

**CERTIFICATION OF  
PREFERRED PROVIDER PLAN  
SAME SERVICE PROVISIONS**

State of Wisconsin  
Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, WI 53707-7873  
(608) 266-3585

**Report due annually by April 1**

Ref: Section 601.42, Wis. Stat.

Name of Insurance Company
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I hereby certify that, as an officer of the above company, I have authority to bind and obligate the insurance company by filing this certification. I further certify, pursuant to s. Ins 9.25 (6), Wis. Adm. Code, that, to the best of my knowledge, information and belief, the company, for the preceding year, complied with the preferred provider plan (PPP) same service provisions of s. Ins 9.25, Wis. Adm. Code, and s. 609.35, Wis. Stat., and that:

1. The company's PPP policies identified below provide coverage for services performed by nonparticipating providers with the company paying at: [check the box or boxes that apply]
  - a. A coinsurance rate of not less than 60% and the enrollee paying at a coinsurance rate of not more than 40%.
  - b. A coinsurance rate not less than 50% and the enrollee paying at a coinsurance rate of not more than 50%.
2. The company's PPPs equally apply material exclusions regardless of whether the services are performed by either participating or nonparticipating providers.
3. The company's PPPs provide coverage of services without use of any financial incentives other than maximum limits, out-of-pocket limits and those incentives described in ss. Ins 9.25 and 9.27, Wis. Adm. Code, to encourage the use of participating providers.
4. The company provides to enrollees at the time of solicitation of PPPs described in item 1. b. above the disclosure notice required in s. Ins 9.25 (5), Wis. Adm. Code.
5. The company does not require a referral to obtain coverage for care from either a participating or nonparticipating provider and complies with ss. Ins 9.27 and 9.32 (2), Wis. Adm. Code.

Name and Title	Date
Insurer Address	Phone Number