

*Type of Plan: EE-employee only ES-Employee and Spouse EC- Employee and Child(ren) ESC-Family

Current Carrier: _____ Current Plan: _____ Current Premium: _____

**Wisconsin State Bar
PLAN OPTIONS**

Copay Options

Deductible:	\$750/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance:	80/60	80/60	80/60	100/70	80/60
MOOP:	\$2,750/\$5,500	\$4,500/\$9,000	\$5,500/\$11,000	\$5,000/\$14,500	\$6,000/\$12,000
Copays:	\$25/\$50/\$300	\$25/\$50/\$300	\$25/\$50/\$300	\$25/\$50/\$300	\$25/\$50/\$300
RX:	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60	\$10/\$35/\$60

**HDHP Options
HSA Qualified**

Deductible:	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$6,550/\$13,100
Coinsurance:	100/70	80/60	100/70	100/70
MOOP:	\$2,500/\$5,000	\$5,500/\$11,000	\$5,000/\$10,000	\$6,550/\$13,100

Additional Services Available

Benefit Management Solutions:

FlexSystem/Section 125/ Premium Only Plan _____ COBRA Administration _____ Health Savings Account (HSA) _____
Health Reimbursement Account (HRA) _____

Indicate if you would like additional information on any of the following coverages:

Life _____ Disability _____ Professional Liability _____ Business _____ Home & Auto _____ Medicare _____ Long Term Care _____ Travel _____ Vision _____

This census data is collected to allow us to obtain preliminary rates. Final rates are subject to medical underwriting. Any changes to the census will also change the rates.

Revised 06/25/20