



Phone: 800-637-4676
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Group Census
WDA Association Health Plan



WPS available in all counties.
Quartz available only in Dane County.

Group Name:
Main Contact:
Address:
City, State, Zip:
Email address:
Telephone: Business Number: Fax Number:
Effective Date

Table with 8 columns: Employee Name, Waiver Y/N, DOB, Gender, Spouse Name / DOB / Gender, Child Name / DOB / Gender, *Plan Type, Residence Zip Code. Includes a footer for *Type of Plan: EE-employee only ES-Employee and Spouse EC- Employee and Child(ren) ESC-Family

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.

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) _____

Mineral-Your Human Resource Service _____

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 _____

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Revised 10/21/21