



## Health Insurance Risk-Sharing Plan

1751 W. Broadway – P.O. Box 8961 – Madison, WI 53708-8961  
(888) 253-2698 or (608) 221-5315

### **Act now if you want to change your HIRSP Federal Plan coverage for 2012**

September 28, 2011

Attention Members:

Once a year HIRSP Federal Plan members are provided the option to choose between HIRSP Federal plans. If you are satisfied with your current coverage, you do not have to select a new HIRSP Federal plan at this time. Making a change during the “Choice of Coverage” period will affect how much you pay in premiums, deductibles and out-of-pocket costs.

You may wish to review this list of important considerations before making your decision:

- o This is the **only** time during the year that you may change your coverage.
- o If you change your coverage at this time, your new coverage will be **effective on January 1, 2012**, and will remain in effect **for the entire year**. Likewise, if you do **not** change your coverage, your current coverage option will remain in effect for all of 2012. Your new HIRSP Federal Plan premium will take effect on January 1, 2012.
- o Consider the cost of medical services and prescription drug services you use in one year to see which medical deductible option and corresponding out-of-pocket maximum would best serve you. See the *Plan Options Table* on the next page for more information.
- o Don't forget to review the rate table to determine if your birthday will move you into a different age bracket.
- o To change coverage, **HIRSP must receive your application by November 1, 2011**. The *Choice of Coverage Request* form is attached.

If you have questions, please call HIRSP Federal Plan Customer Service at (888) 253-2698 or (608) 221-5315, Monday through Thursday, 7:00 a.m. to 7:00 p.m.; Friday, 7:00 a.m. to 4:30 p.m. CST.

**For more information about HIRSP, visit our Web site at [www.hirsp.org](http://www.hirsp.org)**

## HIRSP FEDERAL PLANS OPTION TABLE

	<b>Federal 500</b>	<b>Federal 1,000</b>	<b>Federal 2,500</b>	<b>Federal 3,500</b>
<b>Premiums</b>	Refer to rate table	Refer to rate table	Refer to rate table	Refer to rate table
<b>Medical Deductible (you pay)</b>	\$500 per year	\$1,000 per year	\$2,500 per year	\$3,500 per year
<b>Medical Coinsurance (you pay)</b>	20% of allowed amount up to \$1,000 per year	20% of allowed amount up to \$1,000 per year	20% of allowed amount up to \$1,000 per year	20% of allowed amount up to \$1,000 per year
<b>Individual medical out-of-pocket maximum (your total expenditures for medical deductible and medical coinsurance, after which HIRSP will pay at 100%)</b>	\$1,500 per year	\$2,000 per year	\$3,500 per year	\$4,500 per year
<b>Family medical out-of-pocket maximum (all family members must be in the same plan)</b>	\$3,000 per year	\$4,000 per year	\$7,000 per year	\$9,000 per year
<b>Drug Copay (you pay)</b>	\$5 Tier 1 / \$45 Tier 2 Up to a maximum of \$2,000 per year	\$5 Tier 1 / \$45 Tier 2 Up to a maximum of \$2,000 per year	\$5 Tier 1 / \$45 Tier 2 Up to a maximum of \$2,000 per year	\$5 Tier 1 / \$45 Tier 2 Up to a maximum of \$1,550
<b>Maximum Lifetime Benefit</b>	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
<b>Premium, Medical and Drug out-of-pocket reductions available if you qualify</b>	No	No	No	No