

FAQS

Agent Appointments & Commissions

1) How and where do I go to begin selling the plans through Quotit?

A: Agents will need to connect with one of our contracted agencies, or through us directly to get appointed via our website: www.antidotehealth.com/appointed. Once appointed, log into your Quotit account and select carrier and plans under Settings.

2) Is the appointment process 100% online?

A: Yes, it is all done online through Miramar:Agent. The appointment process will include agreement for a background check to be performed, license validation and other steps. If there is an issue with your background check, you will be notified via Miramar:Agent. You can contact Broker Support for assistance.

3) Are there costs to be appointed?

A: There is no cost to agents to be appointed to sell Antidote Health plans.

4) How long does it take to get appointed and does the appointment include all products i.e., Medicare, Small Group or other?

A: Most agents are appointed within 5 days or less. For Plan Year 2025, agents will be able to select the state and products (on-exchange, off-exchange, small group) that they would like to sell.

5) What identification number do I use to receive credit for a sale?

A: This will be either your NPN or a number Antidote assigns to you when you are appointed.

6) How soon can I begin selling plans?

A: As soon as you receive your "ready to sell" email from Antidote Health via Miramar:Agent, you can sell.

7) Is there training available and is it required?

A: There is a training and test in the Plan Year 2024 appointment process that is required. It will be removed for 2025. Virtual trainings on 2025 products will happen early Fall.

8) What is my commission percentage or who do I contact for Commission questions?

A: Commissions are currently \$20 PMPM for individual agents. For questions, contact Broker Support at brokersupport@antidotehealth.com or 866-256-2134.

9) Are any plans Zero Commissions or cannot be sold by agents?

A: Appointed agents can sell all products they are appointed to sell.

Enrollment & Contacts

1) How do I enroll my clients electronically on Quotit?

A: Clients can enroll themselves. Agents make sure to add your unique enrollment link into the Online Application Settings page on your Quotit account settings, here are instructions:

- log into your Quotit account <http://www.quotit.net>
- Go to the "Settings" Tab
- Click on "Online Application Settings" under "Individual & Family: Agency Preferences"
- At the bottom of the page click on the "Add" button.
- Select "State", "Product Type" and "Company/ Carrier Name"
- Paste unique redirect link (Copy from broker portal or contact carrier for link)



- Enter Agent Writing Number on file with the company/ carrier (NPN or Number/ID assigned by carrier)
- Select "Save".

2) How do I submit paper applications, by fax, email?

A: Paper applications should be securely emailed to enrollment@antidotehealth.com or faxed to 347-296-3528.

3) What forms of payment do you accept?

A: Credit cards and checks.

4) Is there an enrollment / application fee?

A: There are no enrollment fees.

5) When do members become effective?

A: For Plan Year 2024, off-exchange Special Enrollment members become effective at the next first of the month.

6) What is the contact number to broker support and hours of operations?

A: Antidote Health's Broker Support is available daily from 7am – midnight. The phone number is 866-256-2134.

7) How do I submit an Agent of Record form?

A: You can submit this to enrollment@antidotehealth.com.

Eligibility for Coverage

1) How far in advance can an effective date be?

A: It can be 1-60 days from the current date.

2) What are the valid ages of dependents?

A: Dependents are valid until the age of 26.

3) Are child only applications accepted?

A: Yes, child only applications are accepted, but an agent should contact Broker Support to enroll the child.

4) If coverage already includes dependent children, how do I add an additional child (newborn or adopted) to the same policy?

A: To add an additional child to your existing policy, you will need to provide the following information in writing: the new dependent's first and last name, date of birth or date of adoption, plan start date, gender, Social Security number, and address. You can submit this information via secure email to enrollment@antidotehealth.com or call Member Services at 888-623-3195.

5) What is the reinstatement rule if a policy lapses?

A: If the plan is terminated due to non-payment of the premium within the allowed time, we may agree to reinstate coverage at the member's request and at our discretion. Upon reinstatement, we will provide benefits only for the periods before termination or after reinstatement. Benefits will be suspended before the reinstatement date. Any premiums accepted by us for reinstatement will be applied to the period for which the member has not already paid. For more information, contact Member Services at 888-623-3195.

Claims

1) Grace period claims, are they paid without premium or suspended?

A: Any claims submitted for you during that grace period will be pended. When a claim is pended, that means no payment will be made to the provider until your delinquent premium is paid in full. If you do not pay your delinquent premium by the end of the 30-day grace period, your coverage will be terminated. If you pay your full outstanding premium before the end of the grace period, we will pay all claims for covered services you received during the grace period that are submitted properly. If you have an individual HMO plan in Arizona or Ohio, we will pay your claims during the 30-day grace period; however, your benefits will terminate if your delinquent premium is not paid by the end of that grace period.

2) How are claims submitted?

A: Usually, providers file claims with us on your behalf. If you received services from an out-of-network provider, and if that provider does not submit a claim to us, you may submit a claim directly to us by using the claim form that can be found at www.antidotehealth.com/member or by calling Member Services between 8:00am to 8:00pm Monday through Friday (eastern time) at the toll-free number on your ID Card. There are time limits on how long you have to submit claims, with details on the limit by state below. You can also check your specific plan's claims filing time limit information to determine the specific time limit for submitting your claim.