

**Health
Insurance
For
Small Employers
and
Their Employees
2012**

**State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
oci.wi.gov**

**The mission of the Office of
the Commissioner of Insurance . . .
Leading the way in informing and protecting
the public and responding to their insurance needs.**

If you have a specific complaint about your insurance, refer it first to the insurance company or agent involved. If you do not receive satisfactory answers, contact the Office of the Commissioner of Insurance (OCI).

For information on how to file an insurance complaint call:

(608) 266-0103 (In Madison)
or
1-800-236-8517 (Statewide)

Mailing Address

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Electronic Mail

ocicomplaints@wisconsin.gov

Please indicate your name, phone number, and e-mail address.

OCI's Web Site

oci.wi.gov

For your convenience, a copy of [OCI's complaint form](#) is available at the back of this booklet. A copy of OCI's complaint form is also available on OCI's Web site.

A list of [OCI's publications](#) is included at the back of this booklet. Copies of OCI publications are also available online on OCI's Web site.

**Deaf, hearing, or speech impaired callers may
reach OCI through WI TRS**

This guide is not a legal analysis of your rights under any insurance policy or government program. Your insurance policy, program rules, Wisconsin law, federal law, and court decisions establish your rights. You may want to consult an attorney for legal guidance about your specific rights.

The Office of the Commissioner of Insurance does not represent that the information in this publication is complete, accurate or timely in all instances. All information is subject to change on a regular basis, without notice.

Printed copies of publications are updated annually unless otherwise stated. In an effort to provide more current information, publications available on OCI's Web site are updated more frequently than the hard copy versions to reflect any necessary changes. Visit OCI's Web site at oci.wi.gov.

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Employer Web Site

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I. Introduction (ch. 635, Wis. Stat., and ch. Ins 8, Wis. Adm. Code)

Wisconsin small employers are not required by state law to offer employees health care benefits. However, many small employers offer health benefits to their employees in order to attract and keep good employees. Small employer health insurance is available in Wisconsin from several insurers and managed care plans. This publication is meant to help small employers understand their options and to provide a comparison of premium rates available in the small employer health insurance marketplace.

A small employer is defined as one who employs at least 2 to but not more than 50 employees in Wisconsin. State law defines an eligible employee is one who works on a permanent basis and has a normal work week of 30 or more hours. This includes a sole proprietor, a business owner, including the owner of a farm business, a partner of a partnership, and an independent contractor if these individuals are included as an employee under a health benefit plan of a small employer. The term does not include an employee who works on a temporary or substitute basis or less than 30 hours a week.

As the employer, you choose the health benefit plan that meets both your needs and your budget. This may mean deciding which plan is worth the cost. For example, plans that allow you the most choices in doctors and hospitals also tend to cost more than plans that limit choices. Plans that help manage the care you receive usually cost you less, but employees give up some freedom of choice.

II. Traditional Health Plans

With traditional fee-for-service health plans (also known as indemnity plans), an employer purchases a policy from an insurance company and pays a premium on a regular basis. A group health insurance policy is a contract between the employer and the insurance company. The employee does not receive a policy but only a certificate of insurance under the employer's contract. In exchange for the premium, the insurance company agrees to pay for certain medically necessary items for the employees and dependent family members that are included as covered items under the policy.

Under a fee-for-service plan, insureds are free to seek necessary medical care from any physician they wish. With a fee-for-service plan, the insurance

company pays for part of your doctor and hospital bills.

The doctor often bills the insurance company directly for the services provided, and the insurance company pays for items covered by the policy. In some cases, the insured may have to submit a completed claim form and attending physician's statement.

Fee-for-service health plans require you to pay a deductible and coinsurance.

Deductible

The deductible is the initial dollar amount that you must pay out-of-pocket before the insurance company pays its share. For example, if you have a \$500 annual deductible, you will pay for the first \$500 of covered expenses for each person insured.

If you are buying coverage for your family, ask how the family plan works. Some plans may not require each family member to pay the deductible after two people in the family have paid it.

Read the policy carefully. Some policies require you to pay a deductible for each illness or accident.

Coinsurance

Coinsurance is your share or percentage of covered expenses you must pay in addition to the deductible. The most common coinsurance arrangement is for the insurance company to pay 80% and you pay 20% as coinsurance until a maximum out-of-pocket expense is reached. Coinsurance applies to each person and starts over again each plan or calendar year.

Out-of-Pocket Limit

Many plans have an out-of-pocket limit. The out-of-pocket limit is the maximum dollar amount that you pay for covered services and supplies during a specified period, generally a calendar year. The maximum may be defined to include or exclude the deductible. Once the out-of-pocket maximum is paid, benefits are paid at 100% of the covered costs incurred after that time.

Medically Necessary

Every major medical policy contains a provision that allows insurance companies to evaluate whether a service or treatment is "medically necessary" in

treating a patient and whether it could adversely affect the patient's condition if it were omitted. Insurance companies can deny payment for a treatment that is not medically necessary. Most health benefit plans require a review before certain medical procedures are done.

Usual, Customary, and Reasonable Charge

Most insurance companies do not use your actual bills to calculate their payments. Companies have their own fee schedule, often known as usual, customary, and reasonable (UCR) charges. The UCR charges are typical amounts paid for everything from a doctor's visit to heart surgery.

For example, if your doctor charges \$1,000 for an operation while most doctors in your area charge only \$800, you may be billed for the \$200 difference. This is in addition to the deductible and coinsurance you would be expected to pay. To avoid this additional cost, ask your doctor to accept your insurance company's payment as full payment or shop around to find a doctor who will. Otherwise, you will have to pay the difference.

III. Managed Care/Defined Network Health Plans (ch 609, Wis. Stat., and ch. Ins 9, Wis. Adm. Code)

Competition in the health care market has resulted in the development of many new ways of providing and paying for health care services. A defined network plan is the term used in Wisconsin insurance law to refer to any health benefit plan that creates incentives for its enrollees to use network providers. Some defined network plans will provide coverage only if the enrollee uses network providers; other plans will pay a larger portion of the charges if the enrollee uses network providers. HMOs, point of service plans and preferred provider plans are examples of defined network plans. This type of plan is sometimes referred to as a managed care plan.

Health Maintenance Organization (HMO)

An HMO is a health insurance plan that provides comprehensive, prepaid medical care. Persons insured by an HMO plan are referred to as enrollees. An HMO usually operates on a closed panel basis. This means the enrollees are required to seek care from a medical provider who is either employed by or under contract to the HMO.

Except for serious emergencies or the need for urgent care outside the service areas, the HMO will probably not pay for care that enrollees receive from a provider who is not affiliated with the HMO unless the HMO physician refers you to that provider.

Point of Service Plan (POS)

POS plans are essentially HMOs that allow members to use services provided outside of the network without prior approval from a network doctor. POS plans offer lower deductibles and no coinsurance for visits to doctors inside the network. Visits outside the network normally require the payment of deductibles and coinsurance the same as a standard insurance policy.

Preferred Provider Plan (PPP)

A PPP is a form of managed care closest to a fee-for-service plan. A PPP has arrangements with doctors, hospitals, and other providers of care who have agreed to accept lower fees from the insurer for their services. A PPP pays a specific level of benefits if certain providers are used and a lesser amount if non-PPP providers are utilized. A PPP must provide reasonable access to network providers in the service area. However, a PPP is not required to offer a choice of participating providers in each geographic area.

PPPs may require that enrollees pay coinsurance of up to 50% for services provided by nonparticipating providers. Enrollees should read their policies carefully before seeking services from nonparticipating providers.

A PPP operates in a certain geographic area, is limited to specific providers, and is regulated by OCI. A PPP that has a provider agreement with a hospital may not have an agreement with every provider who provides services at the hospital, such as anesthesiologists, pathologists, and radiologists.

Many insurers that offer standard health insurance policies also offer some type of preferred provider plan. You should ask your agent to provide you with information on preferred provider plans in your area.

Provider Directories

All defined network plans will provide an enrollee with a provider directory listing hospitals, primary care physicians, and specialty providers from whom the enrollee may obtain services. However, the enrollee should inquire at the time of making an appointment

as to whether the provider is currently a member of the defined network organization.

Continuity of Care (s. 609.24, Wis. Stat.)

If a defined network plan represented a primary care physician (defined as a physician specializing in internal medicine, pediatrics, or family practice) as being available during an open enrollment period, it must make the physician available with the same cost sharing as in-network providers at no additional cost for the entire plan year. A specialist provider must be made available for the lesser of the course of treatment or 90 days. If an enrollee is in her second trimester of pregnancy, the provider must be available through postpartum care. The exceptions are for a provider who is no longer practicing in the defined network plan's service area or who was terminated from the plan for misconduct.

Referral Procedure

Some defined network plans require a referral from a primary care physician before an enrollee can see another plan provider. All HMOs require the enrollee to have a referral that has been approved by the network plan before going to a non-plan provider. The certificate booklet includes information on the procedure to follow and any notification requirements.

A defined network plan may not require a referral from a physician for services from a plan chiropractor. It must also allow a woman to receive obstetrical and gynecological services from a plan physician who specializes in obstetrics or gynecology without requiring a referral from her primary care provider.

Defined network plans must have a procedure allowing for standing referrals. A standing referral authorizes an enrollee to be seen by a specialist provider for a specific duration of time or specific number of visits without having to obtain a separate referral from the primary provider for each visit to the specialist.

If an enrollee goes to a non-HMO provider without an approved referral, the claim for those services will not be reimbursed by the HMO. Enrollees have the right to file a grievance when a referral is denied.

Second Opinions

Every defined network plan must cover a second opinion from another provider within the defined network plan provider network.

Disenrollment

An HMO must disclose in the policy and certificate any circumstances under which an enrollee may be disenrolled. Disenrollment proceedings may be initiated only for the following reasons:

- The enrollee has failed to pay required premiums by the end of the grace period.
- The enrollee has committed acts of physical or verbal abuse, which pose a threat to providers or other members of the organization.
- The enrollee has allowed a nonmember to use the HMO's certification card to obtain services or has knowingly provided fraudulent information in applying for coverage.
- The enrollee has moved outside of the geographical service area of the organization.
- The enrollee, under certain circumstances, is unable to establish or maintain a satisfactory physician-patient relationship with the physician responsible for the enrollee's care.

An insurer has the right to disenroll an enrollee for filing fraudulent claims or committing any type of insurance fraud. An enrollee has the right to file a grievance when a disenrollment proceeding is initiated.

Managed Care Specialist

The Office of the Commissioner of Insurance (OCI) has a Managed Care Specialist to assist Wisconsin residents who have defined network insurance. The Managed Care Specialist will:

- Answer consumers' questions and inform them of their consumer rights and responsibilities
- Help consumers resolve more complex complaints concerning managed care
- Administer the independent review program
- Monitor the defined network marketplace

You can contact OCI's Managed Care Specialist at: ocihmo@wisconsin.gov, or you may call 1-800-236-8517 (toll-free in Wisconsin) and ask to speak to the Managed Care Specialist.

IV. Requirements Applicable to Small Employer Health Benefit Plans

The requirements of the small employer health insurance law applies to group health insurance policies or certificates offered to small employers. It also applies to individual health insurance policies that are offered through a small employer if 3 or more individual policies are sold to eligible employees and premiums are collected through an agreement with an employer.

Exclusions and Limitations

A small employer insurer may exclude or limit coverage of specified conditions and services. The small employer insurer is allowed to exclude or limit only those conditions and services that are generally excluded from coverage or limited under the insurer's other small group health benefit plans.

Preexisting Condition Exclusions

The following information regarding preexisting conditions is subject to change due to the federal Patient Protection and Affordable Care Act (PPACA) beginning in 2014.

A fully insured small employer plan can exclude coverage for preexisting conditions for up to 12 months (18 months for a late enrollee) after an individual's enrollment date. Any preexisting condition exclusion must be reduced by an individual's prior creditable coverage. No preexisting condition exclusion may be applied to an individual who maintains continuous creditable coverage (without a break of 63 or more days) for 12 months (18 months for a late enrollee).

A preexisting condition exclusion is a limitation or exclusion of health benefits based on the fact that a physical or mental condition was present before the first day of coverage. A preexisting condition exclusion is limited to a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period ending on the enrollment date in a plan or policy.

During the preexisting condition exclusion period, the plan or issuer may not cover or pay for treatment of a medical condition based on the fact that the condition was present prior to an individual's enrollment date under the new plan or policy. (The plan or issuer must, however, pay for any unrelated covered services or conditions that arise once coverage has

begun.) The enrollment date is the first day of coverage, or if there is a waiting period before coverage takes effect, the first day of the waiting period.

Conditions that may not be considered "preexisting."

- Pregnancy may not be considered a preexisting condition. In other words, if you are pregnant when you join your new employer group health plan, your pregnancy must be covered.
- Genetic information may not be considered a preexisting condition if there is no specific diagnosis of a current disease or medical problem related to the genetic test.
- Services provided for children adopted or placed for adoption before 18 years of age.

Portability

Employees who have satisfied a preexisting condition waiting period under a small employer's plan will not have to satisfy another waiting period if they go to work for another small employer. They also cannot be denied coverage under their new employer's plan because of their health or the health of their dependents.

Special Enrollment Periods

Small employer plans must provide a special enrollment period:

- For individuals who become dependents by marriage, birth, or adoption. At that time, the employee or spouse may also elect coverage if not already covered.
- For employee/dependents who initially decline your plan coverage because they were covered through their spouse and then lose that coverage.

Enrollment Participation

A small employer insurer may establish minimum participation and employer contribution rules and requirements on a group health benefit plan offered to a small employer. A small employer insurer that offers a group health benefit plan to a small employer through a network plan may limit the small employers to those with eligible individuals who reside, live, or work in the service area of the network plan.

Special Provisions Relating to the Sale of Small Employer Health Insurance Policies

There are special provisions in the small employer health insurance law relating to the sale of group or individual health insurance policies to small employers.

- Small employer insurance plans are required to treat all eligible individuals equally with regard to health status. For example, plans may not discriminate against individuals with an unfavorable medical history.
- Small employer insurers are required to automatically renew group coverage each year as long as the insurer is in the group market.
- Small employer insurers selling coverage to small employers are required to make products available to all small employers who apply.
- The law sets restrictions on the premium rates that a small employer insurer can charge a small employer. The rates must not vary by more than 30% from the midpoint for policies issued by the insurer to all small employers with the same or similar case characteristics and the same or similar benefit design characteristics. This restriction means that if the midpoint rate charged to small employer groups with a given plan is \$100 per month for single coverage, then the insurer could not charge less than \$70 and not more than \$130 per month for single coverage to other similar groups.
- The law also establishes restrictions on the amount insurers can increase premiums when a policy is renewed. It prohibits small employer insurers from increasing rates more than 15% per year due to claims experience.

What is meant by “case characteristics” and “benefit design characteristics?”

The premium rates an insurer can charge a small business are set in a range by Wisconsin law for employers offering plans which have similar “case characteristics” and with the same “benefit design characteristics.”

Case characteristics include the age and sex of employees, the geographic location and other objective information which insurers use to determine rates.

Case characteristics **do not** include loss or claims history, health status, occupation of the group, or how long the policy has been in force.

Benefit design characteristics refer to the medical services covered under the plan, the deductibles and copayments, the managed care, or utilization review aspects of the plan, and other features included in the plan.

Small employer insurers must use objective actuarial data to support the reasons for various benefit group characteristics.

V. Requirements Applicable to All Health Benefit Plans

Emergency Care

Every health plan offered in Wisconsin that covers emergency care, including defined network plans, must cover services required to stabilize a condition that most people would consider to be an emergency, without prior authorization. Defined network plans are permitted to charge a reasonable copayment or coinsurance for this benefit.

Grievance Procedure (s. 632.83, Wis. Stat., and ch. Ins 18, Wis. Adm. Code)

All health insurance plans, including all defined network plans, are required to have an internal grievance procedure for those who are not satisfied with the service they receive. The procedure must be set forth in the insurance contract and must also be provided in written notice.

The defined network plan must provide each enrollee with complete and understandable information about how to use the grievance procedure. An enrollee has the right, but is not required, to participate in person before the grievance committee and present additional information.

Enrollees may wish to first contact the defined network plan with a question or complaint. Many complaints can be resolved quickly and require no further action. However, filing a complaint with the plan first is not required. An enrollee can file a complaint with the appropriate state agency instead of, before, or at the same time as filing with the defined network plan.

Defined network plans are required to have a separate expedited grievance procedure for situations where the medical condition requires immediate medical attention.

Defined network plans are required to file a report with OCI listing the number of grievances they had in the previous year. A summary of this information is included in *The Consumer's Guide to Managed Care Plans in Wisconsin*. To receive a copy of this brochure call 1-800-236-8517. A copy is available on OCI's Web site at oci.wi.gov/pub_list/pi-044.htm.

Independent Review (s. 632.835, Wis. Stat., and ch. Ins 18, Wis. Adm. Code)

All insurance companies offering health benefit plans in Wisconsin are required to have an internal grievance process to resolve any complaint you may have with the plan. If you are not satisfied with the outcome of the grievance, you may have an additional way to resolve some disputes involving medical decisions. You or your authorized representative may request that an Independent Review Organization (IRO) review your health plan's decision.

The dispute must involve a medical judgment. You can request an independent review whenever your health plan denies you coverage for treatment because it maintains that the treatment is not medically necessary or that it is experimental, including a denial of your request for out-of-network services when you believe that the clinical expertise of the out-of-network provider is medically necessary. You can also request an independent review if your health plan denies coverage on the basis of a preexisting condition exclusion or if it rescinds your health insurance policy or certificate. The treatment must otherwise be a covered benefit under the insurance contract.

If you and your insurer disagree about whether or not your dispute is eligible for independent review, you may request that it be sent to the IRO. The IRO will decide if it has the authority to do the review.

The independent review process provides you with an opportunity to have medical professionals who have no connection to you or your health plan review your dispute. The IRO assigns your dispute to a clinical peer reviewer who is an expert in the treatment of your medical condition. The clinical peer reviewer is generally a board-certified physician or other appropriate medical professional. The IRO has

the authority to uphold or reverse the health plan's decision.

The independent reviews are conducted by IROs that are certified by OCI. In order to be certified, the IRO must demonstrate that it is unbiased and that it has procedures to ensure that its clinical peer reviewers are qualified and independent.

In most cases, you will need to complete your health plan's internal grievance procedure. After you receive the insurer's final decision on your grievance, choose an IRO from the list provided by the insurer. Then send a written request for independent review to the insurance company.

Your health plan should provide you with information on your right to request an independent review in its written materials. You can also call the health plan at its toll-free number and request information on independent review.

For more information on the independent review process, call OCI and request a copy of *Fact Sheet on the Independent Review Process in Wisconsin*. A copy is also available on OCI's Web site at oci.wi.gov/pub_list/pi-203.htm.

Continuation and Conversion

Both state and federal law give certain individuals, who would otherwise lose their group health care coverage under an employer or association plan, the right to continue their coverage for a period of time. The two laws are similar in some ways, but also have provisions that are very different. Most employers that have 20 or more employees must comply with the federal law, while most group health insurance policies that provide coverage to Wisconsin residents must comply with the state law. When both laws apply to the group coverage, it is the opinion of OCI that where the federal and state laws differ, the law most favorable to the insured should apply. The state law also gives conversion rights to certain individuals who are covered under individual health insurance policies.

Federal Law (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows most employees, spouses, and their dependents who lose their health coverage under an employer's group health plan to continue coverage, at their own expense, for a period of time. This law applies to

both insured health plans and self-funded employer-sponsored plans in the private sector and those plans sponsored by state and local governments. However, COBRA does not apply to certain church plans, plans covering less than 20 employees, and plans covering federal employees.

Under the federal law, employees who terminate employment for any reason other than gross misconduct or who lose their eligibility for group coverage because of a reduction in work hours and the covered spouses and dependents of the employees may continue the group coverage for up to 18 months. A spouse and dependents may continue coverage for up to 36 months if they lose coverage due to the death of the employee, divorce from the employee, loss of dependent status due to age, or due to the employee's eligibility for Medicare. If within the first 60 days of COBRA coverage an individual or dependent is determined by Social Security to be disabled, the disabled individual and other covered family members may continue coverage for up to 29 months.

Wisconsin Law (s. 632.897, Wis. Stat.)

Wisconsin's continuation law applies to most group health insurance policies that provide hospital or medical coverage to Wisconsin residents. The law applies to group policies issued to employers of any size. The law does not apply to employer self-funded health plans or policies that cover only specified diseases or accidental injuries.

Employees have 30 days from the date they are notified of their continuation rights to make a decision and pay the premium required.

Where to go for Help

For questions about the Wisconsin continuation law, contact:

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0103 (In Madison)
1-800-236-8517 (Statewide)
oci.wi.gov

For questions about the federal COBRA law, contact:

U.S. Department of Labor - Regional Office
Employee Benefits Security Administration
(EBSA)
230 South Dearborn Street, Suite 2160
Chicago, IL 60604
(312) 353-0900

www.dol.gov/dol/topic/health-plans/cobra.htm

For more information on continuation and conversion, call OCI at 1-800-236-8517 and request a copy of *Fact Sheet on Continuation and Conversion in Health Insurance Policies* that describes both state and federal law. A copy is also available on OCI's Web site at oci.wi.gov/pub_list/pi-023.htm.

Mandated Benefits (s. 632.895, Wis. Stat.)

Health insurance policies sold in Wisconsin often include "mandated benefits." These are benefits that an insurer must include in certain types of health insurance policies. Except for HMOs organized as cooperatives under ch. 185, Wis. Stat., HMOs are required to provide the same benefits as traditional insurers.

The mandated benefits required by Wisconsin state law include coverage for: health care services provided by certain nonphysician health care providers; adopted children; handicapped children; nervous and mental disorders, alcoholism, and other drug abuse; home health care; skilled nursing care; kidney disease; mammography; new born infants; grandchildren born to dependent children under the age of 18 who are covered by the policy; diabetes; lead screening; temporomandibular joint treatment; breast reconstruction following a mastectomy; anesthesia for certain dental procedures; maternity coverage for all persons covered under the policy if it provides maternity coverage for anyone; immunizations for children under the age of 6; coverage of certain health care costs in cancer clinical trials; coverage of student on medical leave; treatment for autism spectrum disorders; hearing aids, cochlear implants, and related treatment for infants and children; contraceptives and services; colorectal cancer screening; and beginning January 1, 2012, coverage of dependents under age 26.

For more information on mandated benefits, you may call OCI at 1-800-236-8517 and request a copy of *Fact Sheet on Mandated Benefits in Health Insurance Policies*. A copy is also available on OCI's Web site at oci.wi.gov/pub_list/pi-019.htm.

If a health insurance plan limits coverage of an experimental treatment, procedure, drug or device, the insurer is required to clearly disclose those limitations in the policy. Additionally, the insurer must have a process for the enrollee to request a timely review of a denied experimental treatment.

If the health insurer limits coverage of drugs to those on a preapproved list, often called a formulary, the insurer must have a process for the enrollee's physician to present medical evidence to request coverage of a drug that is not on the approved list.

Health insurance plans must provide at least the minimum mandated coverage but may provide benefits that are greater than those mandated by law.

VI. Consumer Tips

- ◆ Shop around. Health insurance can be expensive. Check with several agents and companies before making a final choice.
 - ◆ Using the [Checklist for Small Employers](#) and the [Health Care Coverage Worksheet](#) in the back of this booklet will give you a more accurate idea of what your actual policy premium will be.
 - ◆ Be sure to get the Schedule of Benefits. This is a brief explanation of specific benefits and benefit limitations for covered services provided under the terms of the Certificate of Insurance.
 - ◆ Buying several limited policies can be very expensive and you may not have the coverage you need.
 - ◆ When you apply for coverage, fill out the application accurately and completely. If you knowingly give incorrect or misleading information or fail to disclose relevant information, your coverage could be canceled or benefits denied.
 - ◆ Never sign a blank application. Verify any information filled in by the agent.
 - ◆ Make payments by check or money order payable to the insurance company or HMO, not to the agent. Insist on a signed receipt on the company's letterhead. Pay no more than two month's premium and fees until you have received the policy, group certificate, or HMO subscriber certificate.
- ◆ Make sure you have the full name, address, and phone number for both the agent and the insurance company or HMO.
 - ◆ Be careful about mail order policies, those sold door-to-door, and over the Internet. You may need a local agent to help you with claims.
 - ◆ Avoid duplicate coverage. Insurance companies often coordinate benefits so that you may collect on only one policy.
 - ◆ Know your rights. For example, insurers may not:
 - Offer different benefits to men than they do to women who are in the same underwriting classification.
 - Treat persons with physical or mental impairments differently than other people unless it can be justified by experience.

VII. Problems With Your Insurance Company

If you are having a problem with your insurance, you should first check with your agent or with the company that sold you the policy. If you do not get satisfactory answers from the agent or company, contact OCI at:

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873
(608) 266-0103 (In Madison)
1-800-236-8517 (Statewide)
oci.wi.gov

For your convenience a copy of the [complaint form](#) is included in the back of this booklet.

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VIII. Definitions

Certificate of Insurance

The formal document received by an employee that describes the specific benefits covered by the policyholder's health care contract with the insurance company. The certificate contains copayment and/or deductible requirements, specific coverage details, exclusions, and the responsibilities of both the certificate holder and the insurance company.

Closed Panel

A type of health plan that requires enrollees to seek care only from a medical provider who is either employed by or under contract to the health maintenance organization or limited service health organization.

Coinsurance

A provision in insurance policies that requires the insured to share in the cost of covered services on a percentage basis. For example, a coinsurance arrangement can be 80% covered by the insurer and 20% by the insured.

Coordination of Benefits (COB)

A provision in a health insurance policy that applies when a person is covered under more than one health plan or another type of policy such as an automobile insurance policy. It requires the payment of benefits to be coordinated by all insurers who cover that person in order to eliminate over insurance or duplication of benefits.

Copayment

A provision in insurance policies that requires the insured to pay a flat fee for certain medical expenses.

Deductible

The portion of eligible medical expenses that a policyholder/enrollee must pay before the insurer will make any benefit payments.

Defined Network Plan

A term used in Wisconsin law to refer to any health benefit plan that requires or creates incentives for an enrollee to use providers that are owned, managed, or under contract with the insurer offering the plan. This type of plan is sometimes referred to as a managed care plan.

Drug Formulary

Many defined network plans establish a list of prescription drugs that the plan considers medically appropriate and cost effective. The defined network

plan will provide coverage for only those prescription drugs named in the list. However, your doctor may present medical evidence to the insurer to obtain an exception that will allow coverage for a prescription drug not routinely covered by the plan.

Emergency Care

A medical emergency includes severe pain, an injury, sudden illness, or a suddenly worsening illness that would cause a reasonably prudent layperson to expect that delay in treatment may cause serious danger to the person's health if he does not get immediate medical care.

Exclusions

Specific situations, conditions, or circumstances that are listed in the insurance policy as not being covered. Although you may purchase a plan that covers most medical, hospital, surgical, and prescription drug expenses, no health plan will cover every conceivable medical expense you may incur. Examples of typical exclusions include vision care (eye exams, glasses, contacts, etc.), hearing aids, dental care, cosmetic surgery, experimental treatments, etc.

Fee-for-Service

The traditional health care payment system (also known as indemnity insurance) under which physicians and other providers receive a payment that does not exceed their billed charge for each unit of service provided. Under a fee-for-service insurance plan, insureds usually may choose to go to any provider they want, as long as the provider is willing to accept the insurance company's payments.

Grace Period

A period of time after a premium becomes due in which you can still pay for the insurance and keep it in force. Wisconsin law requires that for health insurance, it is 7 days for weekly premium policies, 10 days for monthly premium policies, and one month for all other policies.

Grievance

A written complaint filed with the health plan, including defined network plans, concerning some aspect of the plan. Some examples would be a rejection of a claim, denial of a formal referral, etc.

Guaranteed Renewable Policy

Small employer and individual policies must be continued in force, and must be renewed regularly, if the premium is paid on time.

Health Maintenance Organization (HMO)

A health care financing and delivery system that provides comprehensive health care services for enrollees in a particular geographic area. HMOs require the use of specific plan providers.

Indemnity Plan (see Fee-for-Service)**Independent Review**

An appeal process in which a health care professional with no connection to an enrollee's health plan reviews a dispute over whether treatment is medically necessary or experimental.

Individual Practice Association (IPA)

An association of physicians that contracts with a health maintenance organization, limited service health organization, or preferred provider plan to provide health care services.

Lifetime Benefit Maximum

The total amount an insurance company will pay for health care services over your lifetime. If the cost of the benefits you receive since enrolling in a plan exceeds this amount, your coverage ends and no additional services will be covered.

Managed Care

A health insurance plan that makes available to its enrollees health care services performed by providers selected by the plan and which seeks to manage the cost, accessibility, and quality of care.

Managed Care Plan (see Defined Network Plan)**Mandated Benefits**

Benefits that health insurance plans are required by state or federal law to provide to policyholders and eligible dependents.

Medically Necessary

A service or treatment which is absolutely necessary in treating a patient and which could adversely affect the patient's health if it was omitted.

Open Panel

A type of health plan other than a closed panel plan that provides incentives for the enrollee to use providers selected by the plan.

Out-of-Pocket Maximum

Many policies limit the total coinsurance amount you must pay each year. Once you reach the limit specified in your policy the insurance company will pay 100% of covered charges for the remainder of the year.

Point-of-Service (POS)

A type of defined network plan that provides financial incentives to encourage enrollees to use network providers but allows enrollees to choose providers outside the plan.

Preauthorization/Precertification

A provision in insurance policies that requires prior approval by a defined network plan or limited service health organization in order for services to be covered by the plan.

Preexisting Condition

An illness, medical condition, or injury that has been diagnosed, or for which a person has been treated, before buying a new health care policy.

Preferred Provider Organization (PPO)

An organization that contracts with insurers and other organizations to provide health care services at a discounted cost by providing incentives to members to use physicians and other health care providers that contract with the PPO.

Preferred Provider Plan (PPP)

A health care plan that makes available to its enrollees either comprehensive health care services or a limited range of health care services performed by providers selected by the plan. It allows enrollees to use providers outside the network, but enrollees may be liable for a significant portion of these claims.

Primary Care Provider

A provider selected by a defined network plan to provide or arrange health care services for an enrollee and who is designated by the enrollee.

Referral

A process by which the primary care physician makes a request to a defined network plan on behalf of the enrollee to receive medical care from a nonparticipating provider or specialist.

Usual, Customary, and Reasonable Charge (UCR)

A charge for health care based on typical amounts paid in your area for everything from a doctor's visit to heart surgery.

Urgent Care

Medically necessary care for an accident or illness that is needed sooner than a routine doctor's visit.

IX. Monthly New Business Premium Rates

Every small employer insurer is required to annually publish the small employer insurer's current new business premium rates in the manner and according to categories required by rule.

Premium Rate Examples

The examples beginning on page 16 should be used only as a guide. The following pages contain premium rate information for three hypothetical groups in 12 geographical locations in Wisconsin. The plan features a \$500 annual deductible and coinsurance amount of 80%/20% (or the nearest amount available).

The premium rates listed are the lowest available monthly new business premium rates that were in effect January 1 for both individual and family coverage. Insurers periodically adjust rate levels and the premium rates shown in this booklet may have changed.

Please Note

Under Wisconsin insurance law health insurers are required to provide insureds with a copy of the health insurance certificate. You should have received a letter from your insurer telling you how to get a copy of the certificate. The Office of the Commissioner of Insurance has taken a position on the method of providing the information. Health insurers can inform individuals, in writing, that the health insurance certificate is available and can be printed from its Internet Web site. The correspondence must also include an offer to provide a paper copy of the certificate if an insured requests it.

OCI publishes a Spanish version of *Health Insurance For Small Employers and Their Employees*. You may obtain a copy of *Seguro de Salud para Pequeños Empleadores y sus Empleados* on OCI's Web site at oci.wi.gov/spanish/sp_pub_list/pi-306.pdf or by calling 1-800-236-8517.

Monthly New Business Premium Rates

Wisconsin law requires insurers who provide health coverage to small employers (2 to 50 employees) to annually publish their premium rates. Insurers are able to comply with this request by annually providing OCI with their rates in the manner described below.

Please Note: Each insurance company shown on the attached pages has responded to the survey with rates it would charge for individual and family coverage for three hypothetical groups in particular locations in Wisconsin for one month. The premiums are effective January 1, 2012, and are listed for comparison purposes only. Premiums are subject to change throughout the year and may vary among small employers, but only according to the age and sex of employees, the geographic location, and other objective information that insurers use to determine rates. Information provided does not intend to describe fully the benefits, exclusions, and limitations in each policy and differences that may exist among the insurers.

Insurers used the following assumptions in calculating the lowest available monthly new business premium rates in each geographic location:

1. All employees work full-time in Wisconsin for a Wisconsin corporation.
2. The loss experience is normal (by the insurer's standards) for a group of each size.
3. The policy is marketed through the insurer's standard distribution system.
4. The policy is the only policy offered to the group.
5. The deductible is \$500 (or nearest amount available) and the copayment is 80%/20% (or nearest amount available).

Geographic locations used include: Appleton, Eau Claire, Green Bay, Janesville, Kenosha, La Crosse, Madison, Milwaukee, Racine, Superior, Wausau, and Wisconsin Rapids.

Group One, 5 Employees
Males: 3
Females: 2

Group Two, 25 Employees
Males: 15
Females: 10

Group Three, 45 Employees
Males: 30
Females: 15

Age	
Males	Females
1=20	1=24
1=38	1=50
1=51	

Age	
Males	Females
1=20	1=22
1=23	1=24
1=24	1=26
1=25	1=30
1=27	1=40
1=30	1=45
1=34	1=46
1=36	1=48
1=40	1=50
1=42	1=60
1=45	
1=50	
1=54	
1=57	
1=60	

Age	
Males	Females
1=20	1=22
1=22	1=24
2=23	1=27
1=25	2=32
2=27	1=36
1=29	3=40
3=30	1=42
2=32	1=46
2=34	1=48
1=36	2=54
2=40	1=60
2=44	
2=48	
2=50	
1=54	
2=57	
2=58	
1=60	

**All Savers Insurance Company
 7440 Woodland Drive
 Indianapolis, IN 46278**

Consumer Service Telephone No. 1-800-232-5432

Plan Type: Preferred Provider Plan

Policy Form No. PO-MED-1-WI

Benefit Design

Annual Deductible: \$1,500 individual in-network; \$3,000 family in-network
 \$3,000 individual out-of-network; \$6,000 family out-of-network

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: \$40 office visit and urgent care
 \$200 emergency room and diagnostic
 \$400 major diagnostic
 \$1,250 medical credit
 \$10 / \$65 / \$100 / \$140 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$222.29	\$ 666.88	\$227.66	\$ 682.97	\$217.10	\$ 651.30
Eau Claire	422.56	1,267.68	432.76	1,298.72	412.69	1,238.07
Green Bay	242.45	727.35	248.30	744.91	236.79	710.37
Janesville	266.70	800.09	273.13	819.40	260.47	781.40
Kenosha	297.87	893.61	305.06	915.18	290.91	872.74
La Crosse	280.55	841.65	287.32	861.97	274.00	822.00
Madison	332.51	997.52	340.53	1,021.59	324.74	974.22
Milwaukee	301.33	904.00	308.61	925.82	294.29	882.88
Racine	294.41	883.22	301.51	904.53	287.53	862.59
Superior	422.56	1,267.68	432.76	1,298.27	412.69	1,238.07
Wausau	263.23	789.70	269.59	808.76	257.09	771.26
Wisconsin Rapids	263.23	789.70	269.59	808.76	257.09	771.26

* See details of groups on page 15.

Blue Cross Blue Shield of Wisconsin
 N17 W24340 Riverwood Drive
 Waukesha, WI 53188

Consumer Service Telephone No. 1-800-490-6201

Plan Type: Preferred Provider Plan

Policy Form No. BCBSWI/CCB-06/PPO&POS-SB (4/11)

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,500 family in-network
 \$1,000 individual out-of-network; \$3,000 family out-of-network

Coinsurance: 90% / 10% in-network; 70% / 30% out-of-network

Copayments: \$35 primary care physician office visit
 \$70 specialty care physician office visit
 \$75 urgent care
 \$250 emergency room
 \$10 / \$40 / \$60 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$349.24	\$ 908.03	\$397.45	\$1,033.36	\$372.13	\$ 967.53
Eau Claire	421.37	1,095.57	479.19	1,245.90	449.66	1,169.11
Green Bay	406.97	1,058.12	462.87	1,203.45	434.17	1,128.85
Janesville	436.49	1,134.88	496.33	1,290.45	465.91	1,211.36
Kenosha	470.79	1,224.06	535.20	1,391.52	502.78	1,307.22
La Crosse	580.73	1,509.90	659.80	1,715.47	620.95	1,614.47
Madison	523.22	1,360.36	594.61	1,546.00	559.13	1,453.73
Milwaukee	479.41	1,246.47	544.97	1,416.91	512.04	1,331.31
Racine	501.69	1,304.40	570.22	1,482.57	535.99	1,393.58
Superior	361.96	941.09	411.85	1,070.82	385.79	1,003.05
Wausau	447.44	1,163.36	508.74	1,322.72	477.68	1,241.97
Wisconsin Rapids	481.05	1,250.74	546.83	1,421.76	513.81	1,335.90

* See details of groups on page 15.

Compcare Health Services Insurance Corporation
N17 W24340 Riverwood Drive
Waukesha, WI 53188

Consumer Service Telephone No. 1-800-490-6201

Plan Type: Point-of-Service Plan

Policy Form No. BCBSWI/CCB-06/PPO&POS-SB (4/11)

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,500 family in-network
 \$1,000 individual out-of-network; \$3,000 family out-of-network

Coinsurance: 90% / 10% in-network; 70% / 30% out-of-network

Copayments: \$35 primary care physician office visit
 \$70 specialty care physician office visit
 \$75 urgent care
 \$250 emergency room
 \$10 / \$40 / \$60 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$314.30	\$ 817.17	\$357.90	\$ 930.54	\$334.62	\$ 870.01
Eau Claire	381.63	992.25	434.23	1,129.00	407.01	1,058.23
Green Bay	358.53	932.18	408.04	1,060.91	382.17	993.65
Janesville	425.49	1,106.27	483.94	1,258.25	454.16	1,180.82
Kenosha	399.62	1,039.01	454.62	1,182.00	426.35	1,108.51
La Crosse	482.32	1,254.03	548.36	1,425.74	515.26	1,339.68
Madison	493.17	1,282.23	560.66	1,457.71	526.92	1,370.00
Milwaukee	410.61	1,067.58	467.07	1,214.39	438.16	1,139.23
Racine	433.18	1,126.26	492.67	1,280.93	462.44	1,202.33
Superior	326.14	847.96	371.32	965.44	347.35	903.10
Wausau	402.47	1,046.43	457.85	1,190.41	429.42	1,116.48
Wisconsin Rapids	439.50	1,142.69	499.82	1,299.54	469.22	1,219.98

* See details of groups on page 15.

Dean Health Plan, Inc.
 1277 Deming Way
 Madison, WI 53717

Consumer Service Telephone No. 1-608-828-1301 or 1-800-279-1301

Plan Type: Health Maintenance Organization

Policy Form No. 5000-0911

Benefit Design

Annual Deductible: \$500 individual in-network; \$500 family in-network

Coinsurance: 20% in-network

Copayments: \$125 emergency room
 \$10 / 30% / 50% prescription drugs
 \$50 MRI & CT

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	\$336.13	\$1,139.53	\$335.42	\$1,020.97	\$314.61	\$980.33
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	336.13	1,139.53	335.42	1,020.97	314.61	980.33
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**Federated Mutual Insurance Company
 121 East Park Square
 Owatonna, MN 55060**

Consumer Service Telephone No. 1-800-533-0472

Plan Type: Preferred Provider Plan

Policy Form No. GH 48 10 (01-12 ed.)

Benefit Design

Annual Deductible: \$500 individual; \$1,000 family

Coinsurance: 80% / 20% in-network; 55% / 45% out-of-network

Copayments: Prescription drugs:
 \$10 / \$35 / \$50 / \$100 (specialty drugs) 31-day supply through pharmacy
 \$20 / \$70 / \$110 / \$100 (specialty drugs) 90-day supply through mail order

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$346.16	\$1,079.36	\$346.81	\$1,062.23	\$332.85	\$1,050.17
Eau Claire	372.21	1,160.60	372.91	1,142.18	357.90	1,129.22
Green Bay	357.33	1,114.18	358.00	1,096.50	343.59	1,084.05
Janesville	375.94	1,172.21	376.64	1,153.60	361.48	1,140.51
Kenosha	354.63	1,105.77	355.29	1,088.21	340.99	1,075.86
La Crosse	383.38	1,195.42	384.10	1,176.45	368.64	1,163.10
Madison	368.49	1,149.00	369.18	1,130.76	354.32	1,117.93
Milwaukee	354.63	1,105.77	355.29	1,088.21	340.99	1,075.86
Racine	354.63	1,105.77	355.29	1,088.21	340.99	1,075.86
Superior	353.60	1,102.57	354.27	1,085.07	340.01	1,072.76
Wausau	357.33	1,114.18	358.00	1,096.50	343.59	1,084.05
Wisconsin Rapids	357.33	1,114.18	358.00	1,096.50	343.59	1,084.05

* See details of groups on page 15.

**Group Health Cooperative of Eau Claire
 P.O. Box 3217
 Eau Claire, WI 54702-3217**

Consumer Service Telephone No. 1-888-203-7770

Plan Type: Health Maintenance Organization

Policy Form No. 4201

Benefit Design

Annual Deductible: \$500 individual; \$1,000 family

Coinsurance: 80% / 20%

Copayments: \$10 / \$20 / \$30 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$516.34	\$1,450.92	\$413.70	\$1,162.50	\$402.09	\$1,129.87
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	429.35	1,206.47	393.14	1,104.72	382.10	1,073.70
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**Group Health Cooperative of South Central Wisconsin
 1265 John Q. Hammons Drive
 Madison, WI 53719**

Consumer Service Telephone No. 1-608-251-4156

Plan Type: Health Maintenance Organization

Policy Form No. CSC12-18-0(09/11)C

Benefit Design

Annual Deductible: \$500 individual; \$1,000 family

Coinsurance: 80% / 20%

Copayments: \$75 emergency room
 \$10 generic / \$30 brand prescription drugs
 \$1,000 individual / \$2,000 family maximum out-of-pocket

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	\$409.00	\$1,053.00	\$445.00	\$1,146.00	\$434.00	\$1,118.00
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

Gundersen Lutheran Health Plan, Inc.
 1836 South Avenue
 NCA2-01
 La Crosse, WI 54601-5494

Consumer Service Telephone No. 1-608-775-8007 or 1-800-897-1923

Plan Type: Health Maintenance Organization

Policy Form No. 2012.WI.HMO.CERT

Benefit Design

Annual Deductible: \$500 individual; \$1,000 family

Coinsurance: 80% / 20%

Copayments: \$100 emergency room

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	\$367.00	\$1,158.00	\$413.00	\$1,197.00	\$370.00	\$1,098.00
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**Health Tradition Health Plan
 1808 East Main Street
 Onalaska, WI 54650**

Consumer Service Telephone No. 1-608-781-9692 or 1-888-459-3020

Plan Type: Health Maintenance Organization

Policy Form No. H80E

Benefit Design

Annual Deductible: \$500 individual; \$1,000 family

Coinsurance: 80% / 20%

Copayments: \$100 emergency room
 \$10 / \$35 coinsurance drug card
 40% specialty and non-formulary prescription drug

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	\$336.43	\$958.83	\$335.88	\$957.25	\$329.16	\$938.10
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**HealthPartners Insurance Company
 8170 33rd Avenue South #21105H
 Bloomington, MN 55425**

Consumer Service Telephone No. 1-952-883-5000 or 1-800-883-2177

Plan Type: Preferred Provider Plan

Policy Form No. MGC-900.10 WI

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,000 individual out-of-network; \$2,000 family out-of-network

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: \$40 office visit
 \$12 / \$45 / \$90 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$419.50	\$1,392.29	\$416.06	\$1,343.64	\$400.59	\$1,312.70
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	419.50	1,392.29	416.06	1,343.64	400.59	1,312.70
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	355.51	1,179.91	352.59	1,138.68	339.48	1,112.46
Wausau	419.50	1,392.29	416.06	1,343.64	400.59	1,312.70
Wisconsin Rapids	419.50	1,392.29	416.06	1,343.64	400.59	1,312.70

* See details of groups on page 15.

**Humana Insurance Company
 1100 Employers Boulevard
 Green Bay, WI 54344**

Consumer Service Telephone No. 1-800-558-4444

Plan Type: Indemnity Plan

Policy Form No. WI-70104, et.al.

Benefit Design

Annual Deductible: \$500

Coinsurance: 80% / 20%

Copayments:

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$ 640.00	\$2,086.00	\$ 647.00	\$2,009.00	\$ 651.00	\$2,014.00
Eau Claire	772.00	2,516.00	780.00	2,423.00	786.00	2,430.00
Green Bay	610.00	1,990.00	617.00	1,917.00	621.00	1,922.00
Janesville	755.00	2,462.00	764.00	2,372.00	769.00	2,378.00
Kenosha	734.00	2,394.00	743.00	2,306.00	748.00	2,312.00
La Crosse	1,013.00	3,302.00	1,024.00	3,181.00	1,031.00	3,190.00
Madison	816.00	2,662.00	826.00	2,563.00	831.00	2,571.00
Milwaukee	771.00	2,515.00	780.00	2,422.00	785.00	2,429.00
Racine	715.00	2,332.00	723.00	2,246.00	728.00	2,252.00
Superior	934.00	3,044.00	944.00	2,931.00	950.00	2,940.00
Wausau	759.00	2,475.00	768.00	2,383.00	773.00	2,390.00
Wisconsin Rapids	709.00	2,311.00	717.00	2,226.00	722.00	2,232.00

* See details of groups on page 15.

Humana Wisconsin Health Organization Insurance Corporation
500 West Main Street
Louisville, KY 40202

Consumer Service Telephone No. 1-800-558-4444

Plan Type: Point-of-Service Plan

Policy Form No. CHMO

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,500 individual out-of-network; \$3,000 family out-of-network

Coinsurance: 80% / 20% in-network; 50% / 50% out-of-network

Copayments: \$30 primary care physician office visit
 \$55 specialist office visit
 \$75 physician urgent care visit
 \$250 emergency room (waived if admitted)

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$236.00	\$ 770.00	\$239.00	\$ 742.00	\$240.00	\$ 744.00
Eau Claire	400.00	1,306.00	405.00	1,258.00	408.00	1,261.00
Green Bay	270.00	879.00	273.00	846.00	274.00	849.00
Janesville	299.00	976.00	303.00	940.00	305.00	943.00
Kenosha	307.00	999.00	310.00	963.00	312.00	965.00
La Crosse	536.00	1,748.00	542.00	1,684.00	546.00	1,689.00
Madison	402.00	1,310.00	406.00	1,261.00	409.00	1,265.00
Milwaukee	345.00	1,126.00	349.00	1,085.00	352.00	1,088.00
Racine	320.00	1,045.00	324.00	1,006.00	326.00	1,009.00
Superior	489.00	1,596.00	495.00	1,537.00	498.00	1,541.00
Wausau	394.00	1,284.00	398.00	1,237.00	401.00	1,240.00
Wisconsin Rapids	394.00	1,284.00	398.00	1,237.00	401.00	1,240.00

* See details of groups on page 15.

**John Alden Life Insurance Company
 501 West Michigan Street
 Milwaukee, WI 53201-3050**

Consumer Service Telephone No. 1-800-553-7654

Plan Type: Preferred Provider Plan

Policy Form No. JGM.TRT.WI

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,000 individual out-of-network; \$2,000 family out-of-network

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: Prescription drug preferred pricing card

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$301.44	\$ 947.74	\$331.36	\$ 987.10	\$333.76	\$1,070.76
Eau Claire	427.37	1,343.67	469.79	1,399.46	473.18	1,518.07
Green Bay	301.44	947.74	331.36	987.10	333.76	1,070.76
Janesville	497.94	1,565.55	547.37	1,630.55	551.32	1,675.66
Kenosha	264.98	833.12	291.29	867.71	293.39	941.26
La Crosse	448.17	1,409.08	492.66	1,467.59	496.22	1,508.19
Madison	497.94	1,565.55	547.37	1,630.55	551.32	1,675.66
Milwaukee	269.95	848.75	296.75	883.99	298.89	958.91
Racine	257.70	810.23	283.28	843.87	285.33	915.40
Superior	403.54	1,268.76	443.60	1,321.46	446.81	1,433.45
Wausau	420.64	1,322.52	462.40	1,544.73	465.74	1,494.19
Wisconsin Rapids	440.64	1,385.39	484.38	1,442.91	487.88	1,565.21

* See details of groups on page 15.

Madison National Life Insurance Company, Inc.
 1241 John Q. Hammons Drive
 Madison, WI 53717

Consumer Service Telephone No. 1-800-356-9601

Plan Type: Preferred Provider Plan

Policy Form No. MNL MMP 0205

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,000 individual out-of-network; \$2,000 family out-of-network

Coinsurance: 80% / 50%

Copayments: \$40 office visit
 \$40 urgent care

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$402.62	\$1,312.53	\$452.67	\$1,475.71	\$456.56	\$1,488.38
Eau Claire	383.45	1,250.03	431.12	1,405.44	434.82	1,417.50
Green Bay	345.10	1,125.03	388.00	1,264.90	391.34	1,275.75
Janesville	429.46	1,400.03	482.85	1,574.09	486.99	1,587.60
Kenosha	483.14	1,575.04	543.21	1,770.85	547.87	1,786.05
La Crosse	402.62	1,312.53	452.67	1,475.71	456.56	1,488.38
Madison	446.99	1,457.18	502.56	1,638.34	506.87	1,652.40
Milwaukee	536.82	1,750.04	603.56	1,967.62	608.74	1,984.50
Racine	509.98	1,662.54	573.38	1,869.23	578.31	1,885.28
Superior	383.45	1,250.03	431.12	1,405.44	434.82	1,417.50
Wausau	402.62	1,312.53	452.67	1,475.71	456.56	1,488.38
Wisconsin Rapids	402.62	1,312.53	452.67	1,475.71	456.56	1,488.38

* See details of groups on page 15.

**Medica Insurance Company
 P.O. Box 9310
 Minneapolis, MN 55440-9310**

Consumer Service Telephone No. 1-800-952-3455

Plan Type: Point-of-Service Plan

Policy Form No. Medica PP WI (3/11)

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,500 family in-network
 \$3,000 individual out-of-network; \$9,000 family out-of-network

Coinsurance: 75% / 25% in-network; 50% / 50% out-of-network

Copayments: \$45 office visit
 \$30 convenience care/retail health clinic visit
 \$45 urgent care
 \$12 / \$50 / \$90 (tier 1, 2, 3) prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$363.72	N/A	\$391.12	N/A	\$376.79	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	316.14	N/A	339.96	N/A	327.50	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

Medical Associates Clinic Health Plan of Wisconsin
1605 Associates Drive, Suite 101
Dubuque, IA 52002

Consumer Service Telephone No. 1-563-556-8070 or 1-800-747-8900

Plan Type: Health Maintenance Organization

Policy Form No. SG WI 2012

Benefit Design

Annual Deductible: \$750 individual; \$1,500 family

Coinsurance: 80% / 20%

Copayments: \$10 office visit
 \$15 generic / \$45 brand prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	\$382.55	\$971.67	\$405.59	\$1,030.19	\$386.37	\$981.39
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

MercyCare Insurance Company
 3430 Palmer Drive
 P.O. Box 550
 Janesville, WI 53547-0550

Consumer Service Telephone No. 1-800-895-2421

Plan Type: Health Maintenance Organization

Policy Form No. MCHMOAUG2002

Benefit Design

Annual Deductible: \$250 individual; \$500 family

Coinsurance: 80% / 20%

Copayments: \$20 office visit
 \$35 urgent care
 \$65 emergency room

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	\$261.00	\$755.00	\$269.00	\$777.00	\$257.00	\$771.00
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**Network Health Plan
 1570 Midway Place
 Menasha, WI 54952**

Consumer Service Telephone No. 1-920-720-1461

Plan Type: Health Maintenance Organization

Policy Form No. NHP/SM COC-NGF/1-2012

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network

Coinsurance: 80% / 20% in-network

Copayments: \$30 primary care physician
 \$60 specialty care physician
 \$20 / \$40 / \$60 / \$80 / \$100 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$292.22	\$926.43	\$291.29	\$902.03	\$282.41	\$901.60
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	324.69	1,029.36	323.57	1,002.26	313.79	1,001.78
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**Pekin Life Insurance Company
 2505 Court Street
 Pekin, IL 61558**

Consumer Service Telephone No. 1-800-322-0160

Plan Type: Preferred Provider Plan

Policy Form No. G 207 WI

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,500 family in-network
 \$1,000 individual out-of-network; \$3,000 family out-of-network

Coinsurance: 80% / 20% in-network; 50% / 50% out-of-network

Copayments: \$30 office visit
 \$10 generic prescription drug or 10% of the cost of the drug, whichever is greater
 \$25 preferred brand prescription drug or 25% of the cost of the drug, whichever is greater
 \$40 brand prescription drug or 40% of the cost of the drug, whichever is greater

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$458.02	\$1,348.76	\$471.88	\$1,372.15	\$467.18	\$1,365.47
Eau Claire	492.79	1,449.49	508.00	1,475.86	502.93	1,468.66
Green Bay	417.53	1,231.23	429.75	1,251.15	425.48	1,245.08
Janesville	492.72	1,449.49	508.00	1,475.86	502.93	1,468.66
Kenosha	529.53	1,556.46	546.22	1,585.62	540.75	1,577.85
La Crosse	492.72	1,449.49	508.00	1,475.86	502.93	1,468.66
Madison	498.51	1,466.29	514.02	1,493.16	508.88	1,485.85
Milwaukee	507.61	1,492.98	524.13	1,522.19	518.89	1,514.75
Racine	499.08	1,468.31	513.72	1,492.30	508.59	1,485.01
Superior	458.02	1,348.76	471.88	1,372.15	467.18	1,365.47
Wausau	492.72	1,449.49	508.00	1,475.86	502.93	1,468.66
Wisconsin Rapids	492.72	1,449.49	508.00	1,475.86	502.93	1,468.66

* See details of groups on page 15.

**Physicians Plus Insurance Corporation
 2650 Novation Parkway
 Madison, WI 53713**

Consumer Service Telephone No. 1-608-417-4585 or 1-800-545-5015

Plan Type: Health Maintenance Organization

Policy Form No. P+4647-1001

Benefit Design

Annual Deductible: \$500

Coinsurance: 80% / 20%

Copayments: \$10 / \$25 / 50% prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	\$283.78	\$798.53	\$276.11	\$828.33	\$270.91	\$812.73
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**Security Health Plan of Wisconsin, Inc.
 1515 St. Joseph Avenue
 P.O. Box 8000
 Marshfield, WI 54449-8000**

Consumer Service Telephone No. 1-715-221-9555 or 1-800-472-2363

Plan Type: Health Maintenance Organization

Policy Form No. INS - 00030 (8100)

Benefit Design

Annual Deductible: \$500

Coinsurance: 80% / 20%

Copayments: \$25 office visit
 \$100 emergency room
 \$20 / \$40 / \$60 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	\$351.58	\$1,096.07	\$388.10	\$1,047.86	\$383.49	\$1,035.42
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	337.48	1,052.13	372.57	1,005.93	368.14	993.98
Wausau	341.01	1,063.14	376.42	1,016.33	371.95	1,004.26
Wisconsin Rapids	337.48	1,052.13	372.57	1,005.93	368.14	993.98

* See details of groups on page 15.

**Standard Security Life Insurance Company of New York
 485 Madison Avenue
 New York, NY 10022-5872**

Consumer Service Telephone No. 1-212-355-4141

Plan Type: Preferred Provider Plan

Policy Form No. SSL MMP 0205

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,000 individual out-of-network; \$2,000 family out-of-network

Coinsurance: 80% / 20%

Copayments: \$40 office visit
 \$40 urgent care

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$402.62	\$1,312.53	\$452.67	\$1,475.71	\$456.56	\$1,488.38
Eau Claire	383.45	1,250.03	431.12	1,405.44	434.82	1,417.50
Green Bay	345.10	1,125.03	388.00	1,264.90	391.34	1,275.75
Janesville	429.46	1,400.03	482.85	1,574.09	486.99	1,587.60
Kenosha	483.14	1,575.04	543.21	1,770.85	547.87	1,786.05
La Crosse	402.62	1,312.53	452.67	1,475.71	456.56	1,488.38
Madison	446.99	1,457.18	502.56	1,638.34	506.87	1,652.40
Milwaukee	536.82	1,750.04	603.56	1,967.62	608.74	1,984.50
Racine	509.98	1,662.54	573.38	1,869.23	578.31	1,885.28
Superior	383.45	1,250.03	431.12	1,405.44	434.82	1,417.50
Wausau	402.62	1,312.53	452.67	1,475.71	456.56	1,488.38
Wisconsin Rapids	402.62	1,312.53	452.67	1,475.71	456.56	1,488.38

* See details of groups on page 15.

**Time Insurance Company
 501 West Michigan Street
 Milwaukee, WI 53203**

Consumer Service Telephone No. 1-800-553-7654

Plan Type: Preferred Provider Plan

Policy Form No. TGM.TRT.WI

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,000 individual out-of-network; \$2,000 family out-of-network

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: Prescription drug preferred pricing card

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$301.44	\$ 947.74	\$331.36	\$ 987.10	\$333.76	\$1,070.76
Eau Claire	427.37	1,343.67	469.79	1,399.46	473.18	1,518.07
Green Bay	301.44	947.74	331.36	987.10	333.76	1,070.76
Janesville	497.94	1,565.55	547.37	1,630.55	551.32	1,675.66
Kenosha	264.98	833.12	291.29	867.71	293.39	941.26
La Crosse	448.17	1,409.08	492.66	1,467.59	496.22	1,508.19
Madison	497.94	1,565.55	547.37	1,630.55	551.32	1,675.66
Milwaukee	269.95	848.75	296.75	883.99	298.89	958.91
Racine	257.70	810.23	283.28	843.87	285.33	915.40
Superior	403.54	1,268.76	443.60	1,321.46	446.81	1,433.45
Wausau	420.64	1,322.52	462.40	1,544.73	465.74	1,494.19
Wisconsin Rapids	440.64	1,385.39	484.38	1,442.91	487.88	1,565.21

* See details of groups on page 15.

**Trilogy Health Insurance, Inc.
 18000 West Sarah Lane, Suite 310
 Brookfield, WI 53405**

Consumer Service Telephone No. 1-262-432-9150 or 1-866-429-3242

Plan Type: Preferred Provider Plan

Policy Form No. Trilogy COC 1-2012

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,500 family in-network
 \$1,000 individual out-of-network; \$3,000 family out-of-network

Coinsurance: 80% / 20% in-network; 50% / 50% out-of-network

Copayments: \$30 primary care physician office visit
 \$60 specialty care physician office visit
 \$75 urgent care
 \$250 emergency room

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$384.01	\$1,152.02	\$387.60	\$1,162.81	\$371.95	\$1,115.86
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	400.88	1,202.63	404.62	1,213.86	388.29	1,164.86
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	426.22	1,278.65	430.18	1,290.54	412.81	1,238.43
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	413.57	1,240.70	417.40	1,252.20	400.55	1,201.64
Racine	392.45	1,177.34	396.11	1,188.34	380.11	1,140.34
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

Trustmark Life Insurance Company
 400 Field Drive
 Lake Forest, IL 60045

Consumer Service Telephone No. 1-800-522-1246 or 1-847-615-1500

Plan Type: Preferred Provider Plan

Policy Form No. S989C

Benefit Design

Annual Deductible: \$500 individual; \$1,000 family

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: \$20 office visit, labs included
 \$75 emergency room deductible per occurrence; waived if admitted as inpatient
 \$0 deductible drug card; \$10 / \$30 / \$50 prescription drug

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$464.38	\$1,437.62	\$457.59	\$1,388.21	\$446.59	\$1,359.34
Eau Claire	490.88	1,520.93	483.95	1,469.12	472.25	1,438.44
Green Bay	518.33	1,607.31	511.25	1,553.03	498.82	1,520.45
Janesville	567.90	1,763.21	560.55	1,704.46	546.82	1,668.48
Kenosha	442.85	1,365.29	436.20	1,318.24	425.89	1,291.19
La Crosse	491.93	1,522.56	485.00	1,470.82	473.31	1,440.18
Madison	576.53	1,790.28	569.14	1,730.76	555.17	1,694.20
Milwaukee	637.16	1,976.39	629.46	1,911.84	614.04	1,871.47
Racine	442.85	1,365.29	436.20	1,318.24	425.89	1,291.19
Superior	502.97	1,554.37	496.00	1,501.93	484.11	1,470.74
Wausau	421.48	1,302.69	414.92	1,257.15	405.04	1,231.21
Wisconsin Rapids	421.48	1,302.69	414.92	1,257.15	405.04	1,231.21

* See details of groups on page 15.

**UnitedHealthcare Insurance Company
 185 Asylum Street City Place I
 Hartford, CT 06103**

Consumer Service Telephone No. 1-800-407-3776

Plan Type: Point-of-Service Plan

Policy Form No. COC.I.09.WI

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,500 family in-network
 \$1,000 individual out-of-network; \$3,000 family out-of-network

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: \$30 primary care physician
 \$60 specialty care physician
 \$100 urgent care
 \$250 emergency room
 \$10 / \$35 / \$60 (tier 1, 2, 3) pharmacy prescription drug
 \$25 / \$87.50 / \$150 (tier 1, 2, 3) mail order prescription drug
 \$10 / \$100 / \$300 (tier 1, 2, 3) specialty prescription drug

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$285.55	\$ 856.64	\$295.38	\$ 886.15	\$285.81	\$ 857.43
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	325.36	976.07	336.53	1,009.59	325.62	976.87
Janesville	334.73	1,004.20	346.25	1,038.75	335.02	1,005.06
Kenosha	374.89	1,124.68	387.81	1,163.44	375.23	1,125.69
La Crosse	379.76	1,139.28	392.80	1,178.40	380.06	1,140.18
Madison	416.58	1,249.75	430.89	1,292.67	416.92	1,250.76
Milwaukee	378.81	1,136.42	391.85	1,175.55	379.14	1,137.42
Racine	366.65	1,099.94	379.28	1,137.84	366.97	1,100.91
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	355.56	1,066.69	367.78	1,103.35	355.85	1,067.55
Wisconsin Rapids	355.56	1,066.69	367.78	1,103.35	355.85	1,067.55

* See details of groups on page 15.

UnitedHealthcare of Wisconsin, Inc.
185 Asylum Street City Place I
Hartford, CT 06103

Consumer Service Telephone No. 1-800-407-3776

Plan Type: Health Maintenance Organization

Policy Form No. TOC.01.WI

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,500 family in-network
 \$1,000 individual out-of-network; \$3,000 family out-of-network

Coinsurance: 80% / 20% in-network; 70% / 30% out-of-network

Copayments: \$25 primary care physician
 \$25 specialty care physician
 \$50 urgent care
 \$100 emergency room
 \$10 / \$35 / \$70 (tier 1, 2, 3), prescription drug, 2.5x mail order

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$315.56	\$ 946.67	\$326.42	\$ 979.28	\$315.85	\$ 947.54
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	359.55	1,078.65	371.90	1,115.69	359.84	1,079.53
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	414.29	1,242.87	428.57	1,285.71	414.66	1,243.99
La Crosse	419.67	1,259.01	434.08	1,302.24	420.00	1,260.01
Madison	460.36	1,381.09	476.17	1,428.52	460.74	1,382.21
Milwaukee	418.62	1,255.86	433.03	1,299.09	418.99	1,256.96
Racine	405.18	1,215.54	419.14	1,257.42	405.54	1,216.61
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

Unity Health Plans Insurance Corporation
 840 Carolina Street
 Sauk City, WI 53583

Consumer Service Telephone No. 1-800-362-3210

Plan Type: Health Maintenance Organization

Policy Form No. UH00382

Benefit Design

Annual Deductible: \$500 individual; \$1,000 family

Coinsurance: 80% / 20% in-network

Copayments:

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	N/A	N/A	N/A	N/A	N/A	N/A
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	N/A	N/A	N/A	N/A	N/A	N/A
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	\$266.18	\$705.38	\$254.19	\$673.60	\$244.26	\$647.29
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	N/A	N/A	N/A	N/A	N/A	N/A
Wisconsin Rapids	N/A	N/A	N/A	N/A	N/A	N/A

* See details of groups on page 15.

**WEA Insurance Corporation
 P.O. Box 7338
 Madison, WI 53707-7338**

Consumer Service Telephone No. 1-608-276-4000 or 1-800-279-4000

Plan Type: Preferred Provider Plan

Policy Form No. IC-LGL-3434-251-0707

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,000 individual out-of-network; \$2,000 family out-of-network

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: \$25 in-network / \$50 out-of-network office visit
 \$50 urgent care
 \$150 emergency room
 \$5 / \$20 / \$50 prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$566.66	\$1,258.72	\$566.66	\$1,258.72	\$566.66	\$1,258.72
Eau Claire	672.16	1,502.52	672.16	1,502.52	672.16	1,502.52
Green Bay	560.44	1,244.36	560.44	1,244.36	560.44	1,244.36
Janesville	622.50	1,387.78	622.50	1,387.78	622.50	1,387.78
Kenosha	690.76	1,545.54	690.76	1,545.54	690.76	1,545.54
La Crosse	672.16	1,502.52	672.16	1,502.52	672.16	1,502.52
Madison	560.44	1,244.36	560.44	1,244.36	560.44	1,244.36
Milwaukee	585.28	1,301.72	585.28	1,301.72	585.28	1,301.72
Racine	628.72	1,402.14	628.72	1,402.14	628.72	1,402.14
Superior	634.92	1,416.48	634.92	1,416.48	634.92	1,416.48
Wausau	659.74	1,473.82	659.74	1,473.82	659.74	1,473.82
Wisconsin Rapids	579.08	1,287.40	579.08	1,287.40	579.08	1,287.40

* See details of groups on page 15.

**Wisconsin Physicians Service Insurance Corporation
 1717 West Broadway
 Madison, WI 53713**

Consumer Service Telephone No. 1-608-221-4711 or 1-800-221-5313

Plan Type: Preferred Provider Plan

Policy Form No. 23656-051-1010

Benefit Design

Annual Deductible: \$500 individual in-network; \$1,000 family in-network
 \$1,000 individual out-of-network; \$2,000 family out-of-network

Coinsurance: 80% / 20% in-network; 60% / 40% out-of-network

Copayments: \$35 primary care physician office visit
 \$60 specialty care physician office visit
 \$150 emergency room
 \$20 / \$40 / \$60 (tier 1, 2, 3) prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$317.62	\$ 990.77	\$341.40	\$1,033.29	\$317.79	\$ 986.82
Eau Claire	410.89	1,281.73	441.66	1,336.72	411.11	1,276.60
Green Bay	355.80	1,109.87	382.44	1,157.50	355.99	1,105.44
Janesville	424.65	1,324.66	456.45	1,381.50	424.89	1,319.36
Kenosha	447.99	1,397.44	481.53	1,457.41	448.23	1,391.85
La Crosse	366.76	1,144.05	394.22	1,193.13	366.96	1,139.47
Madison	384.23	1,198.55	413.00	1,249.97	384.44	1,193.76
Milwaukee	448.90	1,400.29	482.51	1,460.37	449.15	1,394.69
Racine	438.79	1,368.77	471.65	1,427.50	439.03	1,363.29
Superior	425.14	1,326.17	456.97	1,383.07	425.36	1,320.87
Wausau	359.07	1,120.07	385.95	1,168.13	359.26	1,115.59
Wisconsin Rapids	344.28	1,073.95	370.06	1,120.03	344.46	1,069.65

* See details of groups on page 15.

WPS Health Plan, Inc.
421 Lawrence Drive, Ste. 100
De Pere, WI 54115

Consumer Service Telephone No. 1-888-711-1444

Plan Type: Health Maintenance Organization

Policy Form No. GRP-HMO-0003 10-10

Benefit Design

Annual Deductible: \$500 individual; \$1,500 family

Coinsurance: 80% / 20%

Copayments: \$30 office visit
 \$150 emergency room
 \$20 / \$40 / \$60 (tier 1, 2, 3) prescription drugs

Premium Rate per Capita

Geographic Location	Group One*		Group Two*		Group Three*	
	Individual	Family	Individual	Family	Individual	Family
Appleton	\$310.19	\$ 967.60	\$329.92	\$ 998.51	\$308.70	\$ 958.57
Eau Claire	N/A	N/A	N/A	N/A	N/A	N/A
Green Bay	359.48	1,121.36	382.34	1,157.19	357.76	1,110.91
Janesville	N/A	N/A	N/A	N/A	N/A	N/A
Kenosha	N/A	N/A	N/A	N/A	N/A	N/A
La Crosse	N/A	N/A	N/A	N/A	N/A	N/A
Madison	N/A	N/A	N/A	N/A	N/A	N/A
Milwaukee	N/A	N/A	N/A	N/A	N/A	N/A
Racine	N/A	N/A	N/A	N/A	N/A	N/A
Superior	N/A	N/A	N/A	N/A	N/A	N/A
Wausau	322.75	1,006.78	343.27	1,038.95	321.20	997.40
Wisconsin Rapids	326.62	1,018.85	347.39	1,051.41	325.05	1,009.35

* See details of groups on page 15.

**Checklist for Small Employers
Evaluating Your Small Business Health Insurance Needs**

Small businesses have special needs because they generally don't have a personnel department or benefits manager. If you're a small business, you need to think of your insurance agent as your benefits manager. Make sure the agent you choose has experience in working with small employer insurance.

Number of employees currently eligible for coverage	
Number of dependents	
Sex of employees	male
	female
Age of employees	
Number of employees and dependents of childbearing age	employees
	dependents
Number of employees/dependents with preexisting medical conditions	employees
	dependents
Number of employees with health problems making them high-risk	
Number of employees insured elsewhere	
What has the rate history been for comparable groups over the past five years?	
How is the rate calculated?	
Is the rate guaranteed? For how long?	
What will happen to premiums if one of my employees has a major claim?	
How will services be handled?	
Will the agent/broker or a customer service representative meet with employees and dependents?	
How long will it take to process a claim?	
How often will the employer be billed?	
Was the agent or broker knowledgeable about small-group insurance and able to answer my questions?	

Health Care Coverage Worksheet

This chart may be used to compare policies. This comparison is not intended to be a complete analysis of the plan's benefits. The master contract provides a detailed description of the policy benefits. Please check your own policy for variations and further details.

Plan Name				
Premium	monthly annual			
Annual Deductible	single family			
Annual Out-of-Pocket Limit				
Coinsurance Percentage				
Preventive Care				
• Immunizations				
• Adult Routine Medical Exams				
• Well Child Examinations				
• Mammograms				
Hospital Services*				
• Room and Board, Misc. Hospital Expenses, and Intensive Care Unit				
• Outpatient Facility Fees				
• Outpatient Radiology, Pathology, and Lab Services				
Emergency Services				
• Emergency Room Care (including Physician Charges and Misc. Expenses)				
• Emergency Room Facility Fees				
• Ambulance				
Professional Services				
• Office Visits				
• Chiropractic Visits				
• Maternity Services				
• Medical Supplies and Durable Medical Equipment				
• Occupational, Physical, and Speech Therapy				
• Oral Surgery and Dental Repair (due to an injury)				

* Some services may require precertification or prior approval. Financial penalties could apply if an approved precertification or prior approval is not in place for services received.

Professional Services (continued)				
• Independent Anesthesiologist, Pathologist, and Radiologist Services				
• X-Ray and Lab Services				
Home Health Care				
• Home Health Service				
Health Care Services				
• Breast Reconstruction (following a covered mastectomy)				
• Diabetic Equipment, Supplies, and Self-Management Education Programs				
• Temporomandibular Joint (TMJ) Disorders				
• Skilled Nursing Care				
Transplants (prior approval may be required)				
• Heart				
• Heart/Lung				
• Cornea				
• Bone Marrow				
• Liver				
• Pancreas				
• Kidney				
Alcoholism, Drug Abuse, and Nervous or Mental Disorders				
• Inpatient				
• Outpatient				
• Transitional				
Prescription Drug Coverage				
Out-of-Area Coverage				
Additional Benefits				
• Preventive Dental Care				
• Vision Exams				
• Hearing Exams				
• Other				
Exclusions**				

** The Exclusions section lists the services, treatments, equipment or supplies that are excluded (meaning no benefits are payable under the plan benefits) or have some limitations on the benefit provided. Some of the listed exclusions may be medically necessary but still are not covered under the plan, while others may be examples of services which are not medically necessary or not medical in nature, as determined by the plan.