

REQUIREMENTS FOR PRICING PROPOSAL

The following is required to request a pricing proposal:

Company Information

Available for groups only

- Company Name
- Complete Company Address
- Company Website Address
- Industry
- Number of Company Full-Time Employees
- Primary Plan Renewal Date (if available)
- ArmadaCare Effective Coverage Date (1st of the month only)

Census

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

- Name
- Title (optional)
- Date of Hire (optional)
- Salary and/or Pay Grade (optional)
- Date of Birth
- Gender
- Zip Code
- Number of Dependent Children (if applicable)*

* DentaPak NY only: The dental and vision riders are only available when the average number of dependent children is 3 or less per family.

Eligibility

- ArmadaCare's indemnity products are available in select states; [click here to confirm availability](#)
- Available 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
 - » Owners
 - » Officers
 - » Partners
 - » Shareholders
 - » Board Members
 - » Retirees
 - » Full-Time Employees & Their Dependents



ArmadaCare’s indemnity products allow the employer to determine appropriate coverage tiers independent from primary medical plan enrollment tiers.

- Our indemnity products are guaranteed issue annual contracts with no pre-existing limitations or waiting period for covered benefits.
- Can co-exist with an HRA or FSA.
- There are no primary medical plan requirements.

Minimum Enrollment Requirements

ArmadaCare’s indemnity products can be offered to a group on a contributory or non-contributory basis. On a contributory basis, minimums apply and required participation is 75% of the eligible class.

ArmadaCare Product	Minimum Lives Required		
	Non-Contributory Basis Single Product	Non-Contributory Basis 2+ Products	Contributory Basis
Ultimate Health Indemnity– Diamond Plus DentaPak NY – D20000 & D15000 WellPak Plus CT – Diamond Plus	15	10	N/A
Ultimate Health Indemnity– Diamond & Platinum DentaPak NY – D7500, D4000 & D2500 WellPak Plus CT – Diamond & Platinum	3	3	N/A
Plena Health Indemnity WellPak – High	10	*No minimum	50
BeneBoost WellPak – Mid WellPak – Low	25	*No minimum	50

*The minimum lives requirement may vary if the group is enrolled in one or more product(s) with at least 3 enrolled lives; excluding Plena Health Indemnity, WellPak and BeneBoost.



Underwritten by Sirius America Insurance Company (“Sirius America”). Sirius America has an A.M. Best Financial Strength Rating of “A-” (Excellent) as of March 4, 2020.