

Solicitation Disclosure

Section Ins. 8.48, Wisconsin Administrative Code, requires that the following information be disclosed to groups with 2-50 employees at the time of application:

1. Rates are guaranteed for one year from your effective/anniversary date.
2. Premium Rates are determined using a uniform set of rating factors applicable to all small employer groups. The uniform set of rating factors applicable to you and all other small employer groups are subject to both state and federal regulations and have been reviewed by the Wisconsin Office of the Commissioner of Insurance for compliance with these regulations. The specific case characteristics of your employer group, such as age of members, location of employer group and the selected benefit design chosen by you, determines your premium rate and premium rate change.
3. Upon renewal, if you employed less than 2 or more than 50 eligible employees during at least 50% of the number of weeks in any previous 12 month period, certain protections afforded small employers under Chapter 635 of the Wisconsin statutes would cease to apply.
4. The policy will be renewed annually unless:
 - a. You fail to pay your premium;
 - b. You fail to meet the minimum participation requirements;
 - c. You fail to contribute the minimum amount required towards each employee's premium;
 - d. You engage in fraud or misrepresentation;
 - e. You commit a substantial and material breach of your contract with Prevea360 Health Plan;
 - f. You cease to be an eligible group due to: (1) ceasing active business operations, (2) losing status as an independent legal entity or (3) moving your site of business to a location where this type of policy is not offered for sale by Prevea360 Health Plan; or
 - g. Prevea360 Health Plan ceases to offer coverage in the small group market in Wisconsin. In this case, notice will be given to your group at least 180 days before the date on which your coverage will be discontinued.
5. The following information is available to you upon request:
 - a. The benefits and premiums for the health insurance plans available to you.

The signatures below certify that disclosure of the rating factors and renewability provisions have been clearly stated.

Employer Signature/Date

Agent Signature/Date