

# **Health Insurance for Small Employers and Their Employees 2017**

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

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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).

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)

Mailing Address

Office of the Commissioner of Insurance

P.O. Box 7873

Madison, WI 53707-7873

Electronic Mail

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

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

**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.

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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.

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.

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 that are 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 that allow 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 that is not medically necessary. Many health 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. Insurance companies have their own fee schedule, such as usual, customary, and reasonable (UCR) charges, or another claim payment methodology described in the certificate of coverage. The UCR charges are typical amounts paid for everything from a doctor's visit to heart surgery.

For example, if your doctor charges \$10,000 for an operation while most doctors in your area charge only \$8,000, the insurance company may only cover \$8,000 of the \$10,000 charge. You may be billed for the \$2,000 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. 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 that creates 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 that provides 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 that 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 that allow 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 that 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 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 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 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. 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.

### **Managed Care Specialist**

OCI has a Managed Care Specialist to assist Wisconsin residents who have defined network insurance. The Managed Care Specialist will:

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

You may contact OCI's Managed Care Specialist at [ocihmo@wisconsin.gov](mailto:ocihmo@wisconsin.gov) or 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 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.

### 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 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.

## V. Requirements Applicable to All Health Benefit Plans

### Emergency Care

Every health plan offered in Wisconsin that covers emergency care 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.

### 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 health plans.



For more information on mandated benefits, the *Fact Sheet on Mandated Benefits in Health Insurance Policies* is available on OCI's Web site at [oci.wi.gov/Documents/Consumers/PI-019.pdf](http://oci.wi.gov/Documents/Consumers/PI-019.pdf) or call OCI at 1-800-236-8517 and request a copy.

### **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 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.

### **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 Plans in Wisconsin*. A copy is available on OCI's Web site at [oci.wi.gov/Documents/Consumers/PI-044.pdf](http://oci.wi.gov/Documents/Consumers/PI-044.pdf) or call OCI at 1-800-236-8517.

### **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 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. 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 that 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, our *Fact Sheet on the Independent Review Process in Wisconsin* is available on OCI's Web site at [oci.wi.gov/Pages/Consumers/PI-203.aspx](http://oci.wi.gov/Pages/Consumers/PI-203.aspx) or call OCI at 1-800-236-8517 and request a copy.

### **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 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 but they differ, 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 that allows 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 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.

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

For more information on continuation, our *Fact Sheet on Continuation in Health Insurance Policies* that describes both state and federal law is available on OCI's Web site at [oci.wi.gov/Documents/Consumers/PI-023.pdf](http://oci.wi.gov/Documents/Consumers/PI-023.pdf) or call OCI at 1-800-236-8517 and request a copy.

**Special Enrollment Period**

Under the Affordable Care Act, individuals facing certain circumstances will be eligible for a "special enrollment period." A special enrollment period allows you to purchase coverage in the individual market outside open enrollment if you have a triggering event. For example, a special enrollment period would be triggered if you lose minimum essential coverage, gain or become a dependent, gain citizenship, or become newly eligible for premium tax credits. You generally have 60 days from the time of a triggering event to enroll in new or different health insurance coverage.

**VI. Purchasing Coverage**

Small employers traditionally purchase health insurance with the help of an insurance agent. Under the Affordable Care Act small employers may also purchase coverage through the Small Business Health Options Program (SHOP) with or without an agent.

**SHOP**

SHOP is a Marketplace designed for small employers with 50 or fewer full-time equivalent employees.

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 [www.healthcare.gov](http://www.healthcare.gov).

### **Small Business Health Tax Credit**

Small businesses that provide health care for employees through the SHOP Marketplace may apply for a federal tax credit. 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 through the SHOP Marketplace. You may find out if you qualify for the small business health care tax credit by visiting IRS.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 that you may collect on only one policy.

## VIII. 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, you may file a complaint online or print a complaint form at [oci.wi.gov](http://oci.wi.gov).

## 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, 2017, 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 smoker status. Information provided does not intend to describe fully the benefits, exclusions, and limitations in each policy and differences that 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, that 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. Rt21  
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:** \$2,600 Individual, \$5,200 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$5,250 Individual, \$10,500 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 - 17
Appleton	WI Silver PPO 2600 80/50 HSA EMB	\$547.87	\$790.38	\$1,643.60
Eau Claire	WI Silver PPO 2600 80/50 HSA EMB	575.76	830.63	1,727.29
Green Bay	WI Silver PPO 2600 80/50 HSA EMB	569.83	822.06	1,709.49
Hudson	WI Silver PPO 2600 80/50 HSA EMB	563.30	812.64	1,689.90
Janesville	WI Silver PPO 2600 80/50 HSA EMB	593.57	856.32	1,780.71
Kenosha	WI Silver PPO 2600 80/50 HSA EMB	563.30	812.64	1,689.90
La Crosse	WI Silver PPO 2600 80/50 HSA EMB	565.67	816.07	1,697.02
Madison	WI Silver PPO 2600 80/50 HSA EMB	569.83	822.06	1,709.49
Mauston	WI Silver PPO 2600 80/50 HSA EMB	548.46	791.24	1,645.38
Medford	WI Silver PPO 2600 80/50 HSA EMB			
Milwaukee	WI Silver PPO 2600 80/50 HSA EMB	593.57	856.32	1,780.71
Prairie du Chien	WI Silver PPO 2600 80/50 HSA EMB	548.46	791.24	1,645.38
Rhineland	WI Silver PPO 2600 80/50 HSA EMB	548.46	791.24	1,645.38
Superior	WI Silver PPO 2600 80/50 HSA EMB	499.19	720.16	1,497.58
Wausau	WI Silver PPO 2600 80/50 HSA EMB	544.90	786.10	1,634.70
West Bend	WI Silver PPO 2600 80/50 HSA EMB	610.79	881.15	1,832.36

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 - 17
Appleton	AD-1H	\$362.38	\$522.79	\$1,087.15
Eau Claire	AD-1H	618.40	892.14	1,855.21
Green Bay	AD-1H	400.03	577.11	1,200.10
Hudson				
Janesville	AD-1H	440.98	636.17	1,322.93
Kenosha	AD-1H	405.68	585.25	1,217.04
La Crosse	AD-1H	516.75	745.48	1,550.24
Madison				
Mauston	AD-1H	394.38	568.96	1,183.15
Medford	AD-1H	482.39	695.92	1,447.17
Milwaukee	AD-1H	404.74	583.90	1,214.21
Prairie du Chien	AD-1H	480.98	693.88	1,442.94
Rhineland	AD-1H	481.92	695.24	1,445.76
Superior				
Wausau	AD-1H	458.39	661.30	1,375.17
West Bend	AD-1H	415.56	599.51	1,246.69

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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:** \$7,150 Individual, \$14,300 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 - 17
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston	HMO Silver 3000-20	\$426.53	\$615.33	\$1,279.58
Medford	HMO Silver 3000-20	364.89	526.40	1,094.66
Milwaukee				
Prairie du Chien				
Rhineland	HMO Silver 3000-20	352.89	509.09	1,058.66
Superior				
Wausau	HMO Silver 3000-20	341.72	492.98	1,025.15
West Bend				



State of Wisconsin, Office of the Commissioner of Insurance  
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**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:** \$6,850 Individual, \$13,700 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 - 17
Appleton	Anthem Silver Blue Access PPO 3000/20%/6850	\$399.03	\$575.66	\$1,197.10
Eau Claire	Anthem Silver Blue Access PPO 3000/20%/6850	598.57	863.53	1,795.72
Green Bay	Anthem Silver Blue Access PPO 3000/20%/6850	444.70	641.55	1,334.10
Hudson	Anthem Silver Blue Access PPO 3000/20%/6850	528.49	762.43	1,585.47
Janesville	Anthem Silver Blue Access PPO 3000/20%/6850	437.55	631.23	1,312.64
Kenosha	Anthem Silver Blue Access PPO 3000/20%/6850	604.79	872.50	1,814.36
La Crosse	Anthem Silver Blue Access PPO 3000/20%/6850	546.16	787.91	1,638.48
Madison	Anthem Silver Blue Access PPO 3000/20%/6850	492.58	710.61	1,477.72
Mauston	Anthem Silver Blue Access PPO 3000/20%/6850	487.19	702.86	1,461.59
Medford	Anthem Silver Blue Access PPO 3000/20%/6850	473.99	683.81	1,421.98
Milwaukee	Anthem Silver Blue Access PPO 3000/20%/6850	490.52	707.65	1,471.56
Prairie du Chien	Anthem Silver Blue Access PPO 3000/20%/6850	644.94	930.42	1,934.80
Rhineland	Anthem Silver Blue Access PPO 3000/20%/6850	516.55	745.21	1,549.67

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

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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 - 17
Superior	Anthem Silver Blue Access PPO 3000/20%/6850	\$513.11	\$740.24	\$1,539.34
Wausau	Anthem Silver Blue Access PPO 3000/20%/6850	460.61	664.50	1,381.84
West Bend	Anthem Silver Blue Access PPO 3000/20%/6850	491.73	709.40	1,475.20

State of Wisconsin, Office of the Commissioner of Insurance  
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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 - 17
Appleton	Envision Aurora Bellin PPO - HSA Silver 3000/80	\$374.49	\$540.26	\$1,123.47
Eau Claire				
Green Bay	Envision Aurora Bellin PPO - HSA Silver 3000/80	392.76	566.61	1,178.27
Hudson				
Janesville	Envision Aurora Bellin PPO - HSA Silver 3000/80	427.63	616.92	1,282.89
Kenosha	Envision Aurora Bellin PPO - HSA Silver 3000/80	428.88	618.72	1,286.63
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee	Envision Aurora Bellin PPO - HSA Silver 3000/80	440.50	635.49	1,321.50
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	Envision Aurora Bellin PPO - HSA Silver 3000/80	431.78	622.91	1,295.35

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**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:** \$6,850 Individual, \$13,700 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 - 17
Appleton	Anthem Silver Blue Preferred POS 3000/20%/6850	\$369.34	\$532.84	\$1,108.04
Eau Claire	Anthem Silver Blue Preferred POS 3000/20%/6850	567.24	818.33	1,701.72
Green Bay	Anthem Silver Blue Preferred POS 3000/20%/6850	411.91	594.24	1,235.72
Hudson	Anthem Silver Blue Preferred POS 3000/20%/6850	498.31	718.88	1,494.92
Janesville	Anthem Silver Blue Preferred POS 3000/20%/6850	428.78	618.58	1,286.34
Kenosha	Anthem Silver Blue Preferred POS 3000/20%/6850	540.91	780.34	1,622.72
La Crosse	Anthem Silver Blue Preferred POS 3000/20%/6850	478.65	690.52	1,435.94
Madison	Anthem Silver Blue Preferred POS 3000/20%/6850	488.22	704.33	1,464.66
Mauston	Anthem Silver Blue Preferred POS 3000/20%/6850	451.81	651.80	1,355.42
Medford	Anthem Silver Blue Preferred POS 3000/20%/6850	449.25	648.10	1,347.74
Milwaukee	Anthem Silver Blue Preferred POS 3000/20%/6850	437.81	631.60	1,313.42
Prairie du Chien	Anthem Silver Blue Preferred POS 3000/20%/6850	585.54	844.73	1,756.62
Rhineland	Anthem Silver Blue Preferred POS 3000/20%/6850	494.33	713.15	1,483.00

State of Wisconsin, Office of the Commissioner of Insurance  
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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 - 17
Superior	Anthem Silver Blue Preferred POS 3000/20%/6850	\$484.80	\$699.40	\$1,454.42
Wausau	Anthem Silver Blue Preferred POS 3000/20%/6850	436.42	629.60	1,309.26
West Bend	Anthem Silver Blue Preferred POS 3000/20%/6850	432.20	623.51	1,296.58

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

**Coinsurance:** 80% / 20%

**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 - 17
Appleton	Copay Plus 3500/6750-30/60 (38345WI0070090)	\$327.41	\$472.34	\$982.24
Eau Claire				
Green Bay	Copay Plus 3500/6750-30/60 (38345WI0070090)	336.03	484.78	1,008.10
Hudson				
Janesville	Copay Plus 3500/6750-30/60 (38345WI0020090)	312.82	451.29	938.46
Kenosha				
La Crosse				
Madison	Copay Plus 3500/6750-30/60 (38345WI0020090)	300.75	433.87	902.24
Mauston	Copay Plus 3500/6750-30/60 (38345WI0020090)	283.21	408.57	849.62
Medford				
Milwaukee				
Prairie du Chien	Copay Plus 3500/6750-30/60 (38345WI0020090)	291.74	420.88	875.22
Rhineland				
Superior				
Wausau				
West Bend	Copay Plus 3500/6750-30/60 (38345WI0020090)	377.92	545.21	1,133.76

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**Federated Mutual Insurance Company**  
 121 E. Park Square  
 Owatonna, MN 55060-3046

<https://federatedinsurance.com>

**Customer Service Telephone No.** 1-800-533-0472

**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:** \$6,600 Individual, \$13,200 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 - 17
Appleton	1604A	\$472.18	\$681.19	\$1,416.55
Eau Claire	1604A	531.21	766.34	1,593.62
Green Bay	1604A	462.35	667.00	1,387.04
Hudson	1604A	531.21	766.34	1,593.62
Janesville	1604A	506.61	730.87	1,519.84
Kenosha	1604A	472.18	681.19	1,416.55
La Crosse	1604A	521.37	752.15	1,564.11
Madison	1604A	506.61	730.87	1,519.84
Mauston	1604A	506.61	730.87	1,519.84
Medford	1604A	462.35	667.00	1,387.04
Milwaukee	1604A	472.18	681.19	1,416.55
Prairie du Chien	1604A	521.37	752.15	1,564.11
Rhineland	1604A	462.35	667.00	1,387.04
Superior	1604A	531.21	766.34	1,593.62
Wausau	1604A	462.35	667.00	1,387.04
West Bend	1604A	472.18	681.19	1,416.55

State of Wisconsin, Office of the Commissioner of Insurance  
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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:** \$2,700 Individual, \$5,400 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$6,850 Individual, \$13,700 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 - 17
Appleton				
Eau Claire	S018	\$479.50	\$691.74	\$1,438.49
Green Bay				
Hudson	S018	639.33	922.33	1,917.98
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford	S018	479.50	691.74	1,438.49
Milwaukee				
Prairie du Chien				
Rhineland	S018	479.50	691.74	1,438.49
Superior	S018	479.50	691.74	1,438.49
Wausau	S018	479.50	691.74	1,438.49
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:** \$2,500 Individual, \$5,000 Family

**Coinsurance:** 70% / 30%

**Maximum Out-of-Pocket:** \$6,500 Individual, \$13,000 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 - 17
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison	Select Silver 30 Copay w/ Massage Therapy	\$344.42	\$496.88	\$1,033.27
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend				

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**Gundersen Health Plan, Inc.**  
 1836 South Ave.  
 La Crosse, WI 54601-5429

<https://www.gundersenhealthplan.org/Home.aspx>

**Customer Service Telephone No.** 1-608-881-8271 or 1-800-897-1923

**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 - 17
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse	Silver HSA \$3000 - 20%	\$377.09	\$544.02	\$1,131.28
Madison				
Mauston	Silver HSA \$3000 - 20%	377.09	544.02	1,131.28
Medford				
Milwaukee				
Prairie du Chien	Silver HSA \$3000 - 20%	377.09	544.02	1,131.28
Rhineland				
Superior				
Wausau				
West Bend				

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**Health Tradition Health Plan**  
 1808 E. Main St.  
 Onalaska, WI 54650

<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:** \$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 - 17
Appleton				
Eau Claire	Health Tradition Silver 3000/80 (47342WI0060044)	\$389.14	\$561.39	\$1,167.42
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse	Health Tradition Silver 3000/80 (47342WI0060045)	372.32	537.13	1,116.96
Madison				
Mauston	Health Tradition Silver 3000/80 (47342WI0060045)	372.32	537.13	1,116.96
Medford				
Milwaukee				
Prairie du Chien	Health Tradition Silver 3000/80 (47342WI0060045)	372.32	537.13	1,116.96
Rhineland				
Superior				
Wausau				
West Bend				

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**HealthPartners Insurance Company**  
 8170 33rd Ave. S  
 Minneapolis, MN 55440  
 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:** \$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 - 17
Appleton				
Eau Claire	WI SE Open Access HSA Embedded Silver 3000-80	\$551.47	\$795.57	\$1,654.40
Green Bay				
Hudson	WI SE Open Access HSA Embedded Silver 3000-80	408.28	589.00	1,224.84
Janesville				
Kenosha				
La Crosse	WI SE Open Access HSA Embedded Silver 3000-80	556.08	802.24	1,668.26
Madison				
Mauston	WI SE Open Access HSA Embedded Silver 3000-80	556.08	802.24	1,668.26
Medford	WI SE Open Access HSA Embedded Silver 3000-80	556.62	803.00	1,669.84
Milwaukee				
Prairie du Chien	WI SE Open Access HSA Embedded Silver 3000-80	556.08	802.24	1,668.26
Rhineland	WI SE Open Access HSA Embedded Silver 3000-80	556.62	803.00	1,669.84
Superior	WI SE Open Access HSA Embedded Silver 3000-80	461.81	666.23	1,385.42
Wausau	WI SE Open Access HSA Embedded Silver 3000-80	556.62	803.00	1,669.84
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
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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:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$5,500 Individual, \$11,000 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 - 17
Appleton	Copay (91604WI0420102)	\$541.19	\$780.75	\$1,623.57
Eau Claire	Copay (91604WI0420102)	599.89	865.44	1,799.68
Green Bay	Copay (91604WI0420102)	505.97	729.93	1,517.90
Hudson	Copay (91604WI0420102)	645.74	931.57	1,937.21
Janesville	Copay (91604WI0420102)	601.01	867.05	1,803.04
Kenosha	Copay (91604WI0420102)	637.91	920.28	1,913.73
La Crosse	Copay (91604WI0420102)	634.00	914.64	1,901.99
Madison	Copay (91604WI0420102)	623.38	899.31	1,870.13
Mauston	Copay (91604WI0420102)	645.74	931.57	1,937.21
Medford	Copay (91604WI0420102)	645.74	931.57	1,937.21
Milwaukee	Copay (91604WI0420102)	635.67	917.06	1,907.02
Prairie du Chien	Copay (91604WI0420102)	645.74	931.57	1,937.21
Rhineland	Copay (91604WI0420102)	645.74	931.57	1,937.21
Superior	Copay (91604WI0420102)	645.74	931.57	1,937.21
Wausau	Copay (91604WI0420102)	590.39	851.72	1,771.17
West Bend	Copay (91604WI0420102)	606.60	875.11	1,819.81

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

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$5,500 Individual, \$11,000 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 - 17
Appleton	Copay (55103WI0200102)	\$453.52	\$654.28	\$1,360.57
Eau Claire				
Green Bay	Copay (55103WI0200102)	456.02	657.88	1,368.06
Hudson				
Janesville	Copay (55103WI0200102)	498.93	719.78	1,496.78
Kenosha	Copay (55103WI0200102)	511.40	737.77	1,534.20
La Crosse				
Madison	Copay (55103WI0200102)	658.08	949.38	1,974.25
Mauston	Copay (55103WI0200102)	681.53	983.21	2,044.60
Medford				
Milwaukee	Copay (55103WI0200102)	527.37	760.80	1,582.10
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	Copay (55103WI0200102)	503.92	726.97	1,511.75

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

**Medica Insurance Company**  
**P.O. Box 9310, Rt. No. 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 - 17
Appleton				
Eau Claire	Medica Choice Passport WI 3000-20% HSA Silver	\$526.31	\$759.28	\$1,578.92
Green Bay				
Hudson	Medica Choice Passport WI 3000-20% HSA Silver	399.47	576.29	1,198.40
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior	Medica Choice Passport WI 3000-20% HSA Silver	451.57	651.46	1,354.70
Wausau				
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
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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 - 17
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien	Silver HSA (64772WI0100003)	\$367.20	\$529.74	\$1,101.58
Rhineland				
Superior				
Wausau				
West Bend				



State of Wisconsin, Office of the Commissioner of Insurance  
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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:** Exclusive Provider 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:** \$7,150 Individual, \$14,300 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 - 17
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville	MercyCare EPO CO-70 \$3,000 Deductible; \$20/\$40/\$60 Rx	\$287.15	\$414.26	\$861.46
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
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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:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 70% / 30%

**Maximum Out-of-Pocket:** \$7,150 Individual, \$14,300 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 - 17
Appleton				
Eau Claire				
Green Bay				
Hudson				
Janesville	MercyCare PPO CO 70-50 \$3000 Deductible; \$20/\$40/\$60 Rx	\$380.93	\$549.55	\$1,142.80
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee				
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
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**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:** \$3,000 Individual, \$6,000 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$7,150 Individual, \$14,300 Family

**Office Visit Copayment:** \$25

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 - 17
Appleton	SG_SILVER_HMO3000_20	\$472.17	\$681.17	\$1,416.50
Eau Claire				
Green Bay	SG_SILVER_HMO3000_20	535.16	772.04	1,605.48
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee	SG_SILVER_HMO3000_20	463.24	668.29	1,389.72
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	SG_SILVER_HMO3000_20	473.66	683.32	1,420.96

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

**Coinsurance:** 70% / 30%

**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 - 17
Appleton	HMO 3000D 30 COINS	\$406.80	\$586.87	\$1,220.39
Eau Claire				
Green Bay				
Hudson				
Janesville	HMO 3000D 30 COINS	406.80	586.87	1,220.39
Kenosha				
La Crosse				
Madison	HMO 3000D 30 COINS	371.29	535.65	1,113.88
Mauston	HMO 3000D 30 COINS	406.80	586.87	1,220.39
Medford				
Milwaukee				
Prairie du Chien	HMO 3000D 30 COINS	406.80	586.87	1,220.39
Rhineland				
Superior				
Wausau				
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
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**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:** 100% / 0%

**Maximum Out-of-Pocket:** \$4,500 Individual, \$9,000 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 - 17
Appleton	Valley Tradition \$3,000 - Copay HDHP	\$463.46	\$668.61	\$1,390.38
Eau Claire	Tradition \$3,000 - Copay HDHP	481.37	694.45	1,444.12
Green Bay	Valley Tradition \$3,000 - Copay HDHP	445.28	642.39	1,335.86
Hudson				
Janesville				
Kenosha				
La Crosse				
Madison				
Mauston	Tradition \$3,000 - Copay HDHP	449.88	649.02	1,349.64
Medford	Tradition \$3,000 - Copay HDHP	463.38	668.49	1,390.14
Milwaukee				
Prairie du Chien				
Rhineland	Tradition \$3,000 - Copay HDHP	436.38	629.55	1,309.16
Superior	Tradition \$3,000 - Copay HDHP	449.88	649.02	1,349.64
Wausau	Tradition \$3,000 - Copay HDHP	427.39	616.57	1,282.16
West Bend				

State of Wisconsin, Office of the Commissioner of Insurance  
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**UnitedHealthcare Insurance Company**  
185 Asylum St.  
Hartford, CT 06103-3408

www.uhc.com

**Customer Service Telephone No.** 1-877-832-7734

**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 - 17
Appleton	ADYF	\$377.51	\$544.61	\$1,132.53
Eau Claire	ADYF	644.22	929.38	1,932.66
Green Bay	ADYF	416.73	601.20	1,250.20
Hudson	ADYF	644.22	929.38	1,932.66
Janesville	ADYF	459.39	662.73	1,378.16
Kenosha	ADYF	422.62	609.69	1,267.85
La Crosse	ADYF	538.32	776.61	1,614.96
Madison	ADYF	501.06	722.85	1,503.18
Mauston	ADYF	410.85	592.71	1,232.55
Medford	ADYF	502.53	724.97	1,507.59
Milwaukee	ADYF	421.63	608.27	1,264.90
Prairie du Chien	ADYF	501.06	722.85	1,503.18
Rhineland	ADYF	502.04	724.27	1,506.12
Superior	ADYF	644.22	929.38	1,932.66
Wausau	ADYF	477.53	688.90	1,432.58
West Bend	ADYF	432.91	624.54	1,298.73

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

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

**Coinsurance:** 60% / 40%

**Maximum Out-of-Pocket:** \$6,600 Individual, \$13,200 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 - 17
Appleton	AD-1L	\$348.86	\$503.28	\$1,046.57
Eau Claire	AD-1L	595.32	858.84	1,785.96
Green Bay	AD-1L	385.10	555.56	1,155.30
Hudson				
Janesville	AD-1L	424.52	612.43	1,273.55
Kenosha	AD-1L	390.54	563.41	1,171.61
La Crosse	AD-1L	497.46	717.66	1,492.37
Madison	AD-1L	463.03	667.98	1,389.08
Mauston	AD-1L	379.66	547.72	1,138.99
Medford	AD-1L	464.38	669.94	1,393.15
Milwaukee	AD-1L	389.63	562.10	1,168.89
Prairie du Chien	AD-1L	463.03	667.98	1,389.08
Rhineland	AD-1L	463.93	669.29	1,391.80
Superior				
Wausau	AD-1L	441.28	636.61	1,323.84
West Bend	AD-1L	400.05	577.13	1,200.15

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**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:** \$2,700 Individual, \$5,400 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$6,500 Individual, \$13,000 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 - 17
Appleton	Unity Elite Silver HSA 2700 HMO	\$352.46	\$508.48	\$1,057.40
Eau Claire				
Green Bay				
Hudson				
Janesville	Unity Elite Silver HSA 2700 HMO	347.68	501.58	1,043.04
Kenosha				
La Crosse				
Madison	Unity Elite Silver HSA 2700 HMO	296.98	428.31	890.66
Mauston	Unity Elite Silver HSA 2700 HMO	320.54	462.43	961.62
Medford				
Milwaukee				
Prairie du Chien	Unity Elite Silver HSA 2700 HMO	314.72	454.03	944.16
Rhineland				
Superior				
Wausau				
West Bend				



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**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:** Silver

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

**Annual Deductible:** \$2,450 Individual, \$4,900 Family

**Coinsurance:** 80% / 20%

**Maximum Out-of-Pocket:** \$6,550 Individual, \$13,100 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 - 17
Appleton	USHL Silver Copay Trilogy	\$562.72	\$811.80	\$1,688.15
Eau Claire	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Green Bay	USHL Silver Copay Trilogy	566.18	816.80	1,698.55
Hudson	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Janesville	USHL Silver Copay Trilogy	673.64	971.83	2,020.93
Kenosha	USHL Silver Copay Trilogy	578.32	834.31	1,734.95
La Crosse	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Madison	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Mauston	USHL Silver Copay Trilogy	673.06	971.00	2,019.19
Medford	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Milwaukee	USHL Silver Copay Trilogy	587.56	847.64	1,762.68
Prairie du Chien	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Rhineland	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Superior	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
Wausau	USHL Silver Copay Trilogy	903.00	1,302.72	2,709.01
West Bend	USHL Silver Copay Trilogy	581.20	838.47	1,743.61

**Wisconsin Physicians Service Insurance Corporation**  
**1717 W. Broadway**  
**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:** \$7,150 Individual, \$14,300 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 - 17
Appleton	WPS PPO Silver 3000-20	\$438.90	\$633.18	\$1,316.70
Eau Claire	WPS PPO Silver 3000-20	615.63	888.13	1,846.88
Green Bay	WPS PPO Silver 3000-20	397.53	573.49	1,192.58
Hudson	WPS PPO Silver 3000-20	501.41	723.35	1,504.22
Janesville	WPS PPO Silver 3000-20	469.93	677.94	1,409.78
Kenosha	WPS PPO Silver 3000-20	535.58	772.66	1,606.75
La Crosse	WPS PPO Silver 3000-20	613.83	885.54	1,841.49
Madison	WPS PPO Silver 3000-20	643.51	928.36	1,930.52
Mauston	WPS PPO Silver 3000-20	493.76	712.32	1,481.28
Medford	WPS PPO Silver 3000-20	548.62	791.47	1,645.87
Milwaukee	WPS PPO Silver 3000-20	559.87	807.69	1,679.60
Prairie du Chien	WPS PPO Silver 3000-20	523.89	755.79	1,571.67
Rhineland	WPS PPO Silver 3000-20	510.40	736.33	1,531.20
Superior	WPS PPO Silver 3000-20	565.26	815.47	1,695.79
Wausau	WPS PPO Silver 3000-20	476.22	687.02	1,428.67
West Bend	WPS PPO Silver 3000-20	534.23	770.71	1,602.70

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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:** \$7,150 Individual, \$14,300 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 - 17
Appleton	HMO Silver 3000-20 featuring AboutHealth (84670WI1330106)	\$326.81	\$471.48	\$980.44
Eau Claire				
Green Bay	HMO Silver 3000-20 featuring AboutHealth (84670WI1330106)	340.06	490.59	1,020.18
Hudson				
Janesville				
Kenosha	HMO Silver 3000-20 featuring AboutHealth (84670WI1330106)	424.65	612.62	1,273.94
La Crosse				
Madison				
Mauston				
Medford				
Milwaukee	HMO Silver 3000-20 featuring AboutHealth (84670WI1330106)	396.45	571.94	1,189.35
Prairie du Chien				
Rhineland				
Superior				
Wausau				
West Bend	HMO Silver 3000-20 featuring AboutHealth (84670WI1330106)	379.36	547.29	1,138.08

## Definitions

### **Actuarial Value**

The percentage of total average costs for covered benefits that 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.

### **Bronze Plan**

One of four metal level plan categories, in addition to silver, gold, and platinum. Bronze plans are designed to cover 60% of the total average cost of care.

### **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 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.

### **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/member must pay before the insurer will make any benefit payments.

### **Defined Network Plan (Managed Care Plan)**

A term used in Wisconsin law to refer to any health benefit plan that requires or creates incentives for an member 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**

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 s/he does not receive immediate medical care.

### **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 that is listed in the insurance policy as not 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 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.

**Gold Plan**

One of four metal level plan categories, in addition to bronze, silver, and platinum. Gold plans are designed to cover 80% of the total average cost of care.

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

**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**

A small employer or individual policy that 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 members 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 member'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.

**Managed Care**

A health insurance plan that makes available to its members 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 Benefit**

A benefit 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 member to use providers selected by the plan.

**Out-of-Pocket Maximum**

A policy limit of the total coinsurance, copayment and deductible amounts 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. Premium payments do not count towards the out-of-pocket maximum.

**Point-of-Service (POS)**

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

**Platinum Plan**

One of four metal level plan categories, in addition to bronze, silver, and gold. Platinum plans are designed to cover 90% of the total average cost of care.

**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. The preauthorization provision may also be referred to as prior authorization.

**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 members either comprehensive health care services or a limited range of health care services performed by providers contracted with the PPO. It allows members to use providers outside the network, but members 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 member and who is designated by the member.

**Referral**

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

**SHOP**

The Small Business Health Options Program (SHOP) makes it possible for small businesses to purchase health insurance for their employees through a public exchange. SHOP is open to employers with 50 or fewer full-time equivalent (FTE) employees.

**Silver Plan**

One of four metal level plan categories, in addition to bronze, gold, and platinum. Silver plans are designed to cover 70% of the total average cost of care.

**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.

**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				
<ul style="list-style-type: none"> <li>• Preventive Services Subject to Cost-sharing</li> <li>• Colonoscopy Cost-sharing if Diagnostic</li> </ul>				
Hospital Services*				
<ul style="list-style-type: none"> <li>• Inpatient Services</li> <li>• Outpatient Services</li> </ul>				
Emergency Services				
<ul style="list-style-type: none"> <li>• Emergency Room Care (including Physician Charges and Misc. Expenses)</li> <li>• Ambulance Services</li> </ul>				
Professional Services**				
<ul style="list-style-type: none"> <li>• Primary Care Office Visits</li> <li>• Specialist Office Visits</li> </ul>				

\* 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				

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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.