

- Pre-quote
- Tiering

HIGH DEDUCTIBLE HEALTH PLAN BENEFIT REQUEST FORM

Health Tradition Health Plan - 2 – 49 total employees

Producer Name : _____ Agency Name: _____

Proposed Effective Date: _____ Date & Time needed: _____

Prospect Business Name: _____

Contact person: _____ Telephone #: _____

Address (Street, City, State, Zip): _____

Nature of Business: _____ Current Carrier: _____

Total Employees: _____ Total Eligible Employees: _____ Total Employees electing coverage: _____

Contribution Levels: Employer agrees to pay _____% of the employee's premium.

Requested waiting period for new employees (standard minimum—30 days) _____

Please attach: 1) Uniform applications & 2) Census & 3) Disclosure of Rating Factors form

Premier – HMO (exclusive Health Tradition network)

- [] **HH15** -- \$1,500/\$3,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$3,000/\$6,000
- [] **HH20** -- \$2,000/\$4,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$3,000/\$6,000
- [] **HH21** -- \$2,000/\$4,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$4,000/\$8,000
- [] **HH25** -- \$2,500/\$5,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000
- [] **HH26** -- \$2,500/\$5,000 Ded; 90% OV, ER and Rx subject to ded/coins; OOP \$4,000/\$8,000
- [] **HH30** -- \$3,000/\$6,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000
- [] **HH31** -- \$3,000/\$6,000 Ded; 100%; OV, ER and Rx subject to ded/coins; OOP \$3,000/\$6,000
- [] **HH50** -- \$5,000/\$10,000 Ded; 100%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000

Premier Community – HMO

(Tier 1 -exclusive Health Tradition network/ Tier 2 – Gundersen Lutheran owned providers)

- Preventive services coverage: Tier 1 – 100%, No Deductible/ Tier 2 – Coinsurance only

- [] **HH15** – Tier 1 - \$1,500/\$3,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$3,000/\$6,000
Tier 2 - \$2,000/\$4,000 Ded; 70%; OV, ER and Rx subject to ded/coins; OOP \$3,500/\$7,000
- [] **HH20** – Tier 1 - \$2,000/\$4,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$3,000/\$6,000
Tier 2 - \$2,500/\$5,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$3,500/\$7,000
- [] **HH21** – Tier 1 - \$2,000/\$4,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$4,000/\$8,000
Tier 2 - \$2,500/\$5,000 Ded; 70%; OV, ER and Rx subject to ded/coins; OOP \$4,500/\$9,000
- [] **HH25** – Tier 1 - \$2,500/\$5,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000
Tier 2 - \$3,000/\$6,000 Ded; 70%; OV, ER and Rx subject to ded/coins; OOP \$6,000/\$12,000
- [] **HH26** – Tier 1 - \$2,500/\$5,000 Ded; 90% OV, ER and Rx subject to ded/coins; OOP \$4,000/\$8,000
Tier 2 - \$3,000/\$6,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$4,500/\$9,000
- [] **HH30** – Tier 1 - \$3,000/\$6,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000
Tier 2 - \$3,500/\$7,000 Ded; 80%; OV, ER and Rx subject to ded/coins; OOP \$6,000/\$12,000
- [] **HH31** – Tier 1 - \$3,000/\$6,000 Ded; 100%; OV, ER and Rx subject to ded/coins; OOP \$3,000/\$6,000
Tier 2 - \$4,000/\$8,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000
- [] **HH50** – Tier 1 - \$5,000/\$10,000 Ded; 100%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000
Tier 2 - \$6,000/\$12,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$7,000/\$14,000

Premier Plus – POS

- **Community product not available for plan designs in this section**
- **Preventive services coverage: In-network – 100%, No Deductible; Out-of-network – no coverage**

- [] **PH15** – IN--\$1,500/\$3,000 Ded;90%; OV, ER and Rx subject to ded/coins; OOP \$2,500/\$5,000
OUT--\$2,500/\$5,000 Ded; 70%; OV, ER and Rx subject to ded/coins; OOP \$4,000/\$8,000
- [] **PH20** – IN--\$2,000/\$4,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$3,000/\$6,000
OUT--\$4,000/\$8,000 Ded; 70%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000
- [] **PH30** – IN--\$3,000/\$6,000 Ded; 90%; OV, ER and Rx subject to ded/coins; OOP \$4,000/\$8,000
OUT--\$4,000/\$8,000 Ded; 70%; OV, ER and Rx subject to ded/coins; OOP \$5,000/\$10,000

COMMENTS: _____

Notes and conditions:

- **Preventive Benefits will continue to be 100% paid by the Health Plan –In-Network only**
- **Employer MUST offer an HSA account alongside these plans**
- **These plans are not eligible for employers who simply “self-insure” the deductible difference**