

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

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

WPS-WDA 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) _____

Epic Specialty Benefits: **Includes Special Pricing for WDA Members!** Employer Paid _____ Employee Paid _____ (Please indicate)

Office Overhead _____ Short Term Disability _____ Long Term Disability _____ Group Reducing Life _____

ThinkHR–Your Human Resource Services _____

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