

Please return census form to Professional Insurance Programs via email, info@profinsprog.com or fax 414-277-1124

Current Carrier: _____ Current Plan: _____ Current Premium: _____

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
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	\$3,500/\$7,000	\$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	100/70
	MOOP:	\$2,500/\$5,000	\$5,500/\$11,000	\$3,500/\$7,000	\$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 _____

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.

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