



Professional Insurance Programs  
A division of WDA Insurance & Services Corp.

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# Group Census

## WDA Association Health Plan



**Group Name:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Business Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

Employee Name	DOB	Gender	Spouse Name / DOB / Gender	Child Name / DOB / Gender	*Plan Type	Residence Zip Code

\*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	\$7,500/\$15,000	\$9,200/\$18,400
Coinsurance:	80/60	80/60	80/60	80/60	80/60	100/70
MOOP:	\$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%

#### HDHP Options

#### HSA Qualified

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
Coinsurance:	100/70	80/60	100/70	100/70	100/70	100/70
MOOP:	\$2,500/\$5,000	\$5,500/\$11,000	\$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 \_\_\_\_\_

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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