

Maryland SHOP PreSale Quote Request Checklist

2 – 50 employees

It's so easy

To help ensure the Maryland SHOP Quote Request process of your case is quick and easy, we are providing this simple checklist.

1. Member level census with census information for all employees & dependents enrolling

- All eligible employees and dependents (including waivers)
- Date of birth/age for all enrolling (including dependents)
- Gender for all enrolling
- Zip code for all employees enrolling
- Product tier selection if enrolling dependents (ex: EE only, EE + Spouse, EE + child(ren), Family)

Any missing information may result in your quote request being returned to you as incomplete. An Incomplete email template will be sent to you from AetnaMDSHOP@AETNA.com.

Send all MD SHOP Quote Requests to:

E-mail: AetnaMDSHOP@AETNA.com

Effective dates may be the 1st of the month.

2. RFP “Request for Proposal” from Broker or Client must include:

- Group name
- Group business address (include address & zip code) *No PO Boxes
- Effective date of quote request
- Broker and/or Agency name (if applicable)
- Group's SIC code (type of Industry)

Group size

2-50 employees
*FTE (Full Time Equivalent) rules apply in some states.

Submission deadline

If the requested effective date is not available, the next available effective date will be quoted.

3. Plans to be quoted

- Quote should include Medical only
- If specifically requested, any & all medical plans can be quoted

For help with your Standard Quote Requests, contact the Aetna New Business Unit at AetnaMDSHOP@AETNA.com or call us at: 866-270-4318.

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