

## Rating Questions

**This information will be used to program eHealth's rating engine**

**Accurate information is critical in order to quote properly.**

**Should some of the questions not be applicable, please provide N/A for answer.**

Question	Example	Answer
<b>The following questions are for applications with a primary adult applicant [not a child(ren)-only application]:</b>		
Is student status considered for eligibility?	Y/N	
Maximum age for a non-student dependent living in household	26 means <=26	
Maximum age for student dependent	30 means <=30	
Minimum age gap between the primary applicant and the dependent? We use 14 as default.	14 means >=14	
Minimum through Maximum spouse age	18-64 means >=18 and <=64	
Maximum primary adult applicant age	64 means <=64	
Minimum primary adult applicant age	18 means >=18	
Quote for same sex couples?	Y/N	
Do spouses need to be quoted in age order?	No; Oldest as primary; Youngest as primary	
Do spouses need to be listed in age order on application?	Y/N	
Minimum dependent age	0 means >=0; 15 days means >=15 days	
<b>The following questions are for child(ren)-only applications:</b>		
Do you allow child-only applications?	Y/N	
<b>If Yes, please complete the section below. If No, skip to next section.</b>		
Minimum primary age	0 means >=0	
Can multiple children be quoted on one application, or should each child be a single applicant?	S/M	
Maximum primary age for a non-student applicant	18 means <=18	
Maximum primary age for a student applicant	23 means <=23	
Maximum age for a non-student dependent	18 means <=18	
Maximum age for a student dependent	23 means <=23	
Is the primary applicant quoted with adult or child rate?	(if applicable)	
Do children need to be quoted in age order?	No; Oldest as primary; Youngest as primary	
Do children need to be listed in age order on application?	Y/N	
Do children get smoker rates?	Y/N	
Is there a limit on number of children when calculating rate? (include primary)	No; Primary + 3 Maximum	

Question	Example	Answer
<b>Additional Questions:</b>		
Is accumulation towards the family deductible an aggregate of all family members, or do separate members satisfy their individual deductible before the family deductible applies?	If different per plan or plan type, please specify.	
Is accumulation towards the family out-of-pocket (OOP) maximum an aggregate of all family members, or do separate members satisfy their individual PPO before the family OOP applies?	If different per plan or plan type, please specify.	
Does the OOP limit include the deductible?	If different per plan or plan type, please specify.	
What is the effective start date of the rates provided?	XX/XX/XX	
What is the effective end date of the rates provided?	XX/XX/XX	
How often do rate updates typically occur?	Quarterly, Yearly	
URL to carrier web site physician directory	If different per plan, please specify	
Do you have smoker rates?	Y/N	
If yes, does one smoker in family mean all family members get smoker rate?	Y/N	
Will we be required to quote any other rate categories?	If yes, please explain.	
Is approval based on accept/decline only, or is there a possible rate up based on health conditions?	Accept/Decline; Rate Up	
Are their separate applications per plan?	If yes, provide form numbers	
Does carrier obtain and pay for medical records?	Does carrier request medical records?	
What effective dates are available?	Any day; 1st and 15th of month	
Can we remove the carrier's address from the application?	To ensure eHI receives application first	
Is initial payment required?	Y/N	
What are initial payment options?	No payment required; credit card, EFT, check	
What are ongoing payment options?	Credit card, EFT, check	
When do you process initial payment?	Receipt of application or when approved?	
<b>Optional rider questions. When a medical plan is chosen, the site will then quote option riders such as dental and vision. Indicate if different for each type. If none are being added, skip to next section.</b>		
What are effective start dates for rates provided?	mm/dd/yy	
What are effective end dates for rates provided?	mm/dd/yy	
Can riders be quoted with all medical plans?	Y/N; If "N", provide details	
URL to carrier web site physician directory	If different from medical	
Minimum age to quote	1 means >=1	
Maximum age to quote	64 means <=64	
How are rates calculated?	Member, Family, Gender? If different per plan, please specify	
Are there minimum participation requirements?	If yes, please explain.	
Should rider be quoted for primary only?	Y/N	

Question	Example	Answer
Who can rider be quoted for?	(S)pouse, (D)ependent, (S&D), (N)one	
Is rider restricted to any gender?	No/Male/Female	

Question	Example	Answer		
<b>Carrier Fees - If not applicable, skip to next section.</b>				
What fees are charged?	Application, Billing, Other			
How should we describe these fees to the consumer?	Provide wording			
Is each fee recurring or one-time only?	Recurring/One time			
Should this fee be included in the initial payment?	Y/N			
What payment options trigger fees?				
Are fees per member? Provide all per-member rules.	Is it per member for primary and spouse only? Or up to maximum of 3 members?			
Is separate payment needed for fee(s)?	If yes, what are payment options?			
For billing fees only, how are they calculated?	Per month; per payment. Provide calculation example for quarterly payment option.			
<b>Application Health Questions - For questions on your application, such as the examples below, do they require your standard additional follow-up details? If "No", which detail questions are needed? If the details are self-contained in the question or the question does not apply, use "N/A".</b>				
<b>Health Question</b>	<b>Follow-Up Detail Questions</b>			
Example: Pregnancy Question	Which member, Date, etc.			
Example: Tobacco Usage Question	N/A			
<b>Please Note : Any information provided by the applicant that will not fit on the application will be populated to an "Additional Information Page" and will be submitted with the application PDF.</b>				
<b>Eligibility Questions:</b>				
Is U.S. citizenship required?	What proof is needed?			
How long must an applicant be a state resident?	What about double residency?			
Will you accept PO Box for street address?	Y/N			
Can someone apply before moving to the state if the effective date is after they move?	Y/N			
If client has a broker, can they change to us?	How?			
Are there any Y/N questions (other than health) that would cause an applicant to not be eligible?	Which?; Can any information be provided to continue processing application?			
<b>Rating Questions:</b>				
If occupation is requested, is description required?	Do you exclude or rate up?			
<b>Effective Date Questions:</b>				

Question	Example	Answer
Is there a cut off date to receive applications for a requested effective date?	20th of month prior; 5th of month	
If received by cut off date, but not approved by requested effective date, will that effective date still apply?	Y/N	
If not received by cut off, or if there is no cut off, how are effective dates assigned?	Please explain	
<b>Underwriting Questions:</b>		
Do you require any medical exams before processing applications?	What is the criteria?	
Will eHealth be given personal health information to inform clients while application is processing?	If not, is there a form for release of PHI?	