

OhioHealthy Level-Funded

New Business Case Submission

Thank you for selecting OhioHealthy. This document is intended to guide you through the case submission process and serve as a checklist including hyperlinks for quick access to documents.

3 simple steps to complete a Level-Funded case submission

Step 1

Submit the following documents

- ☐ Signed proposal that identifies the plan(s) being offered
- ☐ [Level-Funded Group Employer Application](#)
- ☐ [OhioHealthy Enrollment Census Template](#)

Please submit documents to:

Groups 5-99

SGSales@OhioHealthyPlans.com

Groups 100+

LGSales@OhioHealthyPlans.com

Step 2

Submit the following documents

- ☐ [Stop-Loss 101 Form](#) *
- ☐ Current carrier bill *
- ☐ Wage and Tax Report with employee status documented for every employee on the filing roster *
- ☐ Binder check payable to OhioHealthy Plans mailed to
OhioHealthy
L-4300
Columbus, OH 43260
- ☐ Application for Excess Loss Reimbursement Coverage
- ☐ Plan Service Agreement (PSA)

Step 3

Submit the following document (optional)

- ☐ Deductible credit information from prior carrier

*For groups with 25+ enrolled lives, the Eligibility Certification Form may be submitted in lieu of these documents.

OhioHealthy is the trade name of OhioHealthy Medical Plans, Inc.
Self-funded employer benefit plans are administered by OhioHealthy Plans, LLC.
Stop-loss insurance is provided by an A+ rated insurance company.

OhioHealthy