

INDIVIDUAL ACA POLICY CHANGE REQUEST



Internal use only

Subscriber Last Name	First Name	MI	Subscriber Number
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A. Check and complete the changes that apply and sign below

Name Change	Change From	Change To	Reason For Change	
	If Married, Spouse's Name	Date of Marriage	Date of Divorce	
Phone Number Change	Home Work Cell	Change To		
Email Address Change	Change To			
Address Change <i>Disclaimer: If you move to a different county, rates or plan offerings may be affected.</i>	Change applies to		Street/Route	
	Residence Address	City	State	Apartment Number
	Mailing Address		ZIP Code	

B. Change in Coverage *(changes will be processed according to policy)*

Cancel Policy	Reason for Cancellation	Requested Cancellation Date
Change Policy	Plan Name (selection, metal tier, deductible shown on page 2)	Effective Date of Change
Add Dependent	Qualifying Event Birth Adoption Marriage Loss of Coverage Other: _____	Effective Date of Change
Delete Dependent	Effective Date of Termination	Reason for Termination

C. Dependents

Please list family members to be added/deleted under this policy. Please attach additional form, if needed. Write name as it should appear on ID card. Dependents may not be eligible if other medical coverage is available to them through their employer.

Change	Last Name	First Name	MI	Gender	Date of Birth	Social Security #	Tobacco Use?
Add				M F			Y N
Delete							
Add				M F			Y N
Delete							
Add				M F			Y N
Delete							

D. Type of Coverage and Benefit Plans

Selection	Metal Tier	Deductible	Coinsurance (amount you pay)	Out-of-Pocket Limit	Convenient Care Clinic Copay	PCP Copay	Specialist Copay	Prescription Plan Preventive/Preferred Generic/Nonpreferred Generic/Preferred Brand/Nonpreferred/Specialty
The WPS health plans listed below are available in the following counties: Brown, Calumet, Dodge, Door, Fond du Lac, Green Lake, Kenosha, Kewaunee, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Racine, Sheboygan, Washington, Waukesha, Waupaca, Waushara, and Winnebago								
HMO	Gold	\$2,500	20%	\$5,000	\$10	\$35	\$70	\$0/\$0/\$15/\$40/\$70/30%
HMO	Silver	\$4,500	30%	\$8,550	\$10	\$35	\$70	\$0/\$0/\$25/\$60/\$100/\$750 Ded. 40% Coins
HMO	Silver	\$5,000	20%	\$8,550	\$10	\$35	\$70	\$0/\$0/\$25/\$60/\$100/\$750 Ded. 40% Coins
HMO	Silver	\$7,500	0%	\$7,500	\$10	\$35	\$70	\$0/\$0/\$25/\$60/\$100/\$750 Ded. 40% Coins
HMO HDHP	Silver	\$2,800	20%	\$7,000	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO HDHP	Silver	\$4,500	0%	\$4,500	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO HDHP	Silver	\$5,500	0%	\$5,500	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO	Bronze	\$6,500	20%	\$8,550	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO	Bronze	\$7,200	40%	\$8,550	D/C	D/C	D/C	\$0/\$0/\$25/\$60/\$100/\$750 Ded. 40% Coins
HMO POS	Bronze	\$8,550	0%	\$8,550	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO HDHP POS HDHP	Bronze	\$6,000	30%	\$7,000	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO HDHP	Bronze	\$6,830	0%	\$6,830	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO HDHP	Bronze	\$7,000	0%	\$7,000	D/C	D/C	D/C	\$0 preventive, D/C all others
HMO	Catastrophic*	\$8,550	0%	\$8,550	D/C	D/C	D/C	\$0 preventive, D/C all others

D/C = Deductible and Coinsurance PCP = Primary Care Practitioner

*Eligibility limited to persons under age 30 or those with a hardship exemption from the Federally Facilitated Marketplace.

E. Certification

CERTIFICATION: I represent and certify all of the following: no answer or information written by myself in this application was provided by the agent or anyone else (except for information provided by other family members); such representations are true, accurate, and complete to the best of my knowledge.

Subscriber Signature	Date
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Mail to: WPS Health Plan, P.O. Box 8190, Madison, WI 53708
 Email: billing@wpsic.com
 Call: 800-332-6421
 Visit: wpshealth.com/healthplan