

- Pre-quote
- Tiering

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)

* Plan designs in this section with an OV copay – all services provided in the office setting are covered by the copay

- [] **H100** -- \$250/\$750 Ded; 100%; \$25 Primary/\$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
- [] **H90A** -- \$250/\$750 Ded; 90%; \$25 Primary/\$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
- [] **H90B** -- \$500/\$1,000 Ded; 90%; \$25 Primary/\$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
- [] **H90C** -- \$750/\$1,500 Ded; 90%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
- [] **H80A** -- \$500/\$1,000 Ded; 80%; \$25 Primary/\$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
- [] **H80B** -- \$750/\$1,500 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
- [] **H80C** -- \$1,000/\$2,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
- [] **H80D** -- \$1,000/\$2,000 Ded; 80%; \$25 Primary/\$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
- [] **H80E** -- \$500/\$1,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
- [] **H80F** -- \$2,000/\$4,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
- [] **H80H** -- \$500/\$1,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
- [] **H80J** -- \$3,000/\$6,000 Ded; 80%; OV subject to ded/coins/ \$100 ER Copay; \$10/30/50 Rx

Premier Community – HMO

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

- Plan designs in this section with an OV copay – only physician charges are covered by the copay
- Preventive services coverage: Tier 1 – 100%, No Deductible/ Tier 2 - \$40 Copay

- [] **H90A** – Tier 1 - \$250/\$750 Ded; 90%; \$20 Primary/\$40 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$500/\$1,000 Ded; 80%; \$40 Primary/\$80 Specialist OV Copay; \$100 ER Copay
- [] **H90B** -- Tier 1 - \$500/\$1,000 Ded; 90%; \$20 Primary/\$40 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$750/\$1,500 Ded; 80%; \$40 Primary/\$80 Specialist OV Copay; \$100 ER Copay
- [] **H90C** – Tier 1 - \$750/\$1,500 Ded; 90%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$1,000/ \$2,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay
- [] **H80A** – Tier 1 - \$500/\$1,000 Ded; 80%; \$20 Primary/\$40 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$750/\$1,500 Ded; 70%; \$40 Primary/ \$80 Specialist OV Copay; \$100 ER Copay
- [] **H80B** – Tier 1 - \$750/\$1,500 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$1,000/\$2,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay
- [] **H80C** – Tier 1 - \$1,000/\$2,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$1,500/\$3,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay
- [] **H80D** – Tier 1 - \$1,000/\$2,000 Ded; 80%; \$20 Primary/\$40 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$1,500/\$3,000 Ded; 70%; \$40 Primary/\$80 Specialist OV Copay; \$100 ER Copay
- [] **H80E** – Tier 1 - \$500/\$1,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$750/\$1,500 Ded; 70%; OV subject to ded/coins/ \$100 ER Copay
- [] **H80F** – Tier 1 - \$2,000/\$4,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$2,500/\$5,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay

Premier Community – HMO (continued)

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

- [] **H80H** – Tier 1 - \$500/\$1,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$750/\$1,500 Ded; 70%; OV subject to ded/coins; \$100 ER Copay
- [] **H80J** – Tier 1 - \$3,000/\$6,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
Tier 2 - \$3,500/\$7,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay

Premier Plus – POS

- **Community product not available for plan designs in this section**
- Plan designs in this section with an OV copay – all services provided in the office setting are covered by the copay

- [] **P90C** – IN--\$500/\$1,000 Ded; 90%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
OUT--\$1,000/\$2,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay
- [] **P90D** – IN--\$1,000/\$2,000 Ded; 90%; \$25 Primary/ \$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
OUT--\$2,000/\$4,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay
- [] **P90E** – IN -- \$500/\$1,000 Ded; 90%; \$25 Primary/\$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
OUT -- \$1,000/\$2,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay
- [] **P90F** – IN -- \$5,000/\$10,000 Ded; 90%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
OUT -- \$10,000/\$20,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay
- [] **P80D** – IN--\$500/\$1,000 Ded; 80%; \$25 Primary/\$50 Specialist OV Copay; \$100 ER Copay; \$10/30/50 Rx
OUT--\$1,000/\$2,000 Ded; 70%; OV subject to ded/coins; \$100 ER Copay
- [] **P80E** – IN--\$2,500/\$5,000 Ded; 80%; OV subject to ded/coins; \$100 ER Copay; \$10/30/50 Rx
OUT--\$5,000/\$10,000 Ded; 60%; OV subject to ded/coins; \$100 ER Copay

Premier Select – Multiplan options – 5 to 49 contracts

Select any two options to be offered together – indicate whether they are Exclusive network or Community options

Premier Select – Multiplan options – 25 to 49 contracts

Select any three options to be offered together – indicate whether they are Exclusive network or Community options

COMMENTS: _____
