

# **Health Insurance for Small Employers and Their Employees 2018**

**State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707-7873  
[oci.wi.gov](http://oci.wi.gov)**

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

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To file a complaint online or to print a complaint form:

OCI's Web Site

[oci.wi.gov](http://oci.wi.gov)

Phone

(608) 266-0103 (In Madison)

or

1-800-236-8517 (Statewide)

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P.O. Box 7873

Madison, WI 53707-7873

E-Mail

[ocicomplaints@wisconsin.gov](mailto:ocicomplaints@wisconsin.gov)

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

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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 market.

In Wisconsin, a small employer is defined as one who employs at least 2 but not more than 50 employees. State law defines an eligible employee as 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 a member of a limited liability company 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.

Under the Affordable Care Act, every small group and comprehensive individual health insurance policy is required to include “essential health benefits.” Essential health benefits serve as a minimum requirement of what benefits should be included in every small group and comprehensive individual health insurance policy.

The following are the 10 benefit categories:

1. Ambulatory services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services
10. Pediatric services, including oral and vision care

Small group and comprehensive individual health insurance policies may not contain annual or lifetime dollar limits for these essential health benefits.

## **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 services for the employees and dependent family members included as covered items under the policy.

Under a fee-for-service plan, you are free to seek necessary medical care from any physician you 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, you 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 you must pay out-of-pocket before the insurance company pays its share. For example, if you have a \$3,000 annual deductible, you will pay for the first \$3,000 of covered expenses before your policy pays any benefits toward your claims.

If you are buying coverage for your family, ask how the family deductible works. Some family plans have both an individual deductible and a family deductible.

Read the policy carefully. Some policies require you to pay a separate deductible for certain services, like prescription drugs.

### **Coinsurance**

Coinsurance is your share or percentage of covered expenses you must pay in addition to the deductible. For example, a 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.

### **Copayment**

A copayment is your share or a fixed amount you must pay for covered expenses in addition to the deductible. The amount can vary by the type of covered medical expense.

### **Out-of-Pocket Limit**

The out-of-pocket limit is the maximum dollar amount you pay for covered services and supplies during a specified period, generally a calendar year. Once the out-of-pocket maximum is paid, benefits are paid at 100% of covered costs incurred until the end of the calendar or policy year.

### **Medically Necessary**

All comprehensive health insurance policies contain provisions allowing insurance companies to evaluate whether a service or treatment is “medically necessary” and whether it could adversely affect your medical condition if it were omitted. Insurance companies can deny payment for a treatment not medically necessary. Many health plans require a review before certain medical procedures are done.

### **Allowed Amount**

Most insurance companies do not use your actual bills to calculate their payments. Insurance companies have their own fee schedule or another claim payment methodology, which is described in the certificate of coverage. Allowed amounts are typical amounts paid for everything from a doctor’s visit to heart surgery.

For example, if your policy is a defined network plan and you have emergency services with an out-of-network provider, you may be billed for any difference between what the provider billed and the insurance company’s allowed amount.

## **III. Defined Network/Managed Care Health Plans**

(ch. 609, Wis. Stat., and ch. Ins 9, Wis. Adm. Code)

A defined network plan (also known as managed care plan) is the term used in Wisconsin insurance law to refer to any health benefit plan creating incentives for its members to use network providers. Some defined network plans will provide coverage only if you use network providers; other plans will pay a larger portion of the charges if you use network providers. Health maintenance organization plans, point of service plans and preferred provider plans are examples of defined network plans.

### **Health Maintenance Organization (HMO)**

An HMO is a defined network plan providing comprehensive, prepaid medical care. An HMO may operate on a closed panel basis. This means you 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 you 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 allowing members to use services provided outside of the network. POS plans may require a referral from your primary care doctor in order to see a specialist. Visits outside the network normally require the payment of deductibles and coinsurance the same as a traditional health plan, so you pay more if you seek care outside your provider network.

### **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. A PPP also does not require a referral to see a specialist.

PPPs may require you pay coinsurance of up to 50% for services provided by nonparticipating providers. You should read your policy carefully before seeking services from nonparticipating providers.

A PPP operates in a certain geographic area and is limited to specific providers. A PPP having 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 offering traditional health plans 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 make a provider directory available to members, which lists hospitals, primary care physicians, and specialty providers from whom you may obtain services. These directories are generally available on the plan's Web site, but a paper copy must be provided upon request. You should verify with the defined network plan prior to making an appointment that the provider you want to see is currently contracted with the defined network organization.

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

If a defined network plan indicated 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 a member 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 you can see another plan provider. All HMOs require a referral 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. The plan 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 you 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 you go to a non-HMO provider without an approved referral, your claim for those services may not be reimbursed by the HMO. You 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 you may be disenrolled. Disenrollment proceedings may be initiated only for the following reasons:

- You have failed to pay required premiums by the end of the grace period.
- You have moved outside of the geographical service area of the organization.
- You filed fraudulent claims or committed any type of insurance fraud.

You have the right to file a grievance when a disenrollment proceeding is initiated.

## **IV. Requirements Applicable to Small Employer Health Benefit Plans**

The requirements of the small employer health insurance law apply to group health insurance policies or certificates offered to small employers.

### **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 coverage because they were covered through their spouse and then lose that coverage.

A special enrollment period also allows individuals to purchase coverage in the individual market outside of open enrollment if they have a triggering event:

- Loss of minimum essential coverage.
- Gain citizenship.
- Become newly eligible for premium tax credits.

### **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 offering 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 all products available to any small employers who apply.

### **Exclusions and Limitations**

All health insurance policies exclude or limit coverage of specified conditions and services. A small employer plan is allowed to exclude or limit conditions and services that are generally excluded from coverage or limited under the insurer's other small group health benefit plans and that are not considered discriminatory benefit design.

### **Emergency Care**

Every health plan offered in Wisconsin covering emergency care must cover services required to stabilize a condition 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.

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

Health insurance policies sold in Wisconsin often include "mandated benefits." These are benefits 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 health plans.

For more information on mandated benefits, see the *Fact Sheet on [Mandated Benefits in Health Insurance Policies](#)* publication available on OCI's Web site.

### **Coverage Limits**

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 you 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 your physician to present medical evidence to request coverage of a drug not on the approved list.

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

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

All health insurance 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 you with complete and understandable information about how to use the grievance procedure. You have the right, but are not required, to participate in person before the grievance committee and present additional information.

You may wish to first contact the health 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. You may file a complaint with the appropriate state agency instead of, before, or at the same time as filing with the defined network plan.

Health 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 Health Plans in Wisconsin](#) publication available on OCI's Web site.

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

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 an Independent Review Organization (IRO) review your health plan's decision.

In most cases, you will need to complete your health plan's internal grievance procedure before seeking an independent review. The insurer's final written decision on your grievance should include a notice explaining how to request an independent review. Send your written request for independent review to the address provided in the insurer's final written decision within four months of the date the grievance procedure was completed.

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

You may also request an independent review if your coverage has been rescinded because the insurer maintains you did not answer the health questions on the application for insurance completely and accurately.

If you and your insurer disagree about whether or not your dispute is eligible for independent review, you may request 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.

For more information on the independent review process, see the [Fact Sheet on the Independent Review Process in Wisconsin](#) publication available on OCI's Web site.

### **Continuation**

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 very different provisions. Most employers having 20 or more employees must comply with the federal law, while most group health insurance policies providing coverage to Wisconsin residents must comply with the state law. When both laws apply to the group coverage, it is the opinion of OCI the law most favorable to the insured should apply.

## **COBRA (Federal Law)**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law allowing most employees, spouses, and their dependents who involuntarily lose their health coverage under an employer's group health plan (i.e., when you leave your job) 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, an employee, who terminates employment for any reason other than gross misconduct or who loses eligibility for group coverage because of a reduction in work hours, and the covered spouse and dependents of the employee 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.

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/general/topic/health-plans/cobra](http://www.dol.gov/general/topic/health-plans/cobra)

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

Wisconsin's continuation law applies to most group health insurance policies providing 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.

For more information on continuation, see the [Fact Sheet on Continuation Rights in Health Insurance Policies](#) publication which describes both state and federal law and is available on the OCI Web site.

## **V. Small Employer Plan Premiums**

In general, how much premium a health insurance company charges for a specific small employer plan depends on:

- Each employee's age and the age of any family member(s) insured by the plan. Older individuals usually have more expensive and more frequent health-related claims. The older the workforce, the more the plan will cost.
- Whether or not each individual 18 or older uses tobacco. Federal law allows health insurance companies to charge tobacco users up to 50% more than non-tobacco users.
- The network of doctors and hospitals accessed. More choice is usually more expensive, while narrower networks can result in cost savings.
- The covered services and cost-sharing amounts in the health plan. Richer plans will cost more than plans providing less insurance coverage.

- The geographic location of the employer. Health care costs vary by region because of differences in the cost of living and the number of providers in the area.

A health insurance company cannot vary the group's premium based on the "health status" of employees or of their family members.

## VI. Small Business Health Options Program (SHOP)

SHOP is a Marketplace designed for small employers with 50 or fewer full-time equivalent employees. It allows small employers to get the information they need in one location by using the tools available at [healthcare.gov](http://healthcare.gov). If you are a small employer enrolling in SHOP insurance for the first time, you can use [healthcare.gov](http://healthcare.gov) to verify your eligibility for SHOP insurance. You then work with your SHOP-registered agent or broker or with an insurance company to choose a plan, enroll, and pay premiums.

### Small Business Health Tax Credit

Small businesses providing health care for employees may apply for a federal tax credit through the SHOP Marketplace. You may qualify for employer health care tax credits if you have fewer than 25 full-time equivalent employees making an average of approximately \$52,000 a year or less. To qualify for the small business health care tax credit, you must pay at least 50% of your full-time employees' premium costs. You do not need to offer coverage to your part-time employees or to dependents. For the 2017 tax year, the tax credit is worth up to 50% of your contribution toward employees' premium costs (up to 35% for tax-exempt employers).

The credit is available only if you get coverage with a SHOP Marketplace plan. You can find out if you qualify for the small business health care tax credit by visiting [IRS.gov](http://IRS.gov).

### Coverage Options

Similar to the market-at-large, the SHOP Marketplace provides four plan categories based on how your employees and the plan expect to share the costs for health care:

- Bronze—covers 60% of the total average costs of care
- Silver—covers 70% of the total average costs of care
- Gold—covers 80% of the total average costs of care
- Platinum—covers 90% of the total average costs of care

The amount your employees can expect to pay for things like deductibles and copayments, and the total amount they spend out-of-pocket for the year if they need a lot of care, depends on which plan category you choose.

If you are self-employed with no employees, you can get coverage through the individual health insurance marketplace, but not through SHOP. Small employers are not required to purchase insurance through the SHOP Marketplace, but you may want to compare plans available on and off the Marketplace. You may find more information at [healthcare.gov](http://healthcare.gov).

## VII. Consumer Tips

- Shop around. Health insurance can be expensive. Check with several agents and companies or the SHOP Marketplace before making a final choice.
- Using the [Checklist for Small Employers](#) and the [Health Care Coverage Worksheet](#) in the back of this publication will give you a more accurate idea of what your actual policy premium will be.
- Be sure to request and review 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 you may collect on only one policy.

## VIII. Problems With Your Insurance Company

If you have a specific complaint concerning your insurance, you should first attempt to resolve your concerns with your insurance agent or with the company involved in your dispute. If you do not get satisfactory answers from the agent or company, contact OCI. A complaint form is available on OCI's Web site at [ociaccess.oci.wi.gov/complaints/public/](http://ociaccess.oci.wi.gov/complaints/public/).

## IX. Monthly New Business Premium Rates

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

Each insurance company shown on the following pages provided rates it would charge for individual and family coverage in particular locations in Wisconsin for one month. The premiums are effective January 1, 2018, and are listed for comparison purposes only. Premiums are subject to change on a quarterly basis throughout the year and may vary among small employers, but only according to the age of employees, the geographic location, and the employee's smoking status. Information provided does not intend to describe fully the benefits, exclusions, and limitations in each policy and differences which may exist among the insurers.

Plan choice was based on a silver level plan with a \$3,000 deductible (or nearest amount available) and an 80%/20% coinsurance. Geographic locations used include: Appleton, Eau Claire, Green Bay, Hudson, Janesville, Kenosha, La Crosse, Madison, Mauston, Medford, Milwaukee, Prairie du Chien, Rhinelander, Superior, Wausau, and West Bend.

### Important 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. Health insurers can inform individuals, in writing, the health insurance certificate is available and can be printed from its Web site. The correspondence must also include an offer to provide a paper copy of the certificate if an insured requests it.

State of Wisconsin, Office of the Commissioner of Insurance  
Health Insurance for Small Employers and Their Employees — Monthly New Business Premium Rates

**Aetna Life Insurance Company**  
151 Farmington Ave Rte. 21  
Hartford, CT 06156

www.aetna.com

**Customer Service Telephone No.** 1-800-872-3862

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$5,000 Individual, \$10,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,000 Individual, \$14,000 Family

**Office Visit Copayment:** \$30

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	WI Silver PPO 5000 80/50	\$590.89	\$852.44	\$1,896.76
Eau Claire	WI Silver PPO 5000 80/50	620.98	895.85	1,993.35
Green Bay	WI Silver PPO 5000 80/50	614.57	886.62	1,972.80
Hudson	WI Silver PPO 5000 80/50	607.53	876.46	1,950.19
Janesville	WI Silver PPO 5000 80/50	640.18	923.56	2,055.00
Kenosha	WI Silver PPO 5000 80/50	607.53	876.46	1,950.19
La Crosse	WI Silver PPO 5000 80/50	610.09	880.15	1,958.41
Madison	WI Silver PPO 5000 80/50	614.57	886.62	1,972.80
Mauston	WI Silver PPO 5000 80/50	591.53	853.37	1,898.82
Medford	WI Silver PPO 5000 80/50	591.53	853.37	1,898.82
Milwaukee	WI Silver PPO 5000 80/50	640.18	923.56	2,055.00
Prairie du Chien	WI Silver PPO 5000 80/50	591.53	853.37	1,898.82
Rhinelanders	WI Silver PPO 5000 80/50	591.53	853.37	1,898.82
Superior	WI Silver PPO 5000 80/50	538.39	776.71	1,728.25
Wausau	WI Silver PPO 5000 80/50	587.69	847.83	1,886.49
West Bend	WI Silver PPO 5000 80/50	658.75	950.34	2,114.59

State of Wisconsin, Office of the Commissioner of Insurance  
Health Insurance for Small Employers and Their Employees — Monthly New Business Premium Rates

**All Savers Insurance Company**  
7440 Woodland Dr.  
Indianapolis, IN 46278-1719

www.myallsavers.com

**Customer Service Telephone No.** 1-800-291-2634

**Plan Type:** Exclusive Provider Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$2,850 Individual, \$5,700 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$6,250 Individual, \$12,500 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	AD-1H	\$404.22	\$583.15	\$1,297.56
Eau Claire	C5	748.05	1,079.18	2,401.26
Green Bay	AD-1H	439.92	634.65	1,412.15
Hudson				
Janesville	AD-1H	471.09	679.62	1,512.21
Kenosha	AD-1H	433.38	625.22	1,391.17
La Crosse	AD-1H	552.04	796.39	1,772.04
Madison	C5	581.82	839.36	1,867.65
Mauston	AD-1H	421.32	607.81	1,352.43
Medford	AD-1H	515.33	743.45	1,654.23
Milwaukee	AD-1H	421.82	608.54	1,354.05
Prairie du Chien	C5	581.82	839.36	1,867.65
Rhinelanders	AD-1H	514.83	742.72	1,652.61
Superior				
Wausau	AD-1H	503.77	726.76	1,617.11
West Bend	AD-1H	426.34	615.06	1,368.57

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**Aspirus Arise Health Plan of Wisconsin, Inc.**  
 P.O. Box 395  
 Wausau, WI 54402

www.aspirusarise.com

**Customer Service Telephone No.** 1-800-332-3297

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$40

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston	HMO Silver 3000	\$467.94	\$675.07	\$1,502.08
Medford	HMO Silver 3000	400.32	577.52	1,285.04
Milwaukee				
Prairie du Chien				
Rhineland	HMO Silver 3000	387.16	558.54	1,242.80
Superior				
Wausau	HMO Silver 3000	374.90	540.85	1,203.44
West Bend				



**Blue Cross Blue Shield of Wisconsin**  
**N17 W24340 Riverwood Dr.**  
**Waukesha, WI 53188**

www.anthem.com

**Customer Service Telephone No.** 1-877-231-2417

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$20

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	Anthem Silver Blue Access PPO 3000/20%/7350	\$464.48	\$670.08	\$1,490.99
Eau Claire	Anthem Silver Blue Access PPO 3000/20%/7350	676.63	976.14	2,171.99
Green Bay	Anthem Silver Blue Access PPO 3000/20%/7350	510.02	735.78	1,637.16
Hudson	Anthem Silver Blue Access PPO 3000/20%/7350	597.34	861.75	1,917.48
Janesville	Anthem Silver Blue Access PPO 3000/20%/7350	484.84	699.45	1,556.34
Kenosha	Anthem Silver Blue Access PPO 3000/20%/7350	683.59	986.19	2,194.35
La Crosse	Anthem Silver Blue Access PPO 3000/20%/7350	617.16	890.35	1,981.10
Madison	Anthem Silver Blue Access PPO 3000/20%/7350	535.20	772.10	1,717.99
Mauston	Anthem Silver Blue Access PPO 3000/20%/7350	550.73	794.51	1,767.86
Medford	Anthem Silver Blue Access PPO 3000/20%/7350	535.73	772.87	1,719.71
Milwaukee	Anthem Silver Blue Access PPO 3000/20%/7350	563.05	812.29	1,807.41
Prairie du Chien	Anthem Silver Blue Access PPO 3000/20%/7350	729.13	1,051.88	2,340.52
Rhineland	Anthem Silver Blue Access PPO 3000/20%/7350	583.95	842.43	1,874.48

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**Blue Cross Blue Shield of Wisconsin (continued)**

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Superior	Anthem Silver Blue Access PPO 3000/20%/7350	\$579.66	\$836.25	\$1,860.72
Wausau	Anthem Silver Blue Access PPO 3000/20%/7350	536.80	774.42	1,723.15
West Bend	Anthem Silver Blue Access PPO 3000/20%/7350	550.20	793.74	1,766.14

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**Common Ground Healthcare Cooperative**  
 120 Bishops Way, Ste. 150  
 Brookfield, WI 53005-6271

www.commongroundhealthcare.org

**Customer Service Telephone No.** 1-855-494-2667

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$4,500 Individual, \$9,000 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	Empower PPO - HSA Silver 3000/80	\$557.45	\$804.21	\$1,789.44
Eau Claire				
Green Bay	Empower PPO - HSA Silver 3000/80	584.41	843.10	1,875.96
Hudson				
Janesville				
Kenosha	Empower PPO - HSA Silver 3000/80	638.93	921.75	2,050.97
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee	Empower PPO - HSA Silver 3000/80	656.08	946.49	2,106.03
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	Empower PPO - HSA Silver 3000/80	642.60	927.05	2,062.77

**Compcare Health Services Insurance Corporation**  
**N17W24340 Riverwood Dr.**  
**Waukesha, WI 53188-1142**

www.anthem.com

**Customer Service Telephone No.** 1-877-231-2417

**Plan Type:** Point-of-Service Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$20

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	Anthem Silver Blue Preferred POS 3000/20%/7350	\$414.30	\$597.70	\$1,329.92
Eau Claire	Anthem Silver Blue Preferred POS 3000/20%/7350	617.57	890.94	1,982.42
Green Bay	Anthem Silver Blue Preferred POS 3000/20%/7350	454.96	656.34	1,460.42
Hudson	Anthem Silver Blue Preferred POS 3000/20%/7350	542.20	782.21	1,740.48
Janesville	Anthem Silver Blue Preferred POS 3000/20%/7350	457.24	659.64	1,467.75
Kenosha	Anthem Silver Blue Preferred POS 3000/20%/7350	588.80	849.43	1,890.04
La Crosse	Anthem Silver Blue Preferred POS 3000/20%/7350	520.73	751.24	1,671.57
Madison	Anthem Silver Blue Preferred POS 3000/20%/7350	511.14	737.40	1,640.77
Mauston	Anthem Silver Blue Preferred POS 3000/20%/7350	491.96	709.72	1,579.19
Medford	Anthem Silver Blue Preferred POS 3000/20%/7350	488.76	705.11	1,568.93
Milwaukee	Anthem Silver Blue Preferred POS 3000/20%/7350	483.74	697.86	1,552.80
Prairie du Chien	Anthem Silver Blue Preferred POS 3000/20%/7350	637.21	919.28	2,045.47
Rhineland	Anthem Silver Blue Preferred POS 3000/20%/7350	538.09	776.28	1,727.29

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**Compcare Health Services Insurance Corporation (continued)**

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Superior	Anthem Silver Blue Preferred POS 3000/20%/7350	\$527.59	\$761.12	\$1,693.56
Wausau	Anthem Silver Blue Preferred POS 3000/20%/7350	489.67	706.43	1,571.86
West Bend	Anthem Silver Blue Preferred POS 3000/20%/7350	465.46	671.50	1,494.15

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**Dean Health Plan, Inc.**  
**1277 Deming Way**  
**Madison, WI 53717-1971**

www.deancare.com

**Customer Service Telephone No.** 1-866-794-3326

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,750 Individual, \$7,500 Family

**Coinsurance:** 70% / 30%

**Maximum Out-of-Pocket:** \$6,750 Individual, \$13,500 Family

**Office Visit Copayment:** \$30

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	Copay Plus 3500/6750-30/60 (38345WI0070117)	\$329.98	\$476.05	\$1,059.26
Eau Claire				
Green Bay	Copay Plus 3500/6750-30/60 (38345WI0070117)	329.32	475.09	1,057.12
Hudson				
Janesville	Copay Plus 3500/6750-30/60 (38345WI0020117)	357.06	515.11	1,146.16
Kenosha				
La Crosse				
Madison	Copay Plus 3500/6750-30/60 (38345WI0020117)	343.01	494.84	1,101.08
Mauston	Copay Plus 3500/6750-30/60 (38345WI0020117)	325.02	468.89	1,043.32
Medford				
Milwaukee				
Prairie du Chien	Copay Plus 3500/6750-30/60 (38345WI0020117)	346.88	500.42	1,113.48
Rhineland				
Superior				
Wausau				
West Bend				

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

www.group-health.com

**Customer Service Telephone No.** 1-888-203-7770

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,100 Individual, \$6,200 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$30

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire	S018	\$525.35	\$757.90	\$1,686.40
Green Bay				
Hudson	S018	700.47	1,010.54	2,248.53
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford	S018	525.35	757.90	1,686.40
Milwaukee				
Prairie du Chien				
Rhineland	S018	525.35	757.90	1,686.40
Superior	S018	525.35	757.90	1,686.40
Wausau	S018	525.35	757.90	1,686.40
West Bend				

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**Group Health Cooperative of South Central Wisconsin**  
**P.O. Box 44971**  
**Madison, WI 53744-4971**

www.ghcscw.com

**Customer Service Telephone No.** 1-800-605-4327

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 70% / 30%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$50

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison	Select Silver 3000 Ded/7350 MOOP	\$361.43	\$521.42	\$1,160.21
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend				



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**Health Tradition Health Plan**  
**4001 41st St. NW**  
**Rochester, MN 55901-8901**

<https://www.healthtradition.com>

**Customer Service Telephone No.** 1-608-781-9692 or 1-888-459-3020 (toll free)

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$2,500 Individual, \$5,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$75

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse	Health Tradition Silver 2500/80 w/copay (47342WI0060013)	\$478.32	\$690.05	\$1,535.43
Madison				
Mauston	Health Tradition Silver 2500/80 w/copay (47342WI0060013)	478.32	690.05	1,535.43
Medford				
Milwaukee				
Prairie du Chien	Health Tradition Silver 2500/80 w/copay (47342WI0060013)	478.32	690.05	1,535.43
Rhineland				
Superior				
Wausau				
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
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**HealthPartners Insurance Company**  
 8170 33rd Ave. S  
 Bloomington, MN 55425  
 www.healthpartners.com

**Customer Service Telephone No.** 1-800-883-2177

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$5,000 Individual, \$10,000 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	\$637.24	\$919.31	\$2,045.54
Green Bay				
Hudson	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	449.77	648.85	1,443.74
Janesville				
Kenosha				
La Crosse	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	637.24	919.31	2,045.54
Madison				
Mauston	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	637.24	919.31	2,045.54
Medford	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	637.24	919.31	2,045.54
Milwaukee				
Prairie du Chien	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	637.24	919.31	2,045.54
Rhineland	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	637.24	919.31	2,045.54
Superior	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	513.46	740.74	1,648.20
Wausau	WI SE Open Access HSA Rx Plus Embedded Silver 3000-80	637.24	919.31	2,045.54
West Bend				

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**Humana Insurance Company**  
**P.O. Box 740036**  
**Louisville, KY 40201**

www.humana.com

**Customer Service Telephone No.** 1-800-448-6262

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,500 Individual, \$7,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,000 Individual, \$14,000 Family

**Office Visit Copayment:** \$45

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	Copay (91604WI0420102)	\$517.44	\$746.48	\$1,660.99
Eau Claire	Copay (91604WI0420102)	573.57	827.45	1,841.15
Green Bay	Copay (91604WI0420102)	483.76	697.90	1,552.88
Hudson	Copay (91604WI0420102)	617.40	890.69	1,981.86
Janesville	Copay (91604WI0420102)	574.63	829.00	1,844.59
Kenosha	Copay (91604WI0420102)	609.91	879.89	1,957.83
La Crosse	Copay (91604WI0420102)	606.17	874.49	1,945.82
Madison	Copay (91604WI0420102)	596.02	859.84	1,913.22
Mauston	Copay (91604WI0420102)	617.40	890.69	1,981.86
Medford	Copay (91604WI0420102)	617.40	890.69	1,981.86
Milwaukee	Copay (91604WI0420102)	607.78	876.81	1,950.97
Prairie du Chien	Copay (91604WI0420102)	617.40	890.69	1,981.86
Rhineland	Copay (91604WI0420102)	617.40	890.69	1,981.86
Superior	Copay (91604WI0420102)	617.40	890.69	1,981.86
Wausau	Copay (91604WI0420102)	564.48	814.34	1,811.98
West Bend	Copay (91604WI0420102)	579.98	836.71	1,861.74

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**Humana Wisconsin Health Organization Insurance Corporation**  
 P.O. Box 740036  
 Louisville, KY 40201  
 www.humana.com

**Customer Service Telephone No.** 1-800-558-4444

**Plan Type:** Point-of-Service Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,500 Individual, \$7,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,000 Individual, \$14,000 Family

**Office Visit Copayment:** \$45

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	Copay (55103WI0200102)	\$446.17	\$643.67	\$1,432.22
Eau Claire				
Green Bay	Copay (55103WI0200102)	449.03	647.80	1,441.40
Hudson				
Janesville	Copay (55103WI0200102)	476.68	687.68	1,530.15
Kenosha	Copay (55103WI0200102)	488.60	704.87	1,568.40
La Crosse				
Madison	Copay (55103WI0200102)	628.74	907.05	2,018.27
Mauston				
Medford				
Milwaukee	Copay (55103WI0200102)	503.85	726.88	1,617.37
Prairie du Chien				
Rhineland	Copay (55103WI0200102)	472.87	682.18	1,517.91
Superior				
Wausau	Copay (55103WI0200102)	472.87	682.18	1,517.91
West Bend	Copay (55103WI0200102)	481.45	694.56	1,545.45

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**Medica Insurance Company**  
**P.O. Box 9310 Rt. CP330**  
**Minneapolis, MN 55440**

www.medica.com

**Customer Service Telephone No.** 1-800-952-3455

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$4,500 Individual, \$9,000 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire	Medica Choice Passport WI 3000-20% HSA Silver	\$563.41	\$812.81	\$1,808.57
Green Bay				
Hudson	Medica Choice Passport WI 3000-20% HSA Silver	427.63	616.92	1,372.70
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior	Medica Choice Passport WI 3000-20% HSA Silver	483.41	697.39	1,551.75
Wausau				
West Bend				

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**Medical Associates Clinic Health Plan of Wisconsin, The**  
**1605 Associates Dr., Ste. 101**  
**Dubuque, IA 52002-2270**

www.mahealthcare.com

**Customer Service Telephone No.** 1-800-747-8900

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$4,400 Individual, \$8,800 Family

**Coinsurance:** 100% / 0%

**Maximum Out-of-Pocket:** \$4,400 Individual, \$8,800 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien	Silver HSA 1 (64772WI0100003)	\$379.27	\$547.16	\$1,217.47
Rhineland				
Superior				
Wausau				
West Bend				

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**MercyCare HMO, Inc.**  
**P.O. Box 550**  
**Janesville, WI 53547-0550**  
 www.mercycarehealthplans.com

**Customer Service Telephone No.** 1-800-752-3431

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$4,000 Individual, \$8,000 Family

**Coinsurance:** 100% / 0%

**Maximum Out-of-Pocket:** \$4,000 Individual, \$8,000 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville	MercyCare HMO H.S.A. \$4,000 Deductible (58326WI0060309)	\$320.05	\$461.72	\$1,027.36
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend				

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**MercyCare Insurance Company**  
**P.O. Box 550**  
**Janesville, WI 53547-0550**  
 www.mercycarehealthplans.com

**Customer Service Telephone No.** 1-800-752-3431

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$5,000 Individual, \$10,000 Family

**Coinsurance:** 70% / 30%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$50

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville	MercyCare PPO CO 70-50 \$5000 Deductible; \$20/\$40/\$60/50% Rx	\$371.51	\$535.96	\$1,192.56
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend				



State of Wisconsin, Office of the Commissioner of Insurance  
 Health Insurance for Small Employers and Their Employees — Monthly New Business Premium Rates

**Network Health Plan**  
**P.O. Box 120**  
**Menasha, WI 54952**

www.networkhealth.com

**Customer Service Telephone No.** 1-800-826-0940

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$2,500 Individual, \$5,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$30

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	HMO SG_SILVER_HMO2500_20	\$460.10	\$663.77	\$1,476.96
Eau Claire				
Green Bay	HMO SG_SILVER_HMO2500_20	499.02	719.91	1,601.86
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee	HMO SG_SILVER_HMO2500_20	443.64	640.01	1,424.10
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	HMO SG_SILVER_HMO2500_20	453.64	654.43	1,456.18

State of Wisconsin, Office of the Commissioner of Insurance  
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**Physicians Plus Insurance Corporation**  
 2650 Novation Pkwy.  
 Madison, WI 53713-3399

www.pplusic.com

**Customer Service Telephone No.** 1-800-545-5015

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,500 Individual, \$7,000 Family

**Coinsurance:** 70% / 30%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$35

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville	HMO Copay Value Silver 3500	\$362.37	\$522.78	\$1,163.22
Kenosha				
La Crosse				
Madison	HMO Copay Value Silver 3500	330.79	477.21	1,061.84
Mauston	HMO Copay Value Silver 3500	362.37	522.78	1,163.22
Medford				
Milwaukee				
Prairie du Chien	HMO Copay Value Silver 3500	362.37	522.78	1,163.22
Rhineland				
Superior				
Wausau				
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
 Health Insurance for Small Employers and Their Employees — Monthly New Business Premium Rates

**Security Health Plan of Wisconsin, Inc.**  
 P.O. Box 8000  
 Marshfield, WI 54449  
 www.securityhealth.org

**Customer Service Telephone No.** 1-800-472-2363

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$6,000 Individual, \$12,000 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	Valley Tradition \$3,000 - 20% HDHP	\$394.52	\$569.16	\$1,266.43
Eau Claire	Tradition \$3,000 - 20% HDHP	457.90	660.58	1,469.85
Green Bay	Valley Tradition \$3,000 - 20% HDHP	379.05	546.84	1,216.76
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston	Tradition \$3,000 - 20% HDHP	427.94	617.37	1,373.69
Medford	Tradition \$3,000 - 20% HDHP	449.34	648.23	1,442.38
Milwaukee				
Prairie du Chien				
Rhineland	Tradition \$3,000 - 20% HDHP	415.10	598.85	1,332.48
Superior	Tradition \$3,000 - 20% HDHP	419.38	605.02	1,346.22
Wausau	Tradition \$3,000 - 20% HDHP	406.54	586.50	1,305.01
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
 Health Insurance for Small Employers and Their Employees — Monthly New Business Premium Rates

**UnitedHealthcare Insurance Company**  
 185 Asylum St.  
 Hartford, CT 06103-3408  
 www.uhc.com

**Customer Service Telephone No.** 1-866-414-1959

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,500 Individual, \$7,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$6,450 Individual, \$12,900 Family

**Office Visit Copayment:** \$30

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	AUID	\$380.50	\$548.93	\$1,221.42
Eau Claire	AUID	621.87	897.14	1,996.20
Green Bay	AUID	414.10	597.41	1,329.28
Hudson	AUID	621.87	897.14	1,996.20
Janesville	AUID	443.45	639.74	1,423.47
Kenosha	AUID	407.95	588.53	1,309.53
La Crosse	AUID	519.64	749.66	1,668.06
Madison	AUID	483.67	697.77	1,552.60
Mauston	AUID	396.59	572.15	1,273.07
Medford	AUID	485.09	699.82	1,557.16
Milwaukee	AUID	397.07	572.83	1,274.59
Prairie du Chien	AUID	483.67	697.77	1,552.60
Rhinelanders	AUID	484.62	699.14	1,555.64
Superior	AUID	621.87	897.14	1,996.20
Wausau	AUID	474.21	684.12	1,522.22
West Bend	AUID	401.33	578.97	1,288.27

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**UnitedHealthcare of Wisconsin, Inc.**  
**P.O. Box 26649**  
**Wauwatosa, WI 53226-0649**  
 www.uhc.com

**Customer Service Telephone No.** 1-800-879-0071

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,500 Individual, \$7,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$40

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	AU-JN	\$362.16	\$522.47	\$1,162.54
Eau Claire				
Green Bay	AU-JN	394.14	568.61	1,265.20
Hudson				
Janesville	AU-JN	422.07	608.90	1,354.85
Kenosha	AU-JN	388.28	560.16	1,246.40
La Crosse	AU-JN	494.59	713.52	1,587.64
Madison	AU-JN	460.36	664.13	1,477.75
Mauston	AU-JN	377.47	544.56	1,211.70
Medford	AU-JN	461.71	666.08	1,482.09
Milwaukee	AU-JN	377.92	545.21	1,213.14
Prairie du Chien	AU-JN	460.36	664.13	1,477.75
Rhinelanders	AU-JN	461.26	665.43	1,480.64
Superior				
Wausau	AU-JN	451.35	651.14	1,448.83
West Bend	AU-JN	381.98	551.06	1,226.16

**Unity Health Plans Insurance Corporation**  
 840 Carolina St.  
 Sauk City, WI 53583  
 www.unityhealth.com

**Customer Service Telephone No.** 1-800-362-3310

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$4,500 Individual, \$9,000 Family

**Office Visit Copayment:** N/A

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville	Elite Silver HSA \$3000 HMO	\$340.93	\$491.84	\$1,094.39
Kenosha				
La Crosse	Elite Silver HSA \$3000 HMO	326.51	471.05	1,048.12
Madison	Elite Silver HSA \$3000 HMO	304.31	439.01	976.83
Mauston	Elite Silver HSA \$3000 HMO	316.38	456.43	1,015.60
Medford				
Milwaukee				
Prairie du Chien	Elite Silver HSA \$3000 HMO	311.71	449.69	1,000.59
Rhinelanders				
Superior				
Wausau				
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
 Health Insurance for Small Employers and Their Employees — Monthly New Business Premium Rates

**US Health and Life Insurance Company**  
 8220 Irving Rd.  
 Sterling Heights, MI 48312-4621  
 www.ushealthandlife.com

**Customer Service Telephone No.** 1-800-211-1538

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Platinum

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$250 Individual, \$500 Family

**Coinsurance:** 95% / 5%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$15

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee	USHL Platinum Copay Trilogy	\$805.31	\$1,161.78	\$2,415.93
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	USHL Platinum Copay Trilogy	796.60	1,149.22	2,389.80

**Wisconsin Physicians Service Insurance Corporation**  
 1717 W. Broadway St.  
 Madison, WI 53713

www.wpsic.com

**Customer Service Telephone No.** 1-800-221-7006

**Plan Type:** Preferred Provider Plan

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$40

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	WPS WI PPO Silver 3000	\$481.47	\$694.59	\$1,545.54
Eau Claire	WPS WI PPO Silver 3000	675.34	974.27	2,167.86
Green Bay	WPS WI PPO Silver 3000	457.79	660.43	1,469.50
Hudson	WPS WI PPO Silver 3000	550.04	793.52	1,765.64
Janesville	WPS WI PPO Silver 3000	515.50	743.69	1,654.78
Kenosha	WPS WI PPO Silver 3000	587.53	847.60	1,885.98
La Crosse	WPS WI PPO Silver 3000	673.36	971.44	2,161.54
Madison	WPS WI PPO Silver 3000	705.92	1,018.40	2,266.02
Mauston	WPS WI PPO Silver 3000	541.65	781.41	1,738.70
Medford	WPS WI PPO Silver 3000	601.84	868.25	1,931.92
Milwaukee	WPS WI PPO Silver 3000	614.17	886.03	1,971.50
Prairie du Chien	WPS WI PPO Silver 3000	574.70	829.10	1,844.82
Rhineland	WPS WI PPO Silver 3000	559.91	807.75	1,797.32
Superior	WPS WI PPO Silver 3000	620.09	894.57	1,990.50
Wausau	WPS WI PPO Silver 3000	480.48	693.16	1,542.34
West Bend	WPS WI PPO Silver 3000	586.06	845.47	1,881.24



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**WPS Health Plan, Inc.**  
**P.O. Box 14540**  
**Madison, WI 53708-0540**

www.wecareforwisconsin.com

**Customer Service Telephone No.** 1-888-711-1444

**Plan Type:** Health Maintenance Organization

**Benefit Design:**

**Metal Level:** Silver

**In-Network Member Cost-Sharing:**

**Annual Deductible:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,350 Individual, \$14,700 Family

**Office Visit Copayment:** \$40

City	Plan Name	Individual Per-Member Premium		Sample Family Premium
		37-Year-Old Nonsmoker	50-Year-Old Nonsmoker	Two 35-Year-Old Nonsmokers, Two Children Ages 0 - 14
Appleton	HMO Silver 3000 Featuring AboutHealth	\$387.21	\$558.61	\$1,242.94
Eau Claire				
Green Bay	HMO Silver 3000 Featuring AboutHealth	402.90	581.24	1,293.30
Hudson				
Janesville				
Kenosha	HMO Silver 3000 Featuring AboutHealth	503.11	725.81	1,615.00
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee	HMO Silver 3000 Featuring AboutHealth	446.42	644.03	1,433.02
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	HMO Silver 3000 Featuring AboutHealth	427.20	616.30	1,371.32

## Glossary

### **Actuarial Value**

The percentage of total average costs for covered benefits a plan will cover. For example, if a plan has an actuarial value of 80%, on average, you would be responsible for 20% of the costs of all covered benefits. However, you could be responsible for a higher or lower percentage of the total costs of covered services for the year, depending on your actual health care needs and the terms of your insurance policy.

### **Certificate of Insurance**

The formal document received by an employee describing 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 requiring members 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.

### **Coordination of Benefits (COB)**

A provision in a health insurance policy applying 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 the person in order to eliminate over insurance or duplication of benefits.

### **Drug Formulary**

A list of prescription drugs 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 allowing coverage for a prescription drug not routinely covered by the plan.

### **Essential Health Benefits (EHB)**

The minimum level of covered services insurers must offer in the individual and small group markets beginning January 1, 2014

### **Exclusion**

A specific situation, condition, or circumstance listed in the insurance policy as not covered. Although you may purchase a plan covering 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 under which physicians and other providers receive a payment for each service provided. Under a fee-for-service insurance plan, insureds usually may choose to go to any provider they want. However, providers are not required to accept the insurance company's payments as payment in full.

### **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 for group health insurance, it is at least 31 days.

### **Guaranteed Renewable Policy**

A small employer or individual policy which 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 providing comprehensive health care services for members in a particular geographic area. HMOs require the use of specific plan providers.

### **Indemnity Plan (see Fee-for-Service)**

### **Individual Practice Association (IPA)**

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

### **Open Panel**

A type of health plan other than a closed panel plan providing incentives for the member to use providers selected by the plan.

### **Preferred Provider Organization (PPO)**

An organization contracting 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 contracting with the PPO.

**Primary Care Provider**

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

**Provider Network**

A provider network is a list of the doctors, other health care providers, and hospitals a plan has contracted with to provide medical care to its members. These providers are also called network providers or in-network providers.

**Urgent Care**

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

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

Small businesses have special needs because they generally do not have a personnel department or benefits manager. If you are 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 and the insurance options available because of the Affordable Care Act (ACA).

Number of employees currently eligible for coverage	
Number of dependents	
Number of individual or family plans	individual
	family
Age of employees and age of dependents	under age 19
	age 19 or older
Number of employees insured elsewhere	
How is the rate calculated?	
Is the rate guaranteed? For how long?	
Will the agent/broker or a customer service representative meet with employees and dependents?	
Will the agent/broker or a customer service representative describe the enrollment process?	to employer
	to employees
How long will it take to process a claim?	
How often will the employer be billed?	
Was the agent or broker knowledgeable and able to answer my questions about small-group insurance and SHOP (ACA)?	
How much is the employer required to contribute to the cost of premiums for its employees?	
Will provider network cover health care providers and facilities used by my employees?	

### 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 certificate of coverage provides a detailed description of the policy benefits. Please check your own policy for variations and further details.

Plan Name				
Employer Premium	Monthly			
	Annual			
Employee Premium	Monthly			
	Annual			
Annual Deductible	Single			
	Family			
Deductible for Specific Services	Single			
	Family			
Coinsurance Percentage				
Copayments				
Annual Out-of-Pocket Limit				
What is not included in the Out-of-Pocket Limit?				
Provider Network				
Preventive Care				
• Preventive Services Subject to Cost-sharing				
• Colonoscopy Cost-sharing if Diagnostic				
Hospital Services*				
• Inpatient Services				
• Outpatient Services				
Emergency Services				
• Emergency Room Care (including Physician Charges and Misc. Expenses)				
• Ambulance Services				
Professional Services**				
• Primary Care Office Visits				
• Specialist Office Visits				

\* 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.

\*\* The exclusions section of the certificate 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.

Professional Services** (continued)				
• Maternity Services				
• Medical Supplies and Durable Medical Equipment				
• Occupational, Physical, and Speech Therapy				
• Anesthesiologist, Pathologist, and Radiologist Services				
• X-Ray and Lab Services				
Home Health Care**				
Skilled Nursing Care**				
Health Care Services**				
• Breast Reconstruction (following a covered mastectomy)				
• Diabetic Equipment, Supplies, and Self-Management				
• Smoking Cessation Programs				
• Temporomandibular Joint (TMJ) Disorders				
• Treatment for Autism Spectrum Disorders				
Transplants (prior approval may be required)**				
Alcoholism, Drug Abuse, and Nervous or Mental Disorders				
• Inpatient				
• Outpatient				
• Transitional				
Prescription Drug Coverage				
• Generic Drugs				
• Preferred Brand Drugs				
• Non-Preferred Brand Drugs				
• Specialty Drugs				
Additional Benefits				
• Adult Dental Care				
• Adult Vision Exams				
• Hearing Exams				

\*\* The exclusions section of the certificate 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.

Additional Benefits (continued)				
• Employee Wellness Program				
• Other				
Exclusions**				
• Bariatric Procedures				
• Fertility Treatment and Services				
• Other				

\*\* The exclusions section of the certificate 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.