

SMALL GROUP QUOTING

Utilize eQuote to quote all of your Small Employer Groups (2-50 employees)

Log in to eQuote.

https://apps.hometownhealth.com/eQuote/Account/Login.aspx?ReturnUrl=%2feQuote%2fBroke rs%2fMain.aspx

Login ▲ This site is se Sign in User Name Password Log In Forgot your Password? Click here.	Hometown Health 💙	Find a Doctor	Member Support For Providers For Brokers	Health and Wellness News	Search Q S V MEMBERS V
Sign in User Name Password Log In Forgot your Password? Click here.					💾 Login 🔒 This site is secu
User Name Password Log In Forgot your Password? Click here.			Sign in		
Password Log In Forgot your Password? Click here.			User Name		
Log In Forgot your Password? Click here.			Password		
Forgot your Password? Click here.			Log In		
			Forgot your Password? Click here.		
			Don't have an account yet? Create one now!		
Don't have an account yet? Create one now!			Register		
Don't have an account yet? Create one now! Register					

On the home page select "Prospects" Click on "Prospects" or "Add New Prospect Group"



Select "Add New"

Home Admin	💾 Logout 🔒 This site is secure
My Prospects My Renewals + Add new	Search
JoStella Coffee Co RFP -Quote Review 9/1/2018	Close Prospect
CARNEYS FULL SERVICE MOVERS, INC. RFP -Quote Review 9/1/2018	Close Prospect
RenoRelo Worldwide RFP -Quote Review 9/1/2018	Close Prospect
Memor Health RFP -Quote Review 9/1/2018	Close Prospect
Dayna's June test group	Start New Quote

Enter group information. Classification should be "Fully Insured". Size should be "Small (1-50)

Group Info	
Legal Name *	
Classification * Size *	
- Please select -	
Effective Date Rating Zip Code Eligible Employee	Count

Once information is entered above click on "Add"

Information from previous screen will be populated in this screen. Click on "Get Quote"

Details	Documents
ID 8847	You do not currently have any documents for this group.
Address	
Rating Zip Code 89521	
Eligible Employees 3	
Contribution to Employee N/A	
Contribution to Dependent N/A	
Contract 1 :: 10/1/2018 - 9/30/2019	

Enter census manually here OR upload census electronically. If you enter the census manually you will enter the employee first and last name and date of birth or age. You do not need to enter the employee namee. We will need either date of birth or age.

October 2018 Test Group - Census

Eff Sta	ective: 10/1/20 tus: Prospect (18 Created				
	Туре 🔒	ast Name (optional)	First Name (optional)	≑Age/Date of Birth	Plan (optional) [apply to all]	
≡	Employee					~
≡	Employee					~
Ξ	Employee					~
	+ Add Employ	ee Save Census	Save and Run Quote			

If you want to add dependents click on the box to the left of the name

	Туре	Last Name (optional)
≡	Employee	
1	🕻 Delete Reco	ord
•	Add Spouse	e
H	Add Child	

If you want to upload a census click on the box on the upper right hand side of the page:

💾 Logout 🔒 This site is sec	ure

Then "upload census"

Actions
🕙 Upload Census
Rate Sheet for Approval and Review
Save and Run Quote
Select Plans
Group Details/Overview
Edit Group

Download our excel template. **The excel template is in the correct format***

Census Upload	×
Warning: the census upload will delete any existing census members you may have already loaded. Please be certain that this is what you want to do.	
Note: year must use the designated template. Please be careful to not modify	
the template structure, otherwise your upload may fail. Families must be kept together, and the employee must always come first.	
Browse	
Upload Census Cancel	

- Once you download the template and complete the information save to your computer.
- To upload the census go back to



Upload census

Actions

🕙 Upload Census

🔁 Rate Sheet for Approval and Review

🖧 Save and Run Quote

Select Plans

Group Details/Overview

Edit Group

Click on "Browse" You will then upload the completed excel census from where you saved it on your computer

Census Upload	×
Warning: the census upload will delete any existing census members you may have already loaded. Please be certain that this is what you want to do.	
Download Excel Template	
Note: you must use the designated template. Please be careful to not modify	
the template structure, otherwise your upload may fail. Families must be kept together, and the employee must always come first.	
Browse	
Upload Census Jancel	

You will see the census entered:

O Effe Sta	ctober 2 ective: 10/1/ itus: Prospe	2018 Test Group	- Census			
	Туре	Last Name (optional)	First Name (optional)	Age/Date of Birth	Plan (optional) [apply to all]	
Ξ	Employee	Doe	Jane	01/02/1970		~
≡	Employee	Smith	James	03/12/1985		~
≡	Employee	Public	John Q	05/08/1990		~
	+ Add Emp	loyee Save Census	Save and Run Quote			

Click on 'Save and Run Quote"

	Туре	Last Name (optional)	First Name (optional)	Age/Date of Birth	Plan (optional) [apply to all]
=	Employee	Doe	Jane	01/02/1970	
=	Employee	Smith	James	03/12/1985	
=	Employee	Public	John Q	05/08/1990	V

Select plans. You will be able to filter plans by HMO/PPO and tier level (Bronze/Silver/Gold)

October 2018 Test Grou Select Plans Effective: 10/1/2018 Status: Prospect Created			🔁 Side-by-side	
Filter your results	Showing 44 plans (out of a total of 44)	Review	view Quote Save Select all	
Price Range \$790	18 SG HMO 00-NA 0000 P D73502	X2		
Product Type	6 Tier BRONZE Individual Deductible \$7,350.00		\$790.08 / Month	
	Summary of Benefits			
ediatric Dental	18 SG HMO 00-NA 0000 P D7350X2 I	PD	-	
] With	Tier BRONZE		\$814.92 / Month	
] BRONZE] SILVER] GOLD	Individual Out-of-Pocket \$7,350.00			
eductible	18 SG HMO 00-NA 0000 E D6650X2 I	HSA	-	
\$500	Tier BRONZE		\$818.41 / Month	
	Individual Out-of-Pocket \$6,650.00			

***You can view the full summary of benefits for each plan from this page. The monthly premium will be calculated based on the census entered in previous screen.

Once you filter your choices the plan types you have chosen will appear:

Showing 18 plans (out of a total of 44)	Review Quote	Save	
		Select all	

Next to each plan you would like to review click on the red box

18 SG HMO 25-70 CINS E D2700X2 HSA

Tier SILVER

Individual Deductible \$2,700.00

Individual Out-of-Pocket \$6,650.00

1 Summary of Benefits

The plan will now be selected and the box will be blue



To obtain the total premium and breakdown for each employee click on:





Select all

Select "View/Edit Census"

Actions
A View/Edit Census
🔁 Vision Rates
🔁 Rate Sheet for Approval and Review
Home Page
Contact Us

Apply each saved plan to the census. You will need to do this for each plan selected

	Туре 🔺	Last Na	ame (optional)	First Name (optional)	⇒Age/Date of Birth	Plan (optional) [apply to all]	÷
Ξ	Employee	Doe		Jane	1/2/1970		V
≡	Employee	Smith		James	3/12/1985		\checkmark
≣	Employee	e Public		John Q	5/8/1990		~
+ Add Employee Save Census Save and Run Quote							

The dropdown will have each plan option that was saved. Select the first plan and click "Apply"



The plan will be applied to the entire census

October 2018 Test Group - Census Effective: 10/1/2018 Status: Prospect Created							
	Туре 🔺	Last N	ame (optional)	First Name (optional)	Age/Date of Birth	Plan (optional) [apply to all]	÷
≡	Employee	Doe		Jane	1/2/1970	18 SG HMO 25-70 CINS E D2700X2 HSA	~
Ξ	Employee	Smith	I	James	3/12/1985	18 SG HMO 25-70 CINS E D2700X2 HSA	~
Ξ	Employee	Publi	c	John Q	5/8/1990	18 SG HMO 25-70 CINS E D2700X2 HSA	~
+	⊦ Add Emplo	yee	Save Census	Save and Run Quote			

To obtain the individual breakdown of the rates for each member click on



The rate sheet will be available in a PDF document. You can either print or save the document.
October 2018 Test Group

Effective Date: 10/1/2018 Quote Date: 8/15/2018

Grand Total Premium:		\$919 \$11,032	.41* / Month 2.92* / Annum
Jane Doe	18 SG HMO 25-70 CINS E D2700X2 H	SA	\$383.48
	Employee	1/2/1970	\$383.48
James Smith	18 SG HMO 25-70 CINS E D2700X2 H	SA	\$280.98
	Employee	3/12/1985	\$280.98
John Q Public	18 SG HMO 25-70 CINS E D2700X2 H	SA	\$254.95
	Employee	5/8/1990	\$254.95

You can email the quote directly to the client for their review as well. Click on:



Click on "Review Quote"

October 2018 Test Group Close Prospect Status: Prospect Created Details **Documents** ID 8847 You do not currently have any documents for this group. Address Rating Zip Code 89521 Eligible Employees 3 Contribution to Employee N/A Contribution to Dependent N/A - Contract 1 :: 10/1/2018 - 9/30/2019 Contract Status **Review Quote** Prospects and Leads

Click on "Email Quote"



You can print a PDF of the benefits as well.

If the group is ready to submit their application they can either do so online or complete a paper submission

The small group online application instructions can be found at:

www.hometownhealth.com

For Brokers

https://www.hometownhealth.com/new-small-group-online-application-process/

The small group checklist can be found at:

https://www.hometownhealth.com/wp-content/uploads/2018/07/New-Renewal-Small-Group-Checklist-072018.pdf