

Group Census State Bar of Wisconsin Group Health Plan for Law Firms

A Member Benefit of



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

Group Name: Main Contact: Address: City, State, Zip: Email address: Telephone: Effective Date	Business Nu				County: Fax Number:					
Lincolive Butte						*Plan	Residence Zip			
Employee Name		DOB	Gender	Spouse Name / DOB / Gender	Child Name / DOB / Gender	Туре	Code			
*T	vpe of Plan: E	E-employ	ee onlv	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					
WPS PLAN OPTIONS												
Copay Options												
Deductible:	\$750/\$1.500		\$1,500/\$3.000	\$2,500/\$5,000		\$5,000/\$10,000		\$7,500/\$15,000		\$9,200/\$18,400		
Coinsurance:	80/60		80/60	80/60		80/60		80/60		100/70		
моор:	\$3,750/\$7,500		\$5,500/\$11,000	\$6,500/\$13,000		\$8,000/\$16,000		\$9,000/\$18,000		\$9,200/\$18,400		
Copays:	\$10/\$25	/\$50/\$300	\$10/\$35/\$70/\$500		\$10/\$35/\$70/\$500		\$10/\$50/\$70/\$500		\$10/\$50/\$70/\$500		\$10/\$50/\$70/\$500	
RX:	\$10/\$20	/\$40/\$80/25%	\$10/\$20/\$50/\$100/	25%	\$10/\$20/\$50/\$	100/25%	\$10/\$20/\$	\$50/\$100/25%	\$10/\$20/\$50/\$100/25%		\$10/\$20/\$50/	\$100/25%
LIDLID O (1!	Deductible:	\$2,500/\$5,000	\$2,	500/\$5,000	\$5,000/	\$10,000	\$6,550/\$13,	100	\$7,500/\$15,000	\$8,050/\$16	100
HDHP Opt		Coinsurance	2: 100/70	80/	/60 100/70		100/70			100/70	100/70	
noa Quai	iiieu	MOOP:	\$2,500/\$5,000	\$2,500/\$5,000 \$5,		\$5,000/)/\$10,000 \$6,550/\$13,		100 \$7,500/\$15,000		\$8,050/\$16	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												
•			formation on any of the				Med	icare l	ong ·	Ferm Care Tra	avel Vis	ion
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Please return census form to Professional Insurance Programs via email, info@profinsprog.com or fax 414-277-1124