

## **Group Census**WFDA Association Health Plan



Phone: 800-637-4676 Fax: 414-277-1124 info@profinsprog.com

Group Names

Main Contact: Address: City, State, Zip: Email address: Telephone: Effective Date	County:  Business Number: Fax Number:										
Employee Name	Waiver Y/N	DOB	Gender	Spouse Name / DOB / Gender	Child Name / DOB / Gender	*Plan Type	Residence Zip Code				
*Ту	pe of Plan: E	E-employ	ee 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.

Revised 11/22/2021

Current Carrier:	Current Plan:			Current Premium:						
	WPS-WDA PLAN OPTIONS									
Copay Options	Deductible: Coinsurance: MOOP: Copays: RX:	\$750/\$1,500 80/60 \$2,750/\$5,500 \$25/\$50/\$300 \$10/\$35/\$60	\$1,500/\$3,000 80/60 \$4,500/\$9,000 \$25/\$50/\$300 \$10/\$35/\$60	\$2,500/\$5,000 80/60 \$5,500/\$11,000 \$25/\$50/\$300 \$10/\$35/\$60	\$5,000/\$10,000 100/70 \$5,000/\$14.500 \$25/\$50/\$300 \$10/\$35/\$60	\$5,000/\$10,000 80/60 \$6,000/\$12,000 \$25/\$50/\$300 \$10/\$35/\$60				
HDHP Options HSA Qualified	Deductible: Coinsurance: MOOP:	\$2,500/\$5,000 100/70 \$2,500/\$5,000	\$2,500/\$5,000 80/60 \$5,500/\$11,000	\$5,000/\$10,000 100/70 \$5,000/\$10,000	\$6,550/\$13,100 100/70 \$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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