

## Group Census WFDA Association Health Plan

WISCONSIN FUNERAL DIRECTORS ASSOCIATION 1881

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| <b>Group Name:</b> |                |           |         |                            |                              |               |                       |  |  |  |  |  |
|--------------------|----------------|-----------|---------|----------------------------|------------------------------|---------------|-----------------------|--|--|--|--|--|
| Main Contact:      |                |           |         |                            |                              |               |                       |  |  |  |  |  |
| Address:           |                |           |         |                            |                              |               |                       |  |  |  |  |  |
| City, State, Zip:  |                |           |         |                            | County:                      |               |                       |  |  |  |  |  |
| Email address:     |                |           |         |                            |                              |               |                       |  |  |  |  |  |
| Telephone:         | Business Nu    | mber:     |         |                            | Fax Number:                  |               |                       |  |  |  |  |  |
| Effective Date     |                |           |         |                            |                              |               |                       |  |  |  |  |  |
|                    |                |           |         |                            |                              |               |                       |  |  |  |  |  |
| Employee Name      |                | DOB       | Gender  | Spouse Name / DOB / Gender | Child Name / DOB / Gender    | *Plan<br>Type | Residence Zip<br>Code |  |  |  |  |  |
|                    | -              |           |         |                            | ·                            |               |                       |  |  |  |  |  |
|                    |                |           |         |                            |                              |               |                       |  |  |  |  |  |
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|                    |                |           |         |                            |                              |               |                       |  |  |  |  |  |
|                    |                |           |         |                            |                              | $oxed{oxed}$  |                       |  |  |  |  |  |
|                    |                |           |         |                            |                              |               |                       |  |  |  |  |  |
| *T                 | ype of Plan: E | E-employe | 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 9/10/2024

| Current Carrier:                |                                  | Current Plan:                            |                      |         |                      | Current Premium: |                                  |                     |                        |       |                      |          |  |
|---------------------------------|----------------------------------|--|----------------------|---------|----------------------|------------------|----------------------------------|---------------------|------------------------|-------|----------------------|----------|--|
|                                 |                                  |  |                      |         | WPS                  | S-WFDA P         | LAN                              | OPTIONS             |                        |       |                      |          |  |
| Copay Op                        | tions                            |  |                      |         |                      |                  |                                  |                     |                        |       |                      |          |  |
| Deductible:                     | \$750/\$1.500                    |  | \$1,500/\$3.000      | 9       | \$2,500/\$5,000      |                  | \$5,000/\$10,000                 |                     | \$7,500/\$15,000       |       | \$9,200/\$18,400     |          |  |
| Coinsurance:                    | : 80/60                          |  | 80/60                | 8       | 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                        | 0/\$40/\$80/25%                          | \$10/\$20/\$50/\$100 | /25%    | \$10/\$20/\$5        | 0/\$100/25%      | \$10/\$                          | 20/\$50/\$100/25%   | \$10/\$20/\$50/\$100   | /25%  | \$10/\$20/\$50       | /\$100/2 |  |
| HDHP Opt                        | tions                            | Deductible:                              | \$2,500/\$5,000      | \$2,500 | /\$5,000             | \$5,000/\$1      | 0,000                            | \$6,550/\$13,100    | \$7,500/\$15,000       | \$8,0 | 50/\$16,100          |          |  |
| HSA Quali                       |                                  |  | 100/70 80/60         |         | 0 100/70             |                  | 100/70<br>0,000 \$6,550/\$13,100 |                     | 100/70                 |       |                      |          |  |
|                                 |                                  |  |                      |         |                      |                  |                                  |                     | \$7,500/\$15,000 \$8,0 |       | 50/\$16,100          |          |  |
|                                 |                                  |  | \$2,300/\$3,000      | \$5,500 | 7,511,000            | \$5,000/\$1      | 0,000                            | \$0,330/\$15,100    | \$7,500/\$15,000       | \$6,0 | 50/\$10,100          |          |  |
| Benefit Manage<br>FlexSystem/Se | ement So                         | ilable:                                  | y Plan CO            |         |                      |                  |                                  | vings Account (HSA) |                        | \$6,0 | 30/310,100           |          |  |
| Health Reimbu                   | ement So<br>ection 12<br>rsement | ilable:<br>olutions:<br>25/ Premium Only | y Plan CO            |         |                      |                  |                                  |                     |                        | \$6,0 | 30/310,100           |          |  |

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census will also change the rates.