

Self-Funded Solution for Utah Employers

U of U Health Plans Level Funded requests for groups with 15+ enrolled contracts.

The following is required to obtain a quote:

Group name with primary address

Requested effective date

Current and renewal rates

Current Schedule of Benefits/Summary Plan Document

Census including:

Member level census showing eligible employees and waivers

Gender

DOB

Residential Zip code

Tier selection

Notes

- Groups with 15-25 enrolled contracts will need to provide health questionnaires as well as a signed final disclosure statement to lock in the rate
- Group with 26+ enrolled contracts will need to provide a signed risk evaluation form as well as a signed final disclosure statement to lock in the rate
- Plans may be viewed at uhealthplan.utah.edu/level-funding

