Health.

A request can be submitted using the [PDF](#) or the online form at [www.UltimateHealth.com](http://www.UltimateHealth.com).