



SAM Renewals

Select  in SAM to access the help and training tools.

For technical or process questions, call 1-800-486-4585.

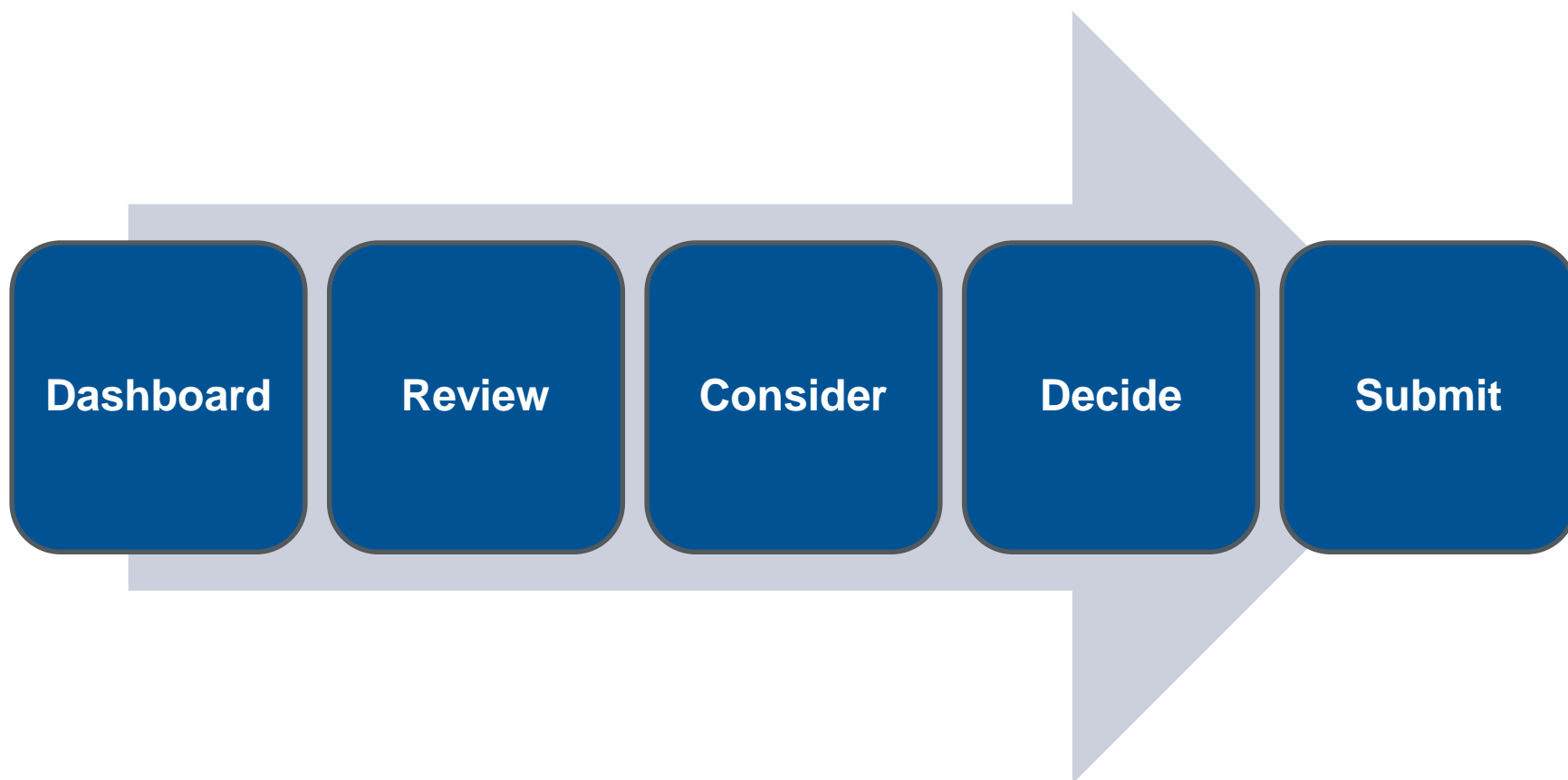
For plan or market specific questions, contact your UnitedHealthcare Renewal Account Representative

What's Out of Scope

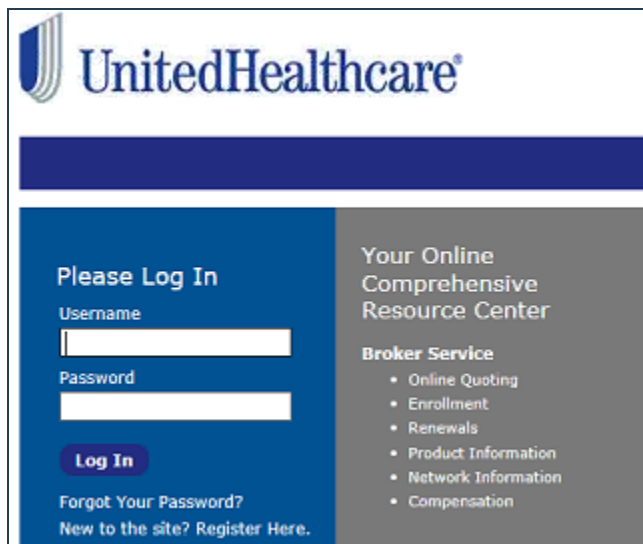
- Business situated in: District of Columbia, HI, ME, MN, MT, ND, NH, NJ, NV, NY, SD, VT
- Renewals containing LTD, STD or Supplemental Life products
- Off-cycle, zip code or rating type plan changes
- All Savers, Oxford, Sierra, ACEC, ADP Total Source
- Critical Illness Protection
- Accident Protection

Agenda

The SAM Renewal Process



Log In To SAM



The screenshot shows the UnitedHealthcare SAM login interface. At the top left is the UnitedHealthcare logo. Below it is a dark blue header bar. The main content area is split into two columns. The left column has a dark blue background and contains the text 'Please Log In' followed by 'Username' and a text input field, 'Password' and another text input field, a 'Log In' button, and links for 'Forgot Your Password?' and 'New to the site? Register Here.'. The right column has a light gray background and contains the text 'Your Online Comprehensive Resource Center' and a 'Broker Service' section with a bulleted list of services: Online Quoting, Enrollment, Renewals, Product Information, Network Information, and Compensation.

Log in through UeS using your existing Username and Password.



Log In To SAM



United eServices

[Home](#) | [Help](#) | [My Account](#) | [Logout](#) | [Feedback](#)
[Contacts](#) | [Links](#)

Quote | Case | Renewal | Network | Products | Help & Training | Forms | Benefits Administration | Compensation | Recognition

Message Center
0 new messages ([View](#))

SEARCH [Advanced Search](#)
[Search Help](#)

Welcome

Quick Links

- [View Benefit Summaries](#)
- [View Product Grids](#)
- [View Network Fact Sheets](#)
- [View Brochures](#)
- [View Agency Administrator Add/Remove Form](#)
- [View Recent Summary of Benefits and Coverages Downloads and Requests](#)
- [View Your Commission Statements](#)
- [Summary of Benefits and Coverages Request Form](#)
- [Communication Resource Center](#)
- [broker.uhc.com](#)
- [Medical Loss Ratio Information](#)
- [UnitedHealthcare of the River Valley Resources-Available in AR, GA, IL, IA, NC, OH, SC, TN, and SW VA](#)
- [Submit Online Renewal Tool Feedback](#)
- [Submit Site Feedback](#)

News & Rate Alerts

[View all State-Specific Alerts](#)

News & Information

[View All Headlines](#)

What's New?

SAM Will Be Temporarily Unavailable Due to System Maintenance

SAM will be unavailable starting at 8:00 p.m. EST on Monday, March 5 for approximately two hours.

Upcoming system maintenance dates:

Welcome to United eServices

UnitedHealthcare's online source for tools and services to help meet your needs and grow your business.

INTRODUCING **SAM** Sales Automation Management

A new online tool to quickly and efficiently comparison shop, quote, enroll and install your small group clients in UnitedHealthcare medical and specialty products...

EFFECTIVE IMMEDIATELY Please use SAM to quote and enroll all* Small Business cases (as defined by your state) – and begin enjoying the benefits of faster case submission today!



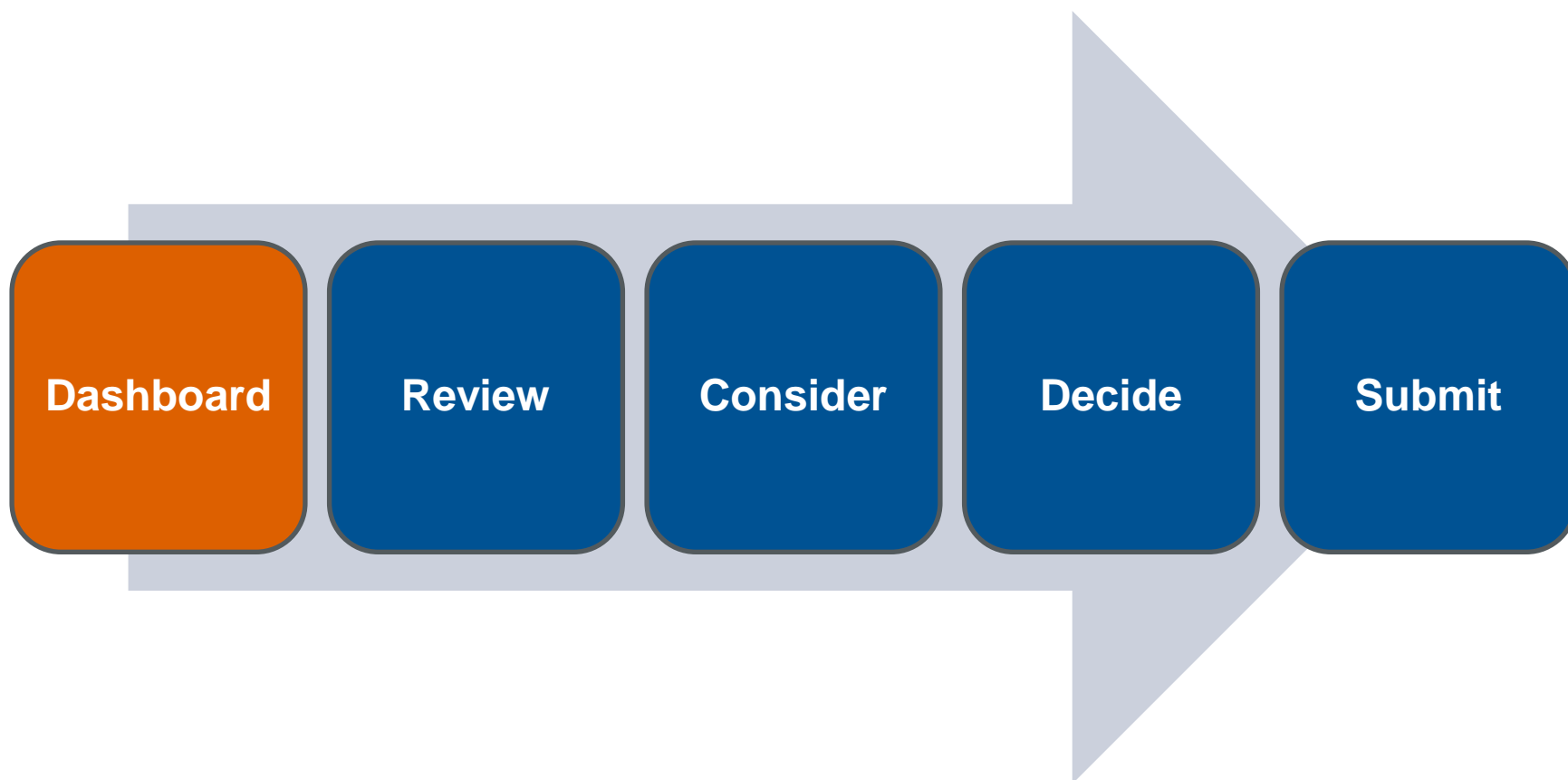
Click to access SAM

If you have questions about how to quote or enroll a case online, please contact your UnitedHealthcare representative.

*In the following situations, please continue to use your current system or process to obtain a quote:

1. **Renewal business**
2. **Management Carve Outs**
3. **New Business on Existing Accounts (NBEA): New Coverage on Existing Accounts (NCEA)**
4. **Business situated in:** District Columbia, HI, ME, MN, MT, ND, NH, NJ, NV, NY, SD, VT
5. **All Savers**
6. **Oxford**
7. **Sierra**
8. **ACEC**
9. **ADP Total Source**
10. **Critical Illness Protection**
11. **Accident Protection**
12. **Business-to-business quoting using a third party aggregator tool will not automatically populate in SAM.**

The SAM Renewal Process

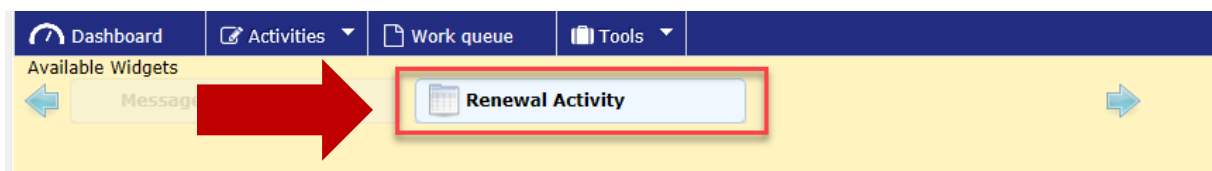


Dashboard – Broker Set-up

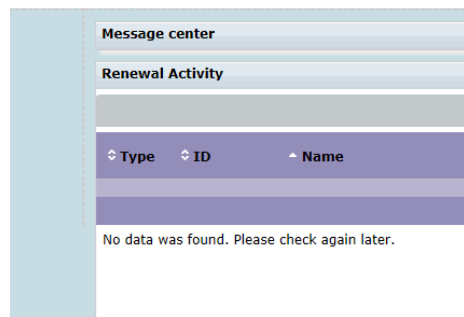
Step 1:



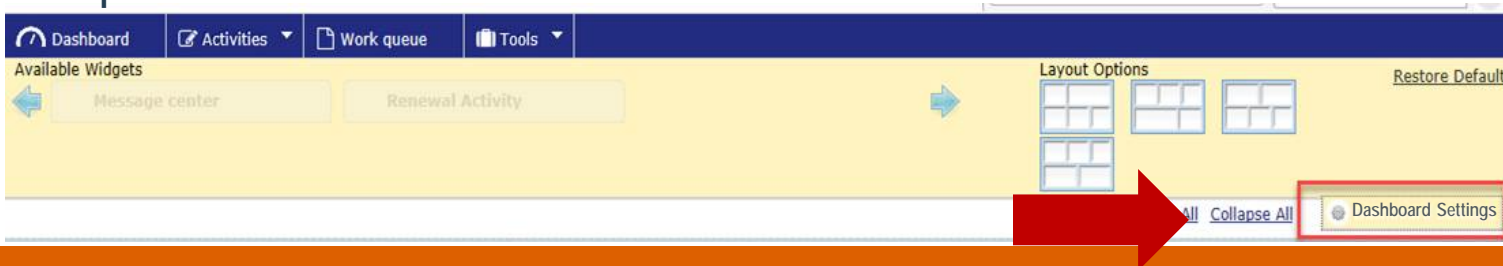
Step 2:



Step 3:



Step 4:



Dashboard

Low business scorecard

Group - Last 14 days

No data was found. Please check again later.

Renewal Activity

Search:

Type	ID	Name	Status	Effective Date	Rate Change	Estimated Premium	Contact Name	Contact Phone
			Ready	04/01/2018		\$35.72	--	
			Ready	05/15/2018		\$528.71	-	
			Ready	05/01/2018		\$1,468.90	--	

Showing 1 to 10 of 116 entries

[First](#) [Previous](#) [1](#) [2](#) [3](#) [4](#) [5](#) [Next](#) [Last](#)

Message center

Search:

Case type	Received	Case name	ID	Subject	Sender
-----------	----------	-----------	----	---------	--------

No data was found. Please check again later.

Showing 0 to 0 of 0 entries

[First](#) [Previous](#) [Next](#) [Last](#)


From the Dashboard you can ...

- Select a Delegate
- Search for a Case by Case Name
- Search for a Case using Advanced Search
- Select a Renewal from Renewal Activity window
- Access various websites via Tools

Case Search

Search for the customer and click **View** from the search results.

Quotes

A lock icon () next to the quote indicates that it is locked and cannot be edited. To make a copy of a locked quote, so the copy can be edited, click 'Copy' to create a new version of the quote. If the quote is unlocked, click 'View' button to edit it.

Withdraw selected

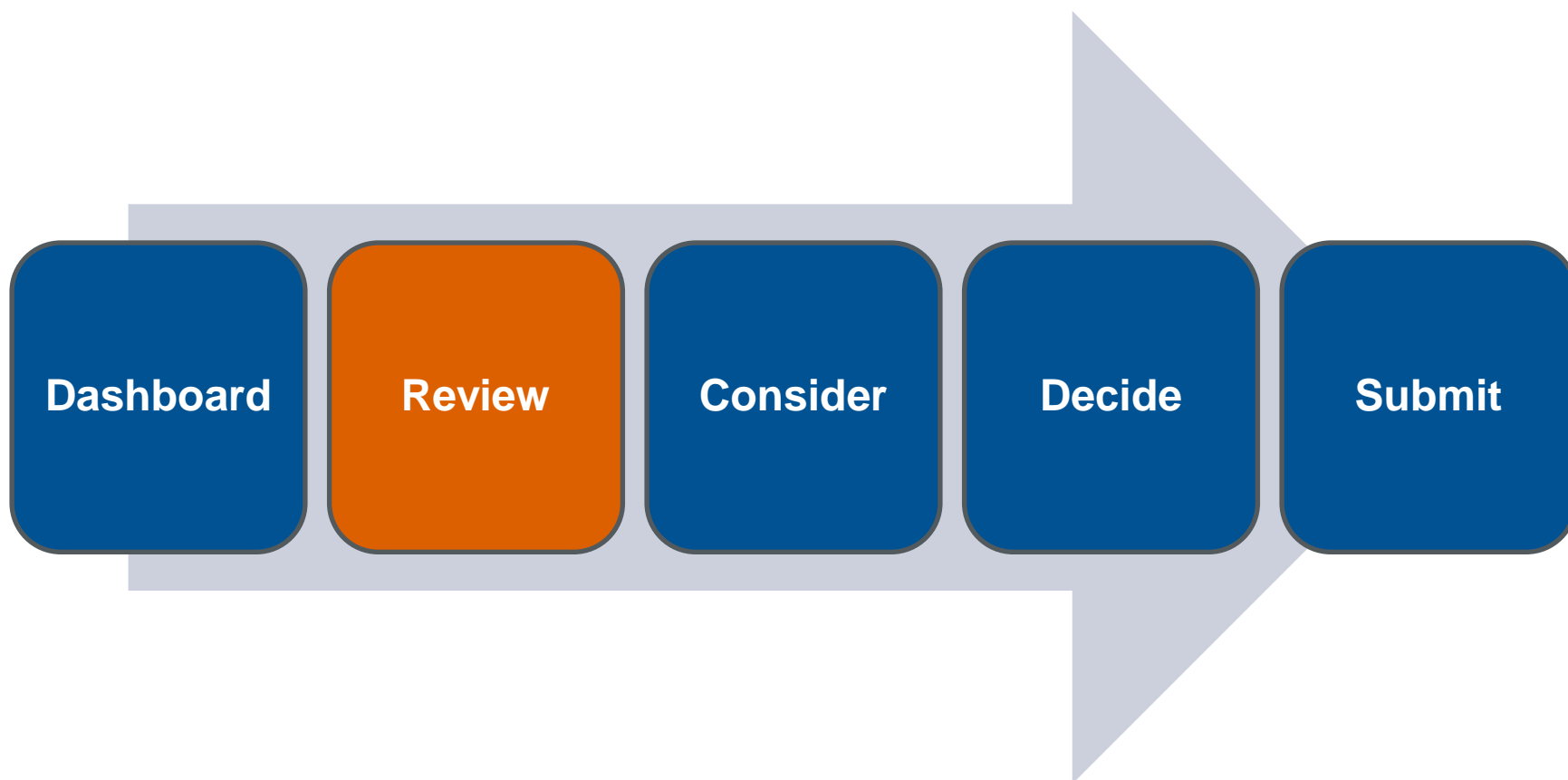
New business quotes

ID	Type	Date created	Created by	Effective date	Status
Quotes do not exist for this case.					

Renewal(s)

ID	Type	Renewal ID	Date	Created by	Renewal Effective Date	Status	Renewal notice quote	View
<input type="checkbox"/>	RNA	APR2018_0129	02/23/2018	UATOne, SamRenew	04/15/2018	Ready	--	View
<input type="checkbox"/>	RNA	APR2018_0129	02/20/2018	UATOne, SamRenew	04/15/2018	Withdrawn	--	View
<input type="checkbox"/>	RNQ	APR2018_0129	01/31/2018	System, Internal	04/15/2018	Ready	✓	View

The SAM Renewal Process



Review the Renewal

UnitedHealthcare

Dashboard

SAM Case ID Quote ID us : Ready

Dashboard 2 Review 3 Consider 4 Decide 5 Submit

Renewal Date : 04/15/2018 (40 days left)

Review

Below you will find your current and renewing plans and associated premiums. To renew all plans at once, click renew these plans.

Owner Assignment

Producer
 Agency :
 Sales Rep
 General Agent :

View Plan Options Review Group Participation Renew These Plans

Total Monthly Premium Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 85251)

Current Plan(s)- AZ014	Renewing Plan(s)- AZ016	Total Monthly Premium
ALOM Choice Plus Advanced 252 (2 employees enrolled)	AYSE Choice Plus Advanced 252 (2 employees enrolled)	\$962.76/month \$1,177.18/month (+22.3%)
# Deductible \$1500/\$7500	# Deductible \$1500/\$7500	
# Coinsurance 100%/50%	# Coinsurance 100%/50%	
# OOP Max \$5000/\$15000	# OOP Max \$5000/\$15000	
## Office Copay \$25/\$50	## Office Copay \$25/\$50	
Plan Discontinued		

In-Network Out-of-Network
 ## In-Network - PCP/Specialist


Estimated Total Medical Premium: \$1,177.18/month

Estimated Total Group Premium: \$1,177.18/month

Total Renewal Premium	Helpful Links								
<p>Rates premiums are based on the employee census information at the time of renewal package creation. Actual rates/premiums will be based on final enrollment. Avg. Cost Per Employee is "illustrative" and is calculated using the total monthly premium divided by the number of enrolled employees, based on the renewal census.</p> <table border="1"> <thead> <tr> <th>Total Monthly Premium</th> <th>Est Avg. Cost Per Employee</th> </tr> </thead> <tbody> <tr> <td>Current: \$962.76 /month</td> <td>Current: \$481.38 /month</td> </tr> <tr> <td>Renewing: \$1,177.18 /month</td> <td>Renewing: \$588.59 /month</td> </tr> <tr> <td>\$214.42 /month (+22%)</td> <td>\$107.21 /month (+22%)</td> </tr> </tbody> </table>	Total Monthly Premium	Est Avg. Cost Per Employee	Current: \$962.76 /month	Current: \$481.38 /month	Renewing: \$1,177.18 /month	Renewing: \$588.59 /month	\$214.42 /month (+22%)	\$107.21 /month (+22%)	<p>Return to Case Details</p> <p>Product Combination Rules</p> <p>Provider Look-up - Find a Physician</p>
Total Monthly Premium	Est Avg. Cost Per Employee								
Current: \$962.76 /month	Current: \$481.38 /month								
Renewing: \$1,177.18 /month	Renewing: \$588.59 /month								
\$214.42 /month (+22%)	\$107.21 /month (+22%)								

Previous View Plan Options Review Group Participation Renew These Plans

View Benefit Details

Current Plan(s)- AZ014	Renewing Plan(s)- AZ016	Total Monthly Premium
<p>ALOM </p> <p><u>Choice Plus Advanced</u></p> <p>252 ⓘ (2 employees enrolled)</p> <p># Deductible \$1500/\$7500</p> <p># Coinsurance 100%/50%</p> <p># OOP Max \$5000/\$15000</p> <p>## Office Copay \$25/\$50</p> <p>Plan Discontinued</p>	<p>AVSE</p> <p><u>Choice Plus Advanced</u></p> <p>252 ⓘ (2 employees enrolled)</p> <p># Deductible \$1500/\$7500</p> <p># Coinsurance 100%/50%</p> <p># OOP Max \$5000/\$15000</p> <p>## Office Copay \$25/\$50</p>	<p>\$1,177.18/month (+22.3%)</p> <p><input checked="" type="checkbox"/> Plan Selected</p>

View Benefit Details

ALOM - Choice Plus Advanced

Key Benefits

Plan Code:	ALOM
Plan Category:	Choice Plus Advanced
Metallic Level:	Gold
Employer Contribution HRA/HSA:	N/A
Plan Type:	UnitedHealthcare
Product Type:	N/A
License Type:	INS
Combined Med & Rx Deductible:	NO
Embedded Deductible:	NO
Platform Identifier:	PRIME

Plan Highlights

Benefits	In Network	Out of Network
Primary Care Visit Co-payment	\$25	N/A
Specialist Visit Co-payment	\$50	N/A
Physician Co-insurance (plan pays)	100%	50%

View Total Monthly Premium



Dashboard



SAM Case ID :

Quote ID

: Ready



Dashboard



Review



Consider



Decide



Submit

Renewal Date : 04/15/2018 (40 days left)

Review

Below you will find your current and renewing plans and associated premiums. To renew all plans at once, click renew these plans.

Owner Assignment

Producer :

Agency :

Sales Rep

General Agent :

View Plan Options

Review Group Participation




Renew These Plans

Total Monthly Premium

Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 85251)

Current Plan(s)- AZ014		Renewing Plan(s)- AZ016	Total Monthly Premium
ALOM	\$962.76/month	AVSF	\$1,177.18/month (+22.3%) 
Choice Plus Advanced		Choice Plus Advanced	
252 	(2 employees enrolled)	252 	(2 employees enrolled)
# Deductible	\$1500/\$7500	# Deductible	\$1500/\$7500
# Coinsurance	100%/50%	# Coinsurance	100%/50%
# OOP Max	\$5000/\$15000	# OOP Max	\$5000/\$15000
## Office Copay	\$25/\$50	## Office Copay	\$25/\$50
Plan Discontinued			

In-Network/Out-of-Network
 ## In-Network - PCP/Specialist

Estimated Total Medical Premium: **\$1,177.18 /month**

Total Monthly Premium Rate Details

Employee Costs - ALL LOCATIONS - 85251

Household Costs

AV5F

Employee Name	Gender	Age	Coverage Type	Prem/Month
	F	38	Employee + Child(ren)	\$714.55
	M	41	Employee Only	\$462.63

Rate Details

Age Band	Prem/Month
0 - 14	\$271.82
15 - 15	\$295.98
16 - 16	\$305.22
17 - 17	\$314.46
18 - 18	\$324.41
19 - 19	\$334.36
20 - 20	\$344.66
21 - 21	\$355.32
22 - 22	\$355.32
23 - 23	\$355.32
24 - 24	\$355.32

View Plan Options

- 1 Dashboard
- 2 Review
- 3 Consider
- 4 Decide
- 5 Submit

Renewal Date : 04/15/2018 (40 days left)

Review

Below you will find your current and renewing plans and associated premiums. To renew all plans at once, click renew these plans.

Owner Assignment

Producer :
 Agency :
 Sales Rep
 General Agent :



View Plan Options

Review Group Participation

Renew These Plans

Total Monthly Premium

Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 85251)

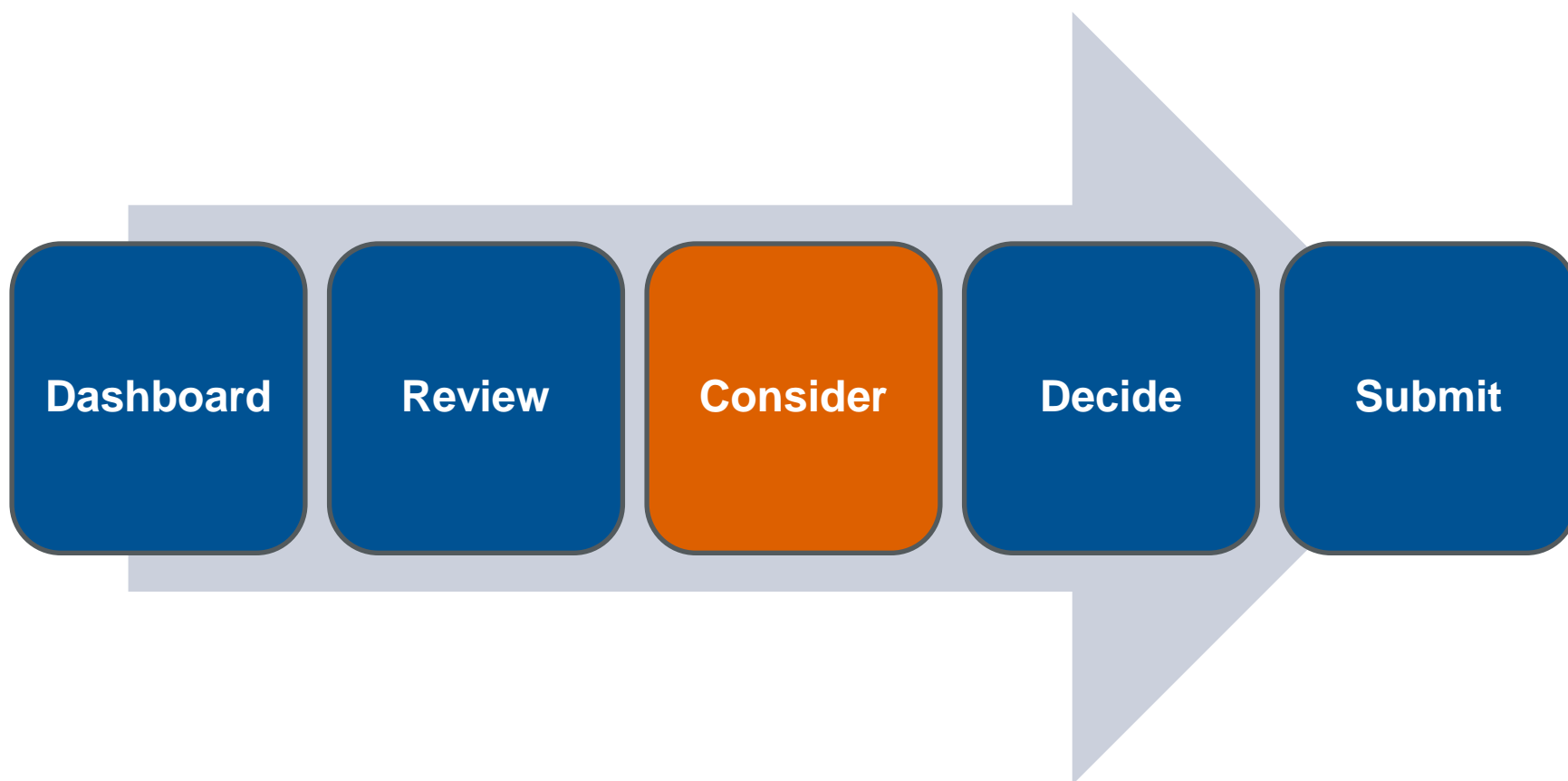
Current Plan(s)- AZ014	Renewing Plan(s)- AZ016	Total Monthly Premium
<p>ALOM \$962.76/month</p> <p>Choice Plus Advanced</p> <p>252 (2 employees enrolled)</p> <p># Deductible \$1500/\$7500</p> <p># Coinsurance 100%/50%</p> <p># OOP Max \$5000/\$15000</p> <p>## Office Copay \$25/\$50</p> <p style="color: red; font-weight: bold;">Plan Discontinued</p>	<p>AV5F</p> <p>Choice Plus Advanced</p> <p>252 (2 employees enrolled)</p> <p># Deductible \$1500/\$7500</p> <p># Coinsurance 100%/50%</p> <p># OOP Max \$5000/\$15000</p> <p>## Office Copay \$25/\$50</p>	<p style="color: red; font-weight: bold; text-decoration: underline;">\$1,177.18/month</p> <p>(+22.3%)</p>

In-Network/Out-of-Network
 ## In-Network - PCP/Specialist

Estimated Total Medical Premium: \$1,177.18/month

Consider

The SAM Renewal Process



View Plan Options



SAM Case ID :

Quote ID :

Status :



Dashboard



Review



3 Consider



4 Decide



5 Submit

Renewal Date : 04/15/2018 (40 days left)

Owner Assignment

Producer :

Agency :

Sales Rep

General Agent :

Consider

We have also put together other plan options based on your customer's unique requirements. To see these other plan options select view alternates, select plans and generate a proposal.

Your current benefit plan is no longer available. Please consider the new plan design that is similar to your previous plan.

Generate Proposal

Review Group Participation

Renew These Plans

Total Monthly Premium

Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 85251)

[Remove Product](#)

Current Plan(s)- AZ014		Renewing Plan(s)- AZ016	Total Monthly Premium
ALOM	\$962.76/month	AVSE	\$1,177.18/month (+22.3%)
Choice Plus Advanced		Choice Plus Advanced	<input checked="" type="checkbox"/> Plan Selected
252 ⓘ	(2 employees enrolled)	252 ⓘ	(2 employees enrolled)
# Deductible	\$1500/\$7500	# Deductible	\$1500/\$7500
# Coinsurance	100%/50%	# Coinsurance	100%/50%
# OOP Max	\$5000/\$15000	# OOP Max	\$5000/\$15000
## O	\$25/\$50	## Office Copay	\$25/\$50
Plan Discontinued			



View Alternates

View Plan Alternates

SAM Case ID : Quote ID Status :Ready

Dashboard Review **3 Consider** 4 Decide 5 Submit

Renewal Date : 04/15/2018 (40 days left)

Owner Assignment

Producer
Agency :
Sales Rep
General Agent :

Consider

We have also put together other plan options based on your customer's unique requirements. To see these other plan options select view alternates, select plans and generate a proposal.
Your current benefit plan is no longer available. Please consider the new plan design that is similar to your previous plan.

Generate Proposal Review Group Participation Renew These Plans

Total Monthly Premium Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 85251)

[Remove Product](#)

Current Plan(s)- AZ014	Renewing Plan(s)- AZ016	Total Monthly Premium
ALOM Choice Plus Advanced 252 ⓘ (2 employees enrolled) # Deductible \$1500/\$7500 # Coinsurance 100%/50% # OOP Max \$5000/\$15000 ## Office Copay \$25/\$50 Plan Discontinued	AVSE Choice Plus Advanced 252 ⓘ (2 employees enrolled) # Deductible \$1500/\$7500 # Coinsurance 100%/50% # OOP Max \$5000/\$15000 ## Office Copay \$25/\$50	\$1,177.18/month (+22.3%) <input type="checkbox"/> Select Plan

Similar groups have also selected



Basic Life View Basic Life Plans

A Basic Life plan offers employers an additional way to show support to employees and their families at a time when they need it most. View our plans, available in flat amounts and in multiples of salary, to select a plan best suited to your company. If you would like to explore additional Basic Life options from our portfolio, please click the view Basic Life Plans link.

Alternate Plans

E25K Employee LIFE /AD&D BENEFIT \$25000 *In-Network Single-Family benefit	\$8.50/month <input checked="" type="checkbox"/> Plan Selected
---	--

Estimated Total Group Premium: \$50.36/month

[Hide Alternates](#)

Alternate Plans - AZ016	Total Monthly Premium
ALMS Navigate HSA 256 ⓘ # Deductible \$5750/NA # Coinsurance 80%/NA # OOP Max \$6550/NA ## Office Copay NA/NA	\$733.49/month <input type="checkbox"/> Select Plan
AV47 Navigate Balanced Direct 425 ⓘ # Deductible \$6500/NA # Coinsurance 100%/NA # OOP Max \$7350/NA ## Office Copay \$50/\$100	\$753.32/month <input type="checkbox"/> Select Plan

Total Renewal Premium	Helpful Links								
Rates/premiums are based on the employee census information at the time of renewal package creation. Actual rates/premiums will be based on final enrollment. Avg. Cost Per Employee is "illustrative" and is calculated using the total monthly premium divided by the number of enrolled employees, based on the renewal census. <table border="0"> <tr> <td>Total Renewal Premium</td> <td>Avg. Cost Per Employee</td> </tr> <tr> <td>Current: \$962.76/month</td> <td>Current: \$481.38/month</td> </tr> <tr> <td>Renewing: \$50.36/month</td> <td>Renewing: \$25.18/month</td> </tr> <tr> <td>-S912.40/month (-93%)</td> <td>-S456.20/month (-93%)</td> </tr> </table>	Total Renewal Premium	Avg. Cost Per Employee	Current: \$962.76/month	Current: \$481.38/month	Renewing: \$50.36/month	Renewing: \$25.18/month	-S912.40/month (-93%)	-S456.20/month (-93%)	Return to case details Shop New plans Cancel This Renewal Product Combination Rules Provider Look-up - Find a Physician
Total Renewal Premium	Avg. Cost Per Employee								
Current: \$962.76/month	Current: \$481.38/month								
Renewing: \$50.36/month	Renewing: \$25.18/month								
-S912.40/month (-93%)	-S456.20/month (-93%)								

Previous Generate Proposal Review Group Participation Renew These Plans

Consider - View Plan Alternates

Alternate Plans - FL796					Total Monthly Premium
ALOW EDGE Rx Option: 315 ⓘ					Bronze <u>\$4,751.72/month</u> <input type="checkbox"/> Select Plan
#Deductible \$5500/NA	#Coinsurance 80%/NA	#OOP Max \$7150/NA	##Office Copay NA/NA		
ALPY HSA Rx Option: 441 ⓘ					Bronze <u>\$4,813.56/month</u> <input type="checkbox"/> Select Plan
#Deductible \$6550/NA	#Coinsurance 100%/NA	#OOP Max \$6550/NA	##Office Copay NA/NA		
ALPZ Traditional with Deductible Rx Option: 439 ⓘ					Bronze <u>\$4,871.94/month</u> <input type="checkbox"/> Select Plan
#Deductible \$3750/NA	#Coinsurance 50%/NA	#OOP Max \$7150/NA	##Office Copay NA/NA		
ALP1 Balanced Rx Option: 439 ⓘ					Bronze <u>\$4,995.60/month</u> <input checked="" type="checkbox"/> Select Plan
#Deductible \$6500/NA	#Coinsurance 100%/NA	#OOP Max \$7150/NA	##Office Copay \$75/\$150		



Consider - Select a Plan Package

\$1000/NA	100%/NA	\$6350/NA	\$40/\$80	
AMD7 Premier				Gold <u>\$3,160.16/month</u> <input type="checkbox"/> Select Plan
Rx Option: DT ⓘ				
#Deductible \$1000/NA	#Coinsurance 100%/NA	#OOP Max \$4000/NA	##Office Copay \$25/\$50	
AMD4 Premier				Gold <u>\$3,196.08/month</u> <input type="checkbox"/> Select Plan
Rx Option: NS ⓘ				
#Deductible \$2500/NA	#Coinsurance 100%/NA	#OOP Max \$3750/NA	##Office Copay \$30/\$60	
AMDV Premier				Gold <u>\$3,251.12/month</u> <input type="checkbox"/> Select Plan
Rx Option: NS ⓘ				
#Deductible \$1000/\$5000	#Coinsurance 100%/70%	#OOP Max \$6350/\$10000	##Office Copay \$40/\$80	
AMDR Premier				Gold <u>\$3,267.36/month</u> <input type="checkbox"/> Select Plan
Rx Option: DT ⓘ				
#Deductible \$1000/\$5000	#Coinsurance 100%/50%	#OOP Max \$4000/\$10000	##Office Copay \$25/\$50	
AMDO Premier				Gold <u>\$3,304.68/month</u> <input type="checkbox"/> Select Plan
Rx Option: NS ⓘ				
#Deductible \$2500/\$5000	#Coinsurance 100%/70%	#OOP Max \$3750/\$10000	##Office Copay \$30/\$60	



Select Package

Generate a Proposal



Generate Proposal

Review Group Participation

Renew These Plans

Total Monthly Premium

Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 32258)

[Remove Product](#)

Current Plan(s)- FL793	Renewing Plan(s)- FL796	Total Monthly Premium
<p>5ZY EDGE Rx Option: 316 ⓘ (3 employees enrolled) #Deductible \$1000/NA #Coinsurance 100%/NA #OOP Max \$5000/NA ##Office Copay \$30/\$60</p> <p>\$2,598.67 /month</p>	<p>5ZY EDGE Rx Option: 316 ⓘ (3 employees enrolled) #Deductible \$1000/NA #Coinsurance 100%/NA #OOP Max \$5000/NA ##Office Copay \$30/\$60</p> <p>\$2,720.36 /month (+4.7%) <input checked="" type="checkbox"/> Plan Selected</p>	
<p>AEP8 Balanced Rx Option: 310 ⓘ (1 employee enrolled) #Deductible \$2000/NA #Coinsurance 100%/NA #OOP Max \$6800/NA ##Office Copay \$40/\$80</p> <p>\$518.17 /month</p>	<p>AEP8 Balanced Rx Option: 310 ⓘ (1 employee enrolled) #Deductible \$2000/NA #Coinsurance 100%/NA #OOP Max \$6800/NA ##Office Copay \$40/\$80</p> <p>\$572.04 /month (+10.4%) <input checked="" type="checkbox"/> Plan Selected</p>	
<p>AERT Balanced Rx Option: 311 ⓘ (2 employees enrolled) #Deductible \$1500/NA #Coinsurance 100%/NA #OOP Max \$6850/NA ##Office Copay \$50/\$150</p> <p>\$2,487.75 /month</p>	<p>ALPR Balanced Rx Option: 440 ⓘ (2 employees enrolled) #Deductible \$1500/NA #Coinsurance 100%/NA #OOP Max \$6350/NA ##Office Copay \$50/\$150</p> <p>\$2,896.80 /month (+16.4%) <input checked="" type="checkbox"/> Plan Selected</p>	

Generate Proposal

Dashboard

SAM Case ID Quote ID Status:Ready

Dashboard Review Consider Decide **5** Submit

Renewal Date: 04/15/2018 (40 days left)

Generate Proposal

Select options for sending the renewal proposal.

General Settings

Recipients

- Primary Contact
- Copy Me
- Other People

(Separate email addresses with a semicolon ";")

Personalize +

Document Type

PDF

Proposal Settings

The following Standard Proposal Documents are included with the Proposal.

- Detailed Census Information
- Medical Plan Summary
- Medical Rates Employee and Family Details
- Medical Riders
- Specialty Plan Summary and Rates (for all specialty products selected)
- Disclosures

Optional Proposal Documents +

Benefit Summary (for all product lines selected) +

[Preview Proposal](#) ←

[Review Product Combination Rules](#) ←

[Previous](#) [Send Proposal](#) [Save and Exit](#)

Send Proposal

Send Proposal



Would you like to Download the PDF or receive it in your email?

Note: In some instances, you may have to wait several minutes if you choose to Download the proposal.

Send via E-mail

Download PDF

Send Proposal Types

From: SalesAutomationManagement <noreply@uhc.com>
 To: [Redacted]
 Cc: [Redacted]
 Subject: Your Quote From UnitedHealthcare

Message: Proposal.pdf (1.27 KB)

Your Quote From UnitedHealthcare

Proposal Sent
Via Email

Broker: Bob B Broker
 Account Executive: Jerald T Dor

Renewal Effective Date: 11/01/2017
 Renewal Creation Date: 06/13/2017
 Renewal Number: [Redacted]

Page 1

State: [Redacted]
 ZIP Code: [Redacted]
 County: [Redacted]
 Market: [Redacted]
 Number of Locations: 1
 SIC-Description: [Redacted]
 Franchise Code: [Redacted]

Average Total Number of Employees/FTE: 2
 Total Number of Eligible Employees: 0
 Total Number of Non-COBRA Employees Applying: 2
 Total Number of COBRA Employees Applying: 0
 Total Number of Out of Area Employees: [Redacted]

Number of Classes: 0
 Names of Classes: [Redacted]
 Prior Dental Coverage: No
 Employee Contribution Medical: 0

Company Location Information:

Location #	State	ZIP Code	Number of Employees Enrolled by Location
ALL LOCATIONS - 80223	[Redacted]	[Redacted]	2

Proposal Via
pdf

Shop New Plans



Dashboard

SAM Case ID : Quote ID Status :

Dashboard Review **3 Consider** 4 Decide 5 Submit

Renewal Date : 04/15/2018 (40 days left)

Owner Assignment

Producer :
 Agency :
 Sales Rep :
 General Agent :

Consider

We have also put together other plan options based on your customer's unique requirements. To see these other plan options select view alternates, select plans and generate a proposal.

Your current benefit plan is no longer available. Please consider the new plan design that is similar to your previous plan.

Generate Proposal Review Group Participation Renew These Plans

Total Monthly Premium Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 85251)

[Remove Product](#)

Current Plan(s)- AZ014	Renewing Plan(s)- AZ016	Total Monthly Premium
ALOM Choice Plus Advanced 252 ⓘ (2 employees enrolled) # Deductible \$1500/\$7500 # Coinsurance 100%/50% # OOP Max \$5000/\$15000 ## Office Copay \$25/\$50 Plan Discontinued	AVSF Choice Plus Advanced 252 ⓘ (2 employees enrolled) # Deductible \$1500/\$7500 # Coinsurance 100%/50% # OOP Max \$5000/\$15000 ## Office Copay \$25/\$50	\$1,177.18/month (+22.3%) <input checked="" type="checkbox"/> Plan Selected

Total Renewal Premium	Helpful Links								
Rates premiums are based on the employee census information at the time of renewal package creation. Actual rates premiums will be based on final enrollment. Avg. Cost Per Employee is "illustrative" and is calculated using the total monthly premium divided by the number of enrolled employees, based on the renewal census. <table border="0"> <tr> <td>Total Renewal Premium</td> <td>Avg. Cost Per Employee</td> </tr> <tr> <td>Current: \$962.76/month</td> <td>Current: \$481.38/month</td> </tr> <tr> <td>Renewing: \$1,177.18/month</td> <td>Renewing: \$588.59/month</td> </tr> <tr> <td>\$214.42/month (+22%)</td> <td>\$107.21/month (+22%)</td> </tr> </table>	Total Renewal Premium	Avg. Cost Per Employee	Current: \$962.76/month	Current: \$481.38/month	Renewing: \$1,177.18/month	Renewing: \$588.59/month	\$214.42/month (+22%)	\$107.21/month (+22%)	Return to case details Shop New plans Cancel This Renewal Product Combination Rules Provider Look-up - Find a Physician
Total Renewal Premium	Avg. Cost Per Employee								
Current: \$962.76/month	Current: \$481.38/month								
Renewing: \$1,177.18/month	Renewing: \$588.59/month								
\$214.42/month (+22%)	\$107.21/month (+22%)								

[Previous](#)

Generate Proposal Review Group Participation Renew These Plans



All information is kept safe and secure.

Renewal Application v0.1 - CONFIGURATION APPLICATION - niods-Preq317/Renewal Application v0.1 - CONFIGURATION APPLICATION - niods-Preq317/Renewal Application v0.1 - CONFIGURATION APPLICATION - niods-Preq317/Renewal Application v0.1 - CONFIGURATION APPLICATION - niods-Preq317

Shop New Plans

Currently shopping for: All Locations (All Employees) (2 Plan Offerings)

Shopping For:

All Locations (All Employees)

Products Selected:

Medical	1
Dental	1
Vision	0
Basic Life & AD&D	0
Dependent Life	0

Multi-Choice Packages
4 groups to choose from

[TX017](#) [TX018](#) [TX019](#) [TX021](#)

Total Plans: 41

Select individual plans out of this package or click the 'Select Group' button to add all plans from the package to the quote.

[Select Group](#)

Sort By: Premium Lowest to Highest [Apply](#)

Plan Display Options ☰ ⏸ 🗖

Your Current Plan

CURRENT PLAN	DEDUCTIBLE	COINSURANCE [Ⓢ]	OOP MAX	<input type="checkbox"/> compare (up to 3)
Gold AEP ² (SM)(S) Premier HRA Rx Option: DT i	\$5000/\$NA	100%/NA	\$6000/\$NA	
\$2,100.88 / month				
View Rate Details				

Your Renewing Plan(s)

YOUR RENEWING PLAN	DEDUCTIBLE	COINSURANCE [Ⓢ]	OOP MAX	<input type="checkbox"/> compare (up to 3)
Gold AMEM (SM)(S) Premier HRA Rx Option: DT i	\$5000/\$NA	100%/NA	\$6000/\$NA	
\$2,588.44 / month				
View Rate Details				

Additional Available Plans

< 1 2 3 4 of 4 >

Gold AAPJ(SM) CHOICE PLUS Rx Option: DT i	DEDUCTIBLE	COINSURANCE [Ⓢ]	OOP MAX	<input type="checkbox"/> compare (up to 3)
Customize	\$2500/\$5000	100%/70%	\$3500/\$10000	
\$2,934.76 / month				
View Rate Details				

29

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Cancel by Product Line



Dashboard



SAM Case ID :

Quote ID

Status :



Dashboard



Review



3 Consider



4 Decide



5 Submit

Renewal Date : 04/15/2018 (40 days left)

Owner Assignment

Producer :

Agency :

Sales Rep

General Agent :

Consider

We have also put together other plan options based on your customer's unique requirements. To see these other plan options select view alternates, select plans and generate a proposal.

Your current benefit plan is no longer available. Please consider the new plan design that is similar to your previous plan.

Generate Proposal

Review Group Participation

Renew These Plans

Total Monthly Premium

Est. Avg. Cost per Employee

"Total Monthly Premium - Total monthly premium per plan."

Medical - (ALL LOCATIONS - 85251)

[Remove Product](#)

Current Plan(s)- AZ014

ALOM	\$962.76/month
Choice Plus Advanced	
252 ⓘ	(2 employees enrolled)
# Deductible	\$1500/\$7500
# Coinsurance	100%/50%
# OOP Max	\$5000/\$15000
## Office Copay	\$25/\$50

Plan Discontinued

Renewing Plan(s)- AZ016

		Total Monthly Premium
AVSE		\$1,177.18/month (+22.3%)
Choice Plus Advanced		<input checked="" type="checkbox"/> Plan Selected
252 ⓘ	(2 employees enrolled)	
# Deductible	\$1500/\$7500	
# Coinsurance	100%/50%	
# OOP Max	\$5000/\$15000	
## Office Copay	\$25/\$50	

Cancel by Product Line Confirmation

UnitedHealthcare

Dashboard

SAM Case ID : Quote ID Status :

Dashboard Review **3 Consider** 4 Decide 5 Submit

Renewal Date : 04/15/2018 (40 days left)

Consider

We have also put together other plan options based on your customer's unique requirements. To see these other plan options select view alternates, select plans and generate a proposal.
 Your current benefit plan is no longer available. Please consider the new plan design that is similar to your previous plan.

Owner Assignment

Producer :
 Agency :
 Sales Rep
 General Agent :

Drop this Benefit ✕

Are you sure you would like to drop this Medical benefit?

Confirm

Current Plan(s)- AZ014	Renewing Plan(s)- AZ016	Total Monthly Premium
<u>ALOM</u>	<u>AVSE</u>	<u>\$1,177.18/month</u> (+22.3%)
Choice Plus Advanced	Choice Plus Advanced	<input checked="" type="checkbox"/> Plan Selected
252 ⓘ (2 employees enrolled)	252 ⓘ (2 employees enrolled)	
# Deductible \$1500/\$7500	# Deductible \$1500/\$7500	
# Coinsurance 100%/50%	# Coinsurance 100%/50%	
# OOP Max \$5000/\$15000	# OOP Max \$5000/\$15000	
## Office Copay \$25/\$50	## Office Copay \$25/\$50	
Plan Discontinued		

Cancel by Product Line Confirmation



Dashboard

SAM Case ID Quote ID Status

Dashboard Review **3 Consider** 4 Decide 5 Submit

Renewal Date : 04/15/2018 (40 days left)

Consider

We have also put together other plan options based on your customer's unique requirements. To see these other plan options select view alternates, select plans and generate a proposal.

Your current benefit plan is no longer available. Please consider the new plan design that is similar to your previous plan.

Owner Assignment

Producer :

Agency :

Sales Rep

General Agent :

Generate Proposal Review Group Participation Renew These Plans

Total Monthly Premium Est. Avg. Cost per Employee

Total Monthly Premium - Total monthly premium per plan.

<p>Medical - (ALL LOCATIONS - 85251) Benefit Dropped Add</p>
--

Cancel Renewal



Dashboard

SAM Case ID Quote ID Status

Dashboard Review **3 Consider** 4 Decide 5 Submit

Estimated Total Group Premium: \$6,483.82 /month

Total Renewal Premium	Helpful Links								
<p>Rates/premiums are based on the employee census information at the time of renewal package creation. Actual rates/premiums will be based on final enrollment. Avg. Cost Per Employee is "illustrative" and is calculated using the total monthly premium divided by the number of enrolled employees, based on the renewal census.</p> <table border="0"> <tr> <td>Total Renewal Premium</td> <td>Avg. Cost Per Employee</td> </tr> <tr> <td>Current: \$5,895.76 /month</td> <td>Current: \$2,695.69 /month</td> </tr> <tr> <td>Renewing: \$6,483.82 /month</td> <td>Renewing: \$2,995.51 /month</td> </tr> <tr> <td>\$588.06 /month (+10%)</td> <td>\$299.82 /month (+10%)</td> </tr> </table>	Total Renewal Premium	Avg. Cost Per Employee	Current: \$5,895.76 /month	Current: \$2,695.69 /month	Renewing: \$6,483.82 /month	Renewing: \$2,995.51 /month	\$588.06 /month (+10%)	\$299.82 /month (+10%)	<p>Shop New plans</p> <p>Return to Case Details</p> <p>Cancel This Renewal ←</p> <p>Product Combination Rules</p> <p>Provider Look-up - Find a Physician</p>
Total Renewal Premium	Avg. Cost Per Employee								
Current: \$5,895.76 /month	Current: \$2,695.69 /month								
Renewing: \$6,483.82 /month	Renewing: \$2,995.51 /month								
\$588.06 /month (+10%)	\$299.82 /month (+10%)								

← Previous Generate Proposal Review Group Participation Renew These Plans

Cancel (Termination)

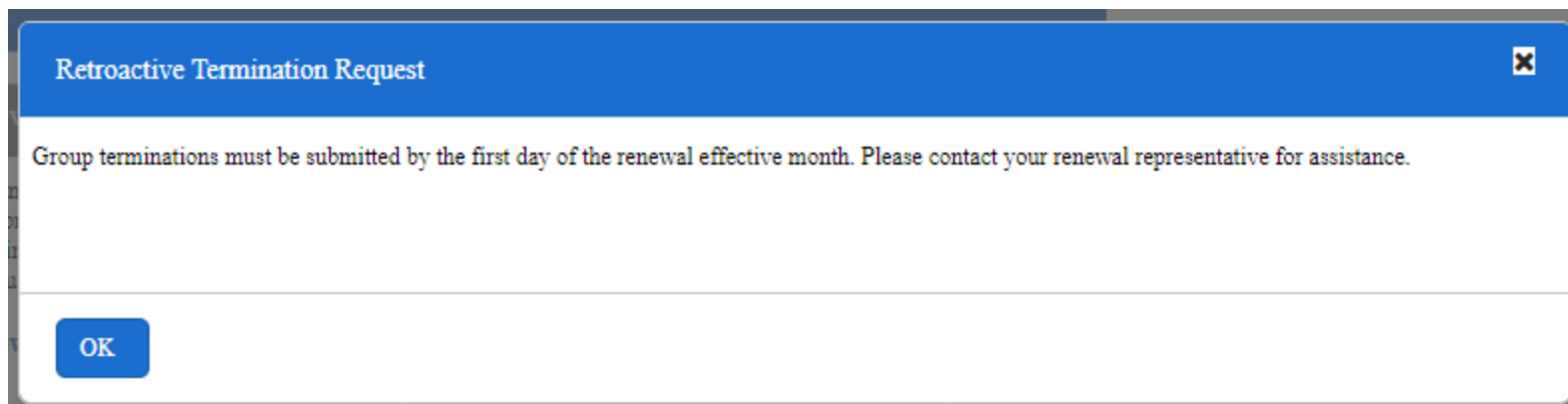
Cancel This Renewal ✕

You are about to cancel all coverage for this customer and withdraw the renewal. This can't be undone and this customer will be terminated

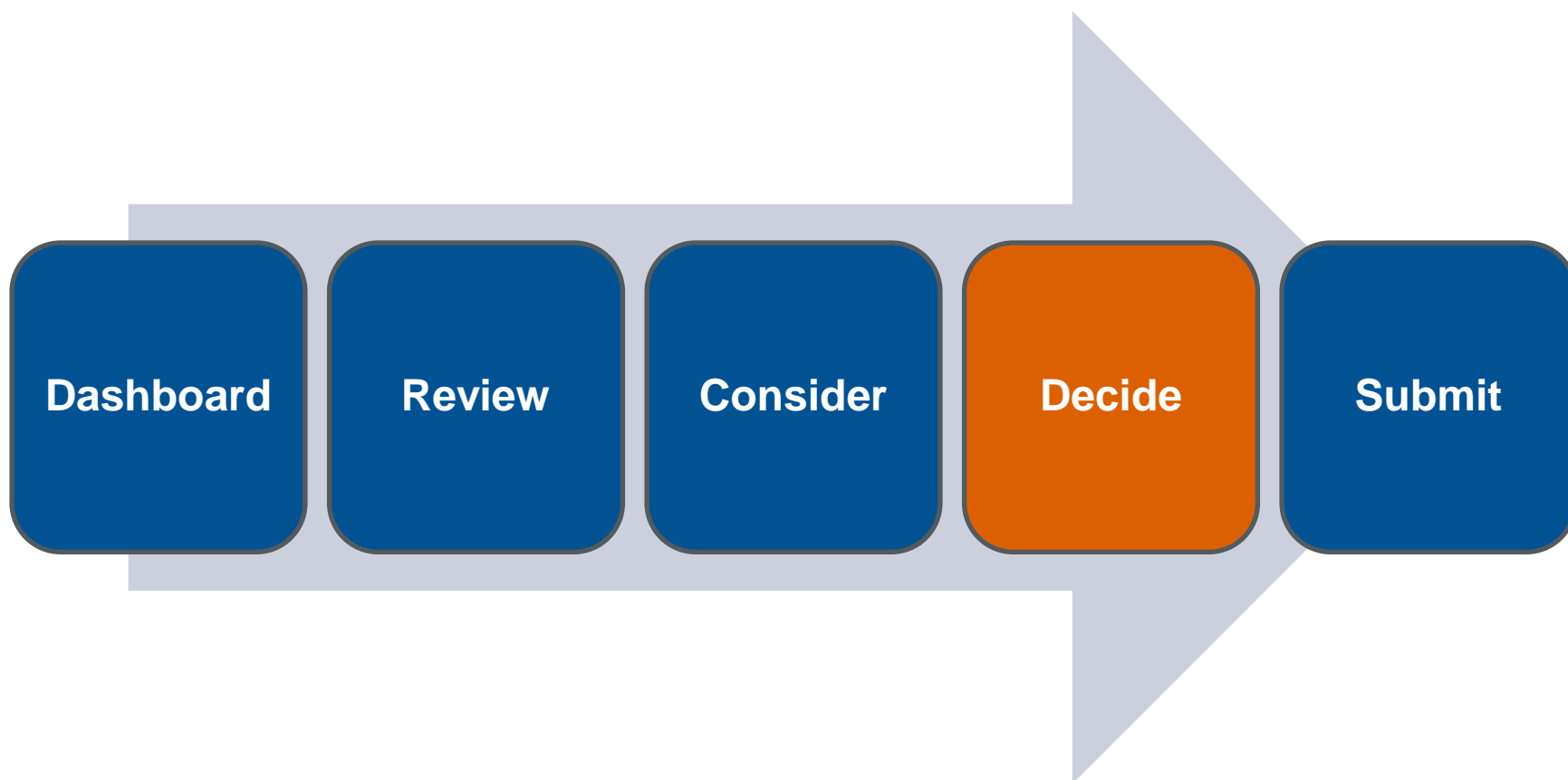
*** Reason for Cancellation**

Notes

Cancel (Termination)



The SAM Renewal Process



Decide

Dashboard

Dashboard SAM Case ID: [REDACTED] Quote ID: [REDACTED] Status: Ready

Dashboard Review Consider 4 Decide 5 Submit

Renewal Date : 04/01/2018 (46 days left)

Decide

You've selected these plans as the best choice for your customer. Please review and make any needed changes. Once you are ready, you can generate a proposal, save and exit or renew these plans.

Owner Assignment
Producer : Bob B Broker
Agency : N/A
Sales Rep : Internal I User
General Agent : N/A

Medical - (ALL LOCATIONS - 20852)

Current Plan(s)	Selected Renewal Plan(s)	Actions
PIN Rates Unavailable Choice Plus Direct 011 i	ATS2 <u>\$941.38/month</u> (-4.3%) Choice Plus Direct 010 i	Actions

Dental - (ALL LOCATIONS - 20852)

Current Plan(s)	Selected Renewal Plan(s)	Actions
A7980 <u>\$61.42/month</u> DPP0	A7980 <u>\$65.72/month</u> (+7.0%) DPP0	Actions

Decide

Dental - (ALL LOCATIONS - 32258)

Current Plan(s)	Selected Renewal Plan(s)	Actions
F3308 VPPO \$154.50/month	F3308 VPPO \$157.95/month (+2.29%)	Actions Remove This Plan Edit Plan Selection

Vision - (ALL LOCATIONS - 32258)

Current Plan(s)	Selected Renewal Plan(s)	Actions
V1008 VOLUNTARY \$18.01/month	V1008 VOLUNTARY \$18.01/month	Actions

Basic Employee Life & AD&D - (ALL LOCATIONS - 32258)

Current Plan(s)	Selected Renewal Plan(s)	Actions
F50K \$118.66/month	F50K \$118.66/month	Actions

[Product Combination Rules](#)

Estimated Total Group Premium: \$6,483.82/month

[← Previous](#)

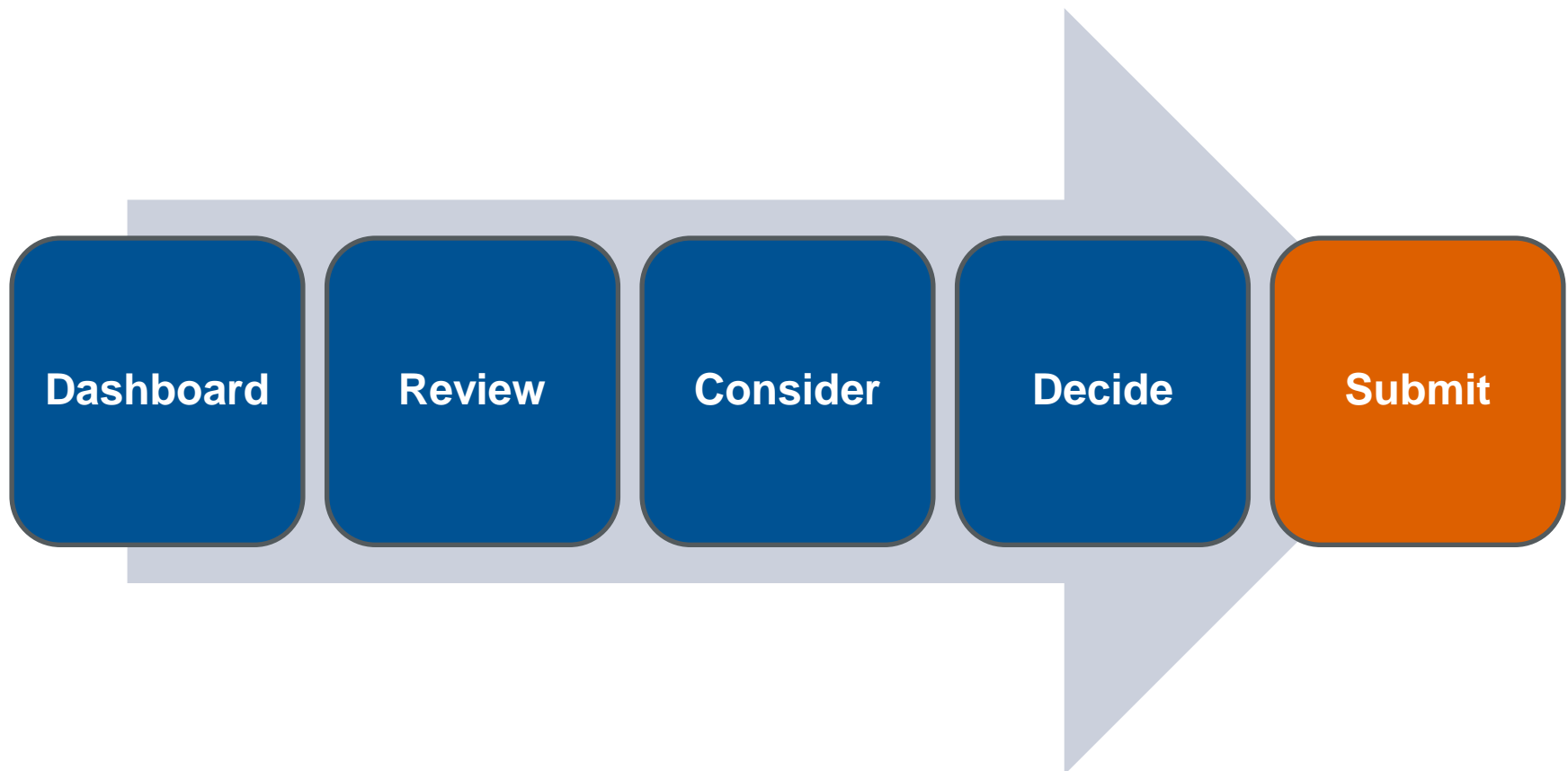
Continue Shopping

Save and Exit

Renew These Plans

Generate Proposal

The SAM Renewal Process



Confirm Decision to the Renewal Manager

Are you ready to proceed to the renewal manager? ✕

Your current plan selections have been saved.

- To make a change to the plan selections, click Cancel.
- To finalize your renewal without enrollment changes, click Finalize.
- If you wish to update your member enrollment, click Move to Enrollment.

Who will complete this group's enrollment?

Current User (Me)

Employer

Employer must match all information indicated below when registering. Additional information will be required to verify Employer access.

Renewing Plan(s)

Medical - (ALL LOCATIONS - 80634)

Multi-Choice

Medical Plan Selections	Group Cost
AK2R 256 ⓘ	<u>\$5,166.77/month</u>

Renewal Manager Screen



3 Employees

Renewal Manager

Renewal Status : **In Progress**

Renewal Effective Date : 05/01/2018

The following is a summary of the case and enrollment activity information.

* Employer Contribution

Completed

[Update](#)

You **must** confirm the employer contribution in order to submit this group for processing. 03/06/2018

Click **Update** to review the current information, make changes or exit if no changes are required and return to the Renewal Manager Screen.

* Employee Management

Completed

[Update](#)

You **must** confirm the census and the employee enrollment in order to submit this group for processing. 03/06/2018

Click **Update** to review the census and make any required changes. Review the employee enrollment and make any required changes.

If no changes are required, please click Exit to return to the Renewal Manager screen.

Employer Information

Completed

[Update](#)

Please click **Update** to review or make changes to your group's employer information. You must click **Update** if you have added new products. 03/06/2018

Required Documents

No Documents Required

Finalize Renewal

In Progress

[Finalize](#)

When you have completed your review or made any required changes to the above information, click **Finalize**. 03/06/2018

Selected Plans

[Print](#)

ALL LOCATIONS - 98021

Medical		
Plan Name		Estimated Premium
AT8C/041	View Member Rates	\$767.36 / month
AMA1/079	View Member Rates	\$1862.11 / month



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Case Information

Name : [REDACTED]
 Customer Number : [REDACTED]
 Doing Business As : [REDACTED]
 Address : [REDACTED]

Primary Contact

[REDACTED]

Case Owners

Producer : [REDACTED]
 Agency : [REDACTED]
 Sales Rep : **Internal I User**
 General Agent : [REDACTED]

Enrollment Links

- [Add a Note](#)
- [Add a Message](#)
- [Withdraw](#)
- [Cancel This Renewal](#)

Renewal Manager Screen



3 Employees

Renewal Manager

Renewal Status : **In Progress**

Renewal Effective Date : 05/01/2018

The following is a summary of the case and enrollment activity information.

*** Employer Contribution** Completed [Update](#)

You **must** confirm the employer contribution in order to submit this group for processing. 03/06/2018

Click **Update** to review the current information, make changes or exit if no changes are required and return to the Renewal Manager Screen.

*** Employee Management** Completed [Update](#)

You **must** confirm the census and the employee enrollment in order to submit this group for processing. 03/06/2018

Click **Update** to review the census and make any required changes. Review the employee enrollment and make any required changes.

If no changes are required, please click Exit to return to the Renewal Manager screen.

Employer Information Completed [Update](#)

Please click **Update** to review or make changes to your group's employer information. You must click **Update** if you have added new products. 03/06/2018

Required Documents No Documents Required

Finalize Renewal In Progress [Finalize](#)

When you have completed your review or made any required changes to the above information, click **Finalize**. 03/06/2018

Selected Plans [Print](#)

ALL LOCATIONS - 98021

Medical		
Plan Name		Estimated Premium
AT8C/041	View Member Rates	\$767.36 / month
AMA1/079	View Member Rates	\$1862.11 / month

Case Information

Name : [Redacted]

Customer Number : [Redacted]

Address : [Redacted]

Primary Contact

[Redacted]

Case Owners

Producer : [Redacted]

Agency : [Redacted]

Sales Rep : **Internal I User**

General Agent : [Redacted]

Enrollment Links

[Add a Note](#)

[Add a Message](#)

[Withdraw](#)

[Cancel This Renewal](#)



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Review Employer Contribution



Employer Contribution

Enter the employer contribution for each section below. For medical plans, please enter one contribution amount percent, or a fixed dollar amount contribution. For specialty plans, please see the hover text for each product below.

Selected Plans	Contribution Type	Contribution Amount By	Employer Contribution	Rates
Medical				
All Medical Plan(s)	<input type="text"/>	<input checked="" type="radio"/> Percentage (%) <input type="radio"/> Dollar (\$)	* <input type="text" value="100"/>	See quote summary for applicable rates.

[← Previous](#)

[Next](#)



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Renewal Manager Screen



3 Employees

Renewal Manager

Renewal Status : **In Progress**

Renewal Effective Date : 05/01/2018

The following is a summary of the case and enrollment activity information.

*** Employer Contribution** Completed [Update](#)

You **must** confirm the employer contribution in order to submit this group for processing. 03/06/2018

Click **Update** to review the current information, make changes or exit if no changes are required and return to the Renewal Manager Screen.

*** Employee Management** Completed [Update](#)

You **must** confirm the census and the employee enrollment in order to submit this group for processing. 03/06/2018

Click **Update** to review the census and make any required changes. Review the employee enrollment and make any required changes.

If no changes are required, please click Exit to return to the Renewal Manager screen.

Employer Information Completed [Update](#)

Please click **Update** to review or make changes to your group's employer information. You must click **Update** if you have added new products. 03/06/2018

Required Documents No Documents Required

Finalize Renewal In Progress [Finalize](#)

When you have completed your review or made any required changes to the above information, click **Finalize**. 03/06/2018

Selected Plans [Print](#)

ALL LOCATIONS - 98021

Medical		
Plan Name		Estimated Premium
AT8C/041	View Member Rates	\$767.36 / month
AMA1/079	View Member Rates	\$1862.11 / month

Case Information

Name : [Redacted]

Customer Number : [Redacted]

Doing Business As : [Redacted]

Address : [Redacted]

[Red Arrow points to a redacted field]

Case Owners

Producer : [Redacted]

Agency : [Redacted]

Sales Rep : **Internal I User**

General Agent : [Redacted]

Enrollment Links

[Add a Note](#)

[Add a Message](#)

[Withdraw](#)

[Cancel This Renewal](#)



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Employee Management



Employee Management

- Review all employee information and ensure all plan selections are complete.
- If you want employees to enroll online, click *_Invite Employees_* below, set your enrollment period, and enter an email address for any employee that will enroll online.

Enrollment Progress
 2 of 2 employees 100%



[Add an Employee](#)

[Physician Finder](#)
[Export Current Census](#)
[Upload Census](#)

Select A Location:

ALL LOCATIONS - 80907

Actions	Demographics	Status	Medical	Dental
Action	[Redacted]	Completed	ATMC/255 <input type="button" value="x"/> View Details <input type="checkbox"/> Waive	B8617 View Details <input type="checkbox"/> Waive
Family Members:	[Redacted]	Completed	ATMC/255 <input type="checkbox"/> Waive	B8617 <input type="checkbox"/> Waive
	[Redacted]	Completed	ATMC/255 <input type="checkbox"/> Waive	B8617 <input type="checkbox"/> Waive
	[Redacted]	Completed	ATMC/255 <input type="checkbox"/> Waive	B8617 <input type="checkbox"/> Waive
Action	[Redacted]	Completed	ATMC/255 <input type="button" value="x"/> View Details <input type="checkbox"/> Waive	B8617 View Details <input type="checkbox"/> Waive

Family Members: None

[Previous](#)

[Next](#)



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Employee Management Updates

Employee Management

- Review all employee information and ensure all plan selections are complete.
- If you want employees to enroll online, click *_Invite Employees_* below, set your enrollment period, and enter an email address for any employee that will enroll online.

Enrollment Progress

0 of 6 employees 0%



[Add an Employee](#)

[Upload Census](#) [Export Current Census](#)

Select A Location:

ALL LOCATIONS - 32258

Actions	Demographics	Status	Medical	Dental	Vision	Basic Life
<div style="border: 2px solid red; padding: 5px;"> Action Edit Employee Remove Employee </div>		In Progress	<input type="checkbox"/> Waive	F3308 View Details <input type="checkbox"/> Waive	V1008 View Details <input type="checkbox"/> Waive	F50K View Details <input type="checkbox"/> Waive
Family Members:						
		In Progress	<input type="checkbox"/> Waive	F3308 <input type="checkbox"/> Waive	V1008 <input type="checkbox"/> Waive	<input type="checkbox"/> Waive
		In Progress	<input type="checkbox"/> Waive	F3308 <input type="checkbox"/> Waive	V1008 <input type="checkbox"/> Waive	<input type="checkbox"/> Waive

Employee Management Updates

Employee Management

- Review all employee information and ensure all plan selections are complete.
- If you want employees to enroll online, click *_Invite Employees_* below, set your enrollment period, and enter an email address for any employee that will enroll online.

Enrollment Progress

0 of 6 employees 0%



[Add an Employee](#)



[Upload Census](#) [Export Current Census](#)

Select A Location:

ALL LOCATIONS - 32258

Actions	Demographics	Status	Medical	Dental	Vision	Basic Life
Action Edit Employee Remove Employee		In Progress	<input type="text"/> <input type="checkbox"/> Waive	F3308 View Details <input type="checkbox"/> Waive	V1008 View Details <input type="checkbox"/> Waive	F50K View Details <input type="checkbox"/> Waive
Family Members:		In Progress	<input type="text"/> <input type="checkbox"/> Waive	F3308 <input type="checkbox"/> Waive	V1008 <input type="checkbox"/> Waive	<input type="text"/> <input type="checkbox"/> Waive
		In Progress	<input type="text"/> <input type="checkbox"/> Waive	F3308 <input type="checkbox"/> Waive	V1008 <input type="checkbox"/> Waive	<input type="text"/> <input type="checkbox"/> Waive

Enrollment Flow to Add New Employee

Add Employee
✕

Employee Information

* First Name	* Last Name	* Birth Date	Age
<input type="text"/>	<input type="text"/>	<input type="text" value="__/__/__"/>	<input type="text"/>
* Address	* City	* State	* Zip Code
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>
Select Smoker	Smoking Cestation	* Gender	* Status
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="Active"/>
* SSN	* Email Address	* Location	
<input type="text" value="__-__-__"/>	<input type="text"/>	<input type="text" value=""/>	
Out Of Area	* # Hours Worked	* 1099	* Date of Hire (DOH)
<input type="text" value="No"/>	<input type="text"/>	<input type="text" value="No"/>	<input type="text" value="__/__/__"/>
PCP ID #	PCD ID #	* Commissions Employee	
<input type="text"/>	<input type="text"/>	<input type="text" value="No"/>	
* Medical Coverage	* Dental Coverage	* Vision Coverage	* BasicLife Coverage
<input type="text" value="Select..."/>	<input type="text" value="Select..."/>	<input type="text" value="Select..."/>	<input type="text" value="Select..."/>

Select...

- Employee + Child
- Employee Only
- Employee + Spouse
- Family
- No Coverage

Save

Renewal Manager Screen



3 Employees

Renewal Manager

Renewal Status : **In Progress**

Renewal Effective Date : 05/01/2018

The following is a summary of the case and enrollment activity information.

*** Employer Contribution** Completed [Update](#)

You **must** confirm the employer contribution in order to submit this group for processing. 03/06/2018

Click **Update** to review the current information, make changes or exit if no changes are required and return to the Renewal Manager Screen.

*** Employee Management** Completed [Update](#)

You **must** confirm the census and the employee enrollment in order to submit this group for processing. 03/06/2018

Click **Update** to review the census and make any required changes. Review the employee enrollment and make any required changes.

If no changes are required, please click Exit to return to the Renewal Manager screen.

Employer Information Completed [Update](#)

Please click **Update** to review or make changes to your group's employer information. You must click **Update** if you have added new products. 03/06/2018

Required Documents No Documents Required

Finalize Renewal In Progress [Finalize](#)

When you have completed your review or made any required changes to the above information, click **Finalize**. 03/06/2018

Selected Plans [Print](#)

ALL LOCATIONS - 98021

Medical		
Plan Name		Estimated Premium
AT8C/041	View Member Rates	\$767.36 / month
AMA1/079	View Member Rates	\$1862.11 / month



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Case Information

Name : [REDACTED]
 Customer Number : [REDACTED]
 Doing Business As : [REDACTED]
 Address : [REDACTED]

Primary Contact

[REDACTED]

Case Owners

Producer : [REDACTED]
 Sales Rep : [REDACTED] Internal I User
 General Agent : [REDACTED]

Enrollment Links

[Add a Note](#)
[Add a Message](#)
[Withdraw](#)
[Cancel This Renewal](#)



Employer Information

Employer Information	<i>In Progress</i>	<input type="button" value="Update"/>
Please click Update to review or make changes to your group's employer information. You must click Update if you have added new products.	08/21/2017	
Required Documents	No Documents Required	Enrollment Links
If you have any documents to upload, please select upload.	<i>Not Started</i>	Add a Note
Wage and Tax Forms ⓘ	Choose File	Add a Message
	<input type="button" value="Upload"/>	Withdraw
		Cancel This Renewal

Employer Information Updates Available:

- Group's Legal Name
- Group Name to appear on ID card
- Street Address
- Contact Person: First/Last Name, Email Address, Phone #
- Billing Address
- Waiting Period
- Medical Benefit Option (Deductible Accumulation)

Note: Cannot change Zip Code

Employer Information

Employer Information

Enter the following information to describe the eligibility requirements that your employees must meet to obtain coverage.

* Renewal Effective Date

11/01/2017

Company Information

* Group's Legal Name

* Group Name to appear on ID card

Tax ID

943261967

* Street Address

Cannot be a PO Box, Canadian or foreign address.

* City

State

Contact Person

* First Name

* Last Name

* Email Address

* Phone Number

Ext.

(111) 111 1111

* Is the billing address the same as the primary?

Yes

No

Street Address

City

State

Zip Code

*Waiting Period for new hires (Waiting Period cannot exceed 90 days.)

Medical, Dental, Vision and/or Basic Life

1st of Policy Month following Date of Hire

Add additional waiting period

1st of Policy Month following Date of Hire

Waiting Period class name

* # of years in business

Less than one year

Greater than one year

Medical Benefit Plan Option

Policy Year

Calendar Year

[← Previous](#)

[Next](#)



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Renewal Manager Screen



3 Employees

Renewal Manager

Renewal Status : **In Progress**

Renewal Effective Date : 05/01/2018

The following is a summary of the case and enrollment activity information.

* Employer Contribution

Completed

[Update](#)

You **must** confirm the employer contribution in order to submit this group for processing. 03/06/2018

Click **Update** to review the current information, make changes or exit if no changes are required and return to the Renewal Manager Screen.

* Employee Management

Completed

[Update](#)

You **must** confirm the census and the employee enrollment in order to submit this group for processing. 03/06/2018

Click **Update** to review the census and make any required changes. Review the employee enrollment and make any required changes.

If no changes are required, please click Exit to return to the Renewal Manager screen.

Employer Information

Completed

[Update](#)

Please click **Update** to review or make changes to your group's employer information. You must click **Update** if you have added new products. 03/06/2018



Required Documents

No Documents Required

Finalize Renewal

In Progress

[Finalize](#)

When you have completed your review or made any required changes to the above information, click **Finalize**. 03/06/2018

Selected Plans

[Print](#)

ALL LOCATIONS - 98021

Medical		
Plan Name		Estimated Premium
AT8C/041	View Member Rates	\$767.36 / month
AMA1/079	View Member Rates	\$1862.11 / month



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Case Information

Name : [Redacted]

Customer Number : [Redacted]

Doing Business As : [Redacted]

Address : [Redacted]

Primary Contact

[Redacted]

[Redacted]

Case Owners

Producer : [Redacted]

Agency : [Redacted]

Sales Rep : **Internal I User**

General Agent : [Redacted]

Enrollment Links

[Add a Note](#)

[Add a Message](#)


[Withdraw](#)

[Cancel This Renewal](#)

Required Documents

Required Documents *Not Started*

If you have any documents to upload, please select upload.

Prior Dental Coverage Information 

A list of required documents (if any) will be listed and can be uploaded from this section

Enrollment Links

2 Employees

Renewal Manager

Renewal Status : In Progress

Renewal Effective Date : 04/15/2018

The following is a summary of the case and enrollment activity information.

* Employer Contribution

Completed

[Update](#)

You must confirm the employer contribution in order to submit this group for processing.

03/15/2018

Click [Update](#) to review the current information, make changes or edit if no changes are required and return to the Renewal Manager Screen.

* Employee Management

Completed

[Update](#)

You must confirm the census and the employee enrollment in order to submit this group for processing.

03/15/2018

Click [Update](#) to review the census and make any required changes. Review the employee enrollment and make any required changes.

If no changes are required, please click [Edit](#) to return to the Renewal Manager screen.

Employer Information

Completed

[Update](#)

Please click [Update](#) to review or make changes to your group's employer information. You must click [Update](#) if you have added new products.

03/15/2018

Required Documents

Not Started

If you have any documents to upload, please select upload.

Prior Dental Coverage Information

[Browse...](#)



Finalize Renewal

In Progress

[Finalize](#)

When you have completed your review or made any required changes to the above information, click [Finalize](#).

03/15/2018

Selected Plans

[Print](#)

ALL LOCATIONS - 85251

Medical		
Plan Name		Estimated Premium
AV5F/252	View Member Rates	\$1177.18 / month
Dental		
Plan Name		Estimated Premium
LIN02	View Member Rates	\$44.80 / month
Vision		
Plan Name		Estimated Premium
V1012	View Member Rates	\$19.62 / month

Case Information --

Name :

Customer Number :

Doing Business As :

Address :

Primary Contact

Case Owners

Producer :

Agency :

Sales Rep :

General Agent :

Enrollment Links

[Add a Note](#)

[Add a Message](#)

[Withdraw](#)

[Cancel This Renewal](#)

Enrollment Links



3 Employees

Renewal Manager

Renewal Status : **In Progress**

Renewal Effective Date : 05/01/2018

The following is a summary of the case and enrollment activity information.

* Employer Contribution

Completed

[Update](#)

You **must** confirm the employer contribution in order to submit this group for processing. 03/06/2018

Click **Update** to review the current information, make changes or exit if no changes are required and return to the Renewal Manager Screen.

* Employee Management

Completed

[Update](#)

You **must** confirm the census and the employee enrollment in order to submit this group for processing. 03/06/2018

Click **Update** to review the census and make any required changes. Review the employee enrollment and make any required changes.

If no changes are required, please click **Exit** to return to the Renewal Manager screen.

Employer Information

Completed

[Update](#)

Please click **Update** to review or make changes to your group's employer information. You must click **Update** if you have added new products. 03/06/2018

Required Documents

No Documents Required

Finalize Renewal

In Progress

[Finalize](#)

When you have completed your review or made any required changes to the above information, click **Finalize**. 03/06/2018

Selected Plans

ALL LOCATIONS - 98021

Medical		
Plan Name	View Member Rates	Estimated Premium
AT8C/041	View Member Rates	\$767.36 / month
AMA1/079	View Member Rates	\$1862.11 / month

Case Information

Name :
 Customer Number :
 Doing Business As :
 Address :

Primary Contact

Case Owners

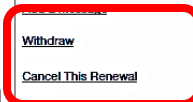
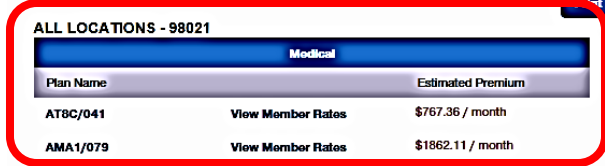
Producer :
 Agency :
 Sales Rep : **Internal I User**
 General Agent :

Enrollment Links

[Add a Note](#)

[Withdraw](#)

[Cancel This Renewal](#)



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Finalize Enrollment

Welcome, Bob Broker ▾

[Back to Homepage](#)



Pending Renewal

Status: In Progress

This case is now ready to be submitted for renewal processing. Click Submit to renew case, or click cancel to return to the previous page.

[Cancel](#)

[Submit](#)



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Participation Audits

Eligibility Audit - Open

Your renewal is under eligibility audit. You will be able to review the renewal, shop for alternates etc., but you will not be able to submit the renewal until you have passed the audit.

Eligibility Audit - Pending

Your audit is incomplete. More information is required before the audit can be reviewed.

Eligibility Audit - Denied

Your renewal has failed eligibility audit and will not be submitted.

Ready

Your renewal has passed eligibility audit and is ready for submission.

Case search results and filter criteria

Case type	Case name	Producer	Sales	State	ZIP code	Case status	Activity status	Created Date	
	[Redacted]	--	User, Internal I	VA	23227	Active	Eligibility Audit-Open	08/11/2017	View

Case type	Case name	Producer	Sales	State	ZIP code	Case status	Activity status	Created Date	
	[Redacted]	--	User, Internal I	FL	33133	Active	Eligibility Audit-Pending	08/11/2017	View

Case type	Case name	Producer	Sales	State	ZIP code	Case status	Activity status	Created Date	
	[Redacted]	User, Internal I		FL	33001	Active	Eligibility Audit- Denied	08/11/2017	View

Any Questions?

