



WPS Health Plan

2023 Customer Handbook



Health Insurance Partner
of the Green Bay Packers

Green Bay Packers partnership is a paid endorsement.



TABLE OF CONTENTS

Customer Identification (ID) Card	4
Contact Information.....	4
A Local Health Plan.....	5
Language Assistance	5
Benefits.....	5
Your Doctor is a Vital Health Partner.....	6
Importance of Your Primary Care Practitioner (PCP).....	6
Do I Have to Designate a Primary Care Practitioner (PCP)?.....	6
What If My Doctor Leaves the Network?	6
Choice of Health Care Providers	7
How Will Bills Be Paid if I Receive Authorized Care From a Non-Participating Specialist?.....	7
Hospital Care.....	7
Types of Care Available.....	8
Convenient Care Clinic.....	8
Primary Care Practitioner.....	8
Specialty Practitioner	8
Telehealth Services from Teladoc®	8
Urgent Care	8
Emergency Care	8
Should I See a Doctor?	8
What if it's After Hours?.....	9
Out-of-Area Care, Including College Students.....	9
Integrated Care Management	9
How to Make Sure Your Care is Covered.....	10
Prior Authorizations.....	10
Whose Responsibility is it to Obtain Required Prior Authorizations?.....	10
When Do I Need a Prior Authorization?	11
Services That Do Not Require a Prior Authorization.....	11
How to Contact Us About a Prior Authorization	11
Your Health is Important to Us	12
Affirmative Statement Regarding Incentives	12
Case Management	12
Pharmacy Benefit Information	12
Wellness Benefits	12
Office Services and Specialty Care	13
Chiropractic Services.....	14
Exclusions.....	14
How Claims Work	15
How Do I File a Claim?.....	15
Claim Denials.....	15
How to Voice a Complaint or File a Grievance	15
Your Right to an Independent External Review	15
New and Emerging Medical Technologies.....	16
Collection, Use, and Disclosure of Health Information.....	16
Member Rights and Responsibilities.....	17
Your Rights as a Health Plan Member	17
Your Responsibilities as a Health Plan Member	17
Take Advantage of Your Online Customer Portal.....	18
Register and Access Your Information	18
Navigate the Site	18
Find a Doctor	18



Dear WPS Health Plan Customer:

Thank you for choosing WPS Health Plan! We are delighted to have you as a customer.

Please review this Customer Handbook carefully. It is your guide to receiving the most from your insurance coverage. Our WPS Health Plan Customer Service Department is also available to answer any of your questions. You can call us using the phone number listed on your customer ID card. Visit us online at wpshealth.com/healthplan for more information.

For added convenience, you can use the information on your ID card to obtain your Explanation of Benefits, billing summaries, policy information, and more online. Just register for your online customer account and you can get around-the-clock access to your information right from your computer.

We value your partnership in maintaining your health and well-being.

Best of health,
WPS Health Plan



This handbook helps you understand how your insurance plan with WPS Health Plan will best benefit you. Please read it carefully and keep it for future reference. You will also have online access to a copy of your insurance policy or certificate of coverage, which contains more detailed information about your insurance plan. In the event there is a discrepancy between your policy

or certificate and this handbook, the policy or certificate will take precedence. If you have questions about your coverage or how your plan works, please visit wpshealth.com/healthplan for more information or contact our WPS Health Plan Customer Service Department at the number listed on your customer ID card. We are here to help your plan work for you.

Customer Identification Card

You will receive an ID card from us when you are approved for coverage. This card identifies you as a WPS Health Plan customer. When you receive your card, please verify that the information is correct. Carry this card with you at all times. You will be asked to show your ID card each time you visit your doctor. If your plan has an office visit copay, you will be asked to pay that amount at the time of service. To request a new or additional ID card, please visit wpshealth.com/healthplan or contact our Customer Service Department at the number listed on your ID card.

It is important to identify yourself as a WPS Health Plan customer when making an appointment with a provider. Participating provider benefits are payable when services and treatment are received from providers who are part of your plan's network.

Contact Information

Customer Service Department

Phone: See your customer ID card
TTY: 711

wpshealth.com/healthplan

Paper Claims Submission Address

WPS Health Plan
P.O. Box 21352
Eagan, MN 55121

Type of Plan and Group Information

Benefits Individual/Family

The diagram shows a sample Customer ID card layout. It is divided into two main columns. The left column is labeled 'Customer' and contains the following information: ABC COMPANY, Group #: XXXXXXXX, Subscriber Number: XXXXXXXX, and Subscriber: JANE DOE. The right column is labeled 'Benefits Individual/Family' and contains a section for 'Benefits Individual/Family' and a section for 'Networks'. Above the card, there is a 'Customer Service' section with the phone number 800-332-6285 and the website wpshealth.com/healthplan. The WPS Health Plan logo is in the top left corner. Labels with orange lines point to the 'Customer' section, the 'Benefits Individual/Family' section, and the 'Networks' section.

Customer Name and ID Number

Network Information

The diagram shows a sample Claims Submission card layout. It is divided into two main columns. The left column contains three sections: 'Telehealth' with the TELADOC logo and contact information (24/7 Access at 800-835-2362 or teladoc.com), 'Prior Approval' with a notification that it is required within 48 hours for all inpatient stays and a contact number for Customer Service, and 'Pharmacy' with RXGroup: PRVA, RXBin: 003858, RXPCN: A4, and the EXPRESS SCRIPTS logo and contact information (800-695-3406, Express-Scripts.com). The right column is labeled 'Claims Submission' and contains the text 'For paper claim submissions, send claims to:' followed by the address: WPS Health Plan, P.O. Box 21352, Eagan, MN 55121, and EDI Payer ID: ARISE.

A Local Health Plan

WPS Health Plan was created to provide superior local health care coverage to Wisconsin residents. We have deep local roots, extending back to 1946, when WPS was created in part to help veterans returning from World War II get the affordable health coverage they needed. We remain sensitive and accountable to the needs of Wisconsin residents and are dedicated to providing high-quality service.

Language Assistance

WPS Health Plan provides language assistance for all customers at no cost. For assistance with interpreting this handbook, or if you would like a translated copy in your preferred language, please contact a Customer Service representative by calling the phone number listed on your customer ID card (TTY: 711).

Benefits

WPS Health Plan works to ensure that high-quality medical services are available to you and your family members. Benefits are available for a variety of health care needs, from minor to catastrophic. It is your responsibility to know your plan benefits and any limitations and exclusions that may apply. For complete information on what is covered under your insurance plan, please refer to your policy or certificate.



Your Doctor is a Vital Health Partner

Importance of Your Primary Care Practitioner (PCP)

Primary Care Practitioners (PCPs) are the core of WPS Health Plan. Your PCP must be a participating provider who is a physician, physician assistant, nurse practitioner, or certified nurse midwife who directly provides or coordinates health care services for you. A PCP's primary practice must be Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology, or Pediatrics.

Your PCP is the individual responsible for coordinating your medical care, and in most cases, your PCP can care for your medical needs. Your PCP helps ensure that appropriate care is being given in the right setting, that duplicate care is avoided, and can help monitor prescription drug interactions.

Do I Have to Designate a PCP?

WPS Health Plan encourages you to designate a PCP. You have the right to designate any PCP who participates in your plan's network and who is available to accept you or your family members. For information on how to select a PCP, or for a list of participating PCPs, visit wpshealth.com/healthplan or contact our WPS Health Plan Customer Service Department using the phone number on your customer ID card. For children, you may designate a pediatrician as the PCP. Ideally, children should transition to adult-oriented health care between the ages of 18 and 21 years. For adolescents seeing a pediatrician, the transition will involve choosing a new physician, transferring medical records, and communicating treatment history and insurance information. Children with chronic or ongoing illnesses will also need to transition their care from a pediatric subspecialist to an adult subspecialist.

You can change your PCP at any time. If you want to do so, please call the WPS Health Plan Customer Service Department using the phone number on your customer ID card. You may also fill out our Primary Care Practitioner form located on our website. From wpshealth.com, click on Resources, select Customer Resources, and then select FAQs. Under "Going to the Doctor," select the question "What is a Primary Care Practitioner?" From there, you can download the form. Mail or fax the completed form to WPS. Although you can change your PCP at any time, we encourage you to establish a relationship with one practitioner.

What if my doctor leaves the network?

Continuity of Care. In the event your PCP or specialist leaves our network, there are certain circumstances that allow you to continue to receive care from that provider. Please refer to your policy or certificate for further details on continuity of care.



Choice of Health Care Providers

A list of participating health care providers is available for you. For the most current list of participating providers, please visit our website at wpshealth.com/healthplan, or contact a Customer Service representative to request a printed directory.

How Will Bills Be Paid if I Receive Authorized Care From a Non-Participating Specialist?

As of Jan. 1, 2022, the federal No Surprises Act changes the way non-participating providers are allowed to bill for some services. Emergency services provided by non-participating providers, services provided by non-participating providers within an in-network facility, and non-participating air ambulance services will be processed at a new “allowable amount.” WPS Health Plan will be referring to the new allowable amount as the “qualifying payment amount.” The patient will be responsible for paying the in-network cost-sharing on the qualifying payment amount only. The non-participating provider will not be allowed to balance bill the patient for emergency services, services provided in an in-network facility, and air ambulance services. If the non-participating provider at an in-network facility obtains a Notice and Consent Form signed by the patient, in some circumstances they will be able to balance bill the patient. If you have any questions, please call the number on your customer ID card.

Hospital Care

A non-emergent inpatient stay in a hospital requires prior authorization. If you need hospital services for an emergency, please review the section on Emergency Care on page 8.



Types of Care Available

Convenient Care Clinic

A medical clinic that: (1) is located in a retail store, supermarket, pharmacy, or other nontraditional, convenient, and accessible setting; (2) provides covered health care services performed by nurse practitioners, physician assistants, or physicians acting within the scope of their respective licenses.

Primary Care Practitioner (PCP)

A practitioner who directly provides or coordinates a range of health care services for a patient. A primary care practitioner's primary practice is Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology, or Pediatrics. A physician assistant, nurse practitioner, or certified nurse midwife may also act as a PCP. During normal business hours, services for an illness or injury, other than a medical emergency, should be provided in your PCP's office whenever possible.

Specialty Practitioner

Any practitioner whose primary practice is not one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology, or Pediatrics.

Telehealth Services from Teladoc®

The delivery of health care services, the provision of health care information, and the transfer of medical data via telecommunication technologies, including, but not limited to, telephone, audio, emails, and video conferencing. Connect with a licensed physician over the phone or via video consult 24/7/365.

Urgent Care

Urgent Care means care for an illness or injury with symptoms of sudden or recent onset that require medical care the same day. Examples of urgent care situations include, but are not limited to, sprained ankle, minor cut, minor burn, and children with fever. Services for urgent care situations should be provided in your PCP's office whenever possible.

Emergency Care

In the event of a medical emergency, emergency care is covered wherever it is received. It may be necessary to call 911 for immediate medical care for your emergency situation. Please contact your PCP as soon as possible to arrange for any necessary follow-up care.

A medical emergency is a condition that manifests itself by acute symptoms of such severity, including severe pain, that would lead a prudent person who possesses an average knowledge of health and medicine to reasonably conclude that a lack of immediate medical attention will likely result in any of the following:

- Serious jeopardy to the person's health, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child
- Serious impairment to the person's bodily functions
- Serious dysfunction of one or more of the person's body organs or parts
- Could seriously jeopardize the life, health, or safety of the customer or others, due to the customer's psychological state

Examples of emergency conditions include, but are not limited to, loss of consciousness, severe burns, severe pain, heavy bleeding, and possible heart attack. For emergency conditions that occur in our service area, access the closest in-network hospital emergency facility. When out of our service area, access the closest hospital emergency facility whenever possible. Please be certain to arrange follow-up care through your PCP.

Should I see a doctor?

When you're not feeling well, it is hard to wait until tomorrow for an appointment. Many of our participating providers have extended hours and are available evenings, weekends, and on holidays. Please call your doctor's office if you have a question about a minor injury, illness, or other concern. One of their health care professionals may be able to answer your medical questions and help you decide if you need to see a doctor immediately or if you should schedule an appointment with your PCP. They may also offer self-care treatments that can be done at home.

After-Hours Care

If you need care after your PCP's normal business hours, please consult the "Urgent Care" and "Emergency Care" sections above for instructions. If your illness or injury is not an emergency or urgent in nature, you may contact Teladoc 24/7/365 to request a telehealth visit.

Out-of-Area Care, Including College Students

The service area is where WPS Health Plan makes arrangements with health care providers to decrease the cost of your medical care. If you are out of our service area and a medical emergency requires you to go to an emergency room, you are eligible for coverage regardless of which emergency room you use.

If you are out-of-area and a non-emergent medical problem develops, please contact your PCP for instructions.

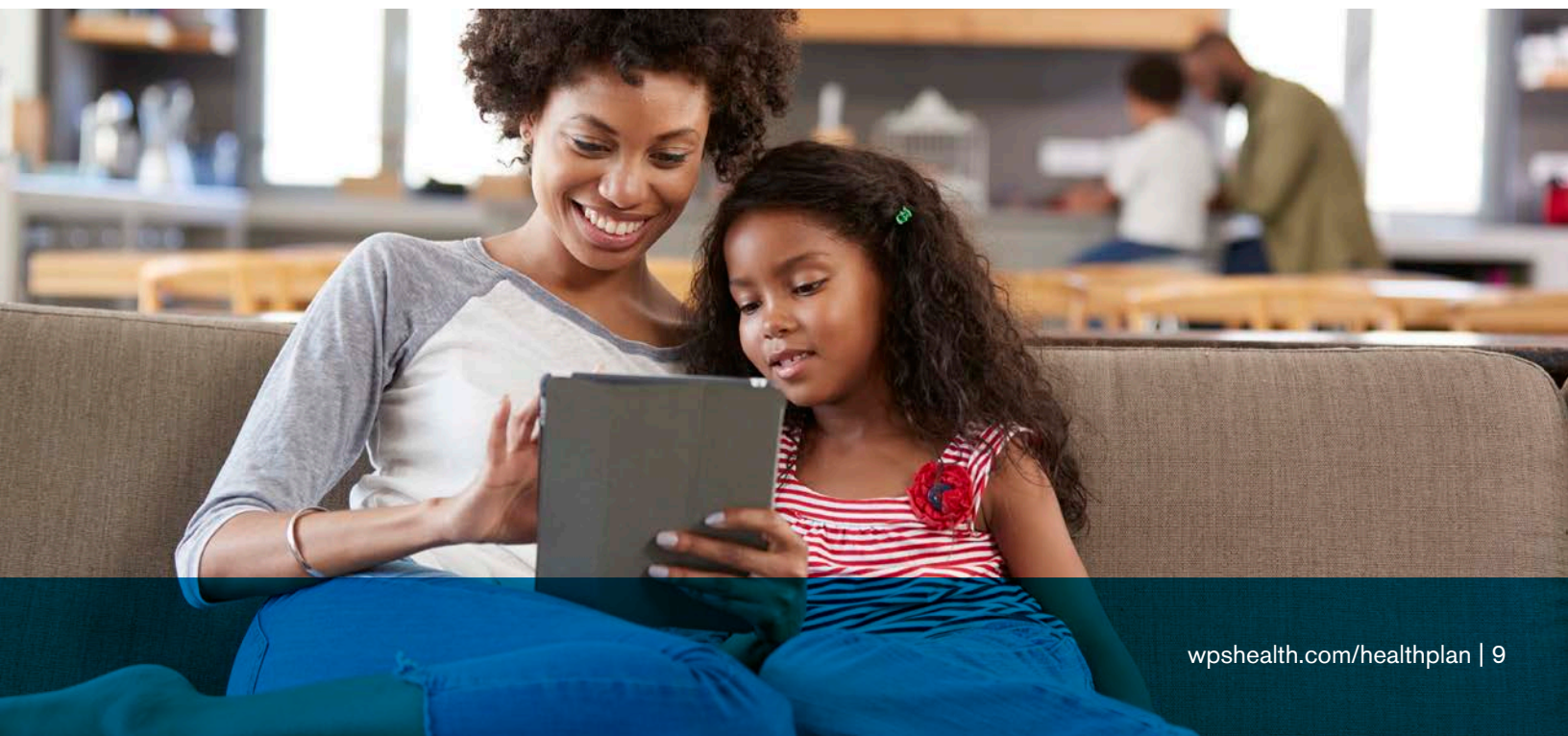
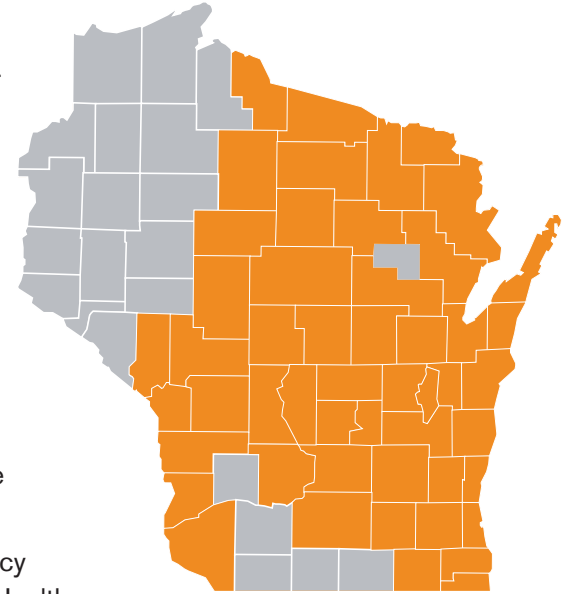
If you have a health maintenance organization (HMO) plan and non-emergency medical services are needed, you must get an approved referral from WPS Health Plan before receiving services from a non-participating provider in order for them to be covered. If you have a point-of-service (POS) plan, you will need an approved referral from WPS Health Plan to have the same coverage with a non-participating provider as with a participating provider. Routine care is covered without cost-sharing only when received from a participating provider.

Routine care provided by a non-participating provider is not covered under an HMO plan. Under a POS plan it is subject to the non-participating provider deductible and coinsurance.

Integrated Care Management

Integrated Care Management is included in your plan to encourage quality medical care in the most appropriate and cost-effective manner. WPS Health Plan's medical director and nurse case management specialists review care for appropriateness. Benefits are paid under the plan only when services are determined to be medically necessary. Please refer to our medical policies published on wpshealth.com for more information.

WPS Health Plan Service Area



How to Make Sure Your Care is Covered

Prior Authorizations

A prior authorization is the process of receiving written approval from WPS Health Plan before you visit certain health care providers or receive certain health care services. The prior authorization request is a written or electronic form submitted to us by a participating provider. Services are still subject to all contract provisions, including, but not limited to, medical necessity and plan exclusions.

You do not need a prior authorization from us or from any other person (including a primary care practitioner) in order to obtain obstetrical or gynecological care from a health care professional in your plan's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining a prior authorization for certain services, following a pre-approved treatment plan, and procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics/gynecology, visit our website at wpshealth.com/healthplan or contact our Customer Service Department.

Whose Responsibility is it to Obtain Required Prior Authorizations?

It is ultimately your responsibility to make sure prior authorization requests are approved by WPS Health Plan prior to receiving services.



When Do I Need a Prior Authorization?

Prior authorization is required for HMO plans for all non-participating providers and tertiary care specialists or facilities. For POS plans, in order to ensure you receive the highest level of benefits, it is highly recommended you obtain a prior authorization for these providers. Tertiary care means services provided by specialized hospitals or providers that are often linked to medical schools and teaching hospitals, as determined by us.

Prior authorization is also required before you receive certain health care services, including, but not limited to, elective inpatient hospitalizations, pain management, spinal surgery, new technologies (may be considered experimental/investigational/unproven), non-emergency ambulance transportation, high-cost durable medical equipment, certain high-technology imaging, genetic testing, or procedures that could potentially be considered cosmetic.

For a list of services that require prior authorization, please refer to our website at wpshealth.com/healthplan.

Before seeking medical services, please call Customer Service to verify that your prior authorization request has been approved. Failure to obtain prior authorization may result in no coverage for those services, depending on your plan.



Services That Do Not Require a Prior Authorization

A prior authorization is not required for:

- Services performed by a participating provider, including a participating provider who specializes in obstetrics/gynecology, unless those services are on the list of services that require prior authorization
- Emergency care or urgent care performed at an emergency or urgent care facility
- Covered radiologist, pathologist, and anesthesiologist services performed at a participating facility

How to Contact Us About a Prior Authorization

The Medical Management staff is available Monday through Friday, 8 a.m. to 4:30 p.m. To obtain information from our Medical Management Department related to a prior authorization or to discuss Integrated Care Management decisions, please see the instructions below:

Fax: 608-226-4777, attention Medical Management.

Phone: See your customer ID card (language assistance is available, if needed).

Leave a Voicemail Outside of Business Hours: If it is outside of normal business hours, please call 800-333-5003 and leave a message. Please include your first and last name, customer number, the reason you are calling, the time, and the best number to reach you. A member of the Medical Management Department will return your call within one business day.

For customers who are hearing or speech impaired, please call TTY: 711.

Your Health is Important to Us

Affirmative Statement Regarding Incentives

Integrated Care Management decision-making at WPS Health Plan is based solely on appropriateness of care and existence of coverage. WPS Health Plan does not reward practitioners or other individuals for issuing denials of coverage. Integrated Care Management decision-makers are not provided financial incentives on decisions that encourage underutilization.

Case Management

Case management services promote an improved health care experience by pairing customers with a personal registered nurse who can assist with challenges in the health care system and share information to help customers make the best decisions possible about their health care.

Case managers can coordinate customer care, help with navigating complex health care systems, provide education specific to a customer's health care needs, explain health insurance benefits, locate community resources, and more. A case manager may be in contact following a hospitalization or illness, or customers may choose to opt in to the program.

Pharmacy Benefit Information (if your plan includes a pharmacy benefit managed by us)

WPS Health Plan contracts with a Pharmacy Benefit Manager (PBM) to administer your pharmacy benefits. The PBM works with your in-network pharmacy to process your prescription drug claims. It also provides home delivery pharmacy services to you. Please refer to your ID card to determine who your PBM is.

WPS Health Plan uses a drug formulary (also known as a preferred drug list). A drug formulary is a list used by practitioners to identify drugs that offer the greatest overall value. A committee of practitioners and pharmacists reviews and updates the drug formulary. WPS Health Plan's drug formulary may be accessed from our website at wpshealth.com/resources/customer-resources/pharmacy-info.shtml or you may contact our Customer Service Department.

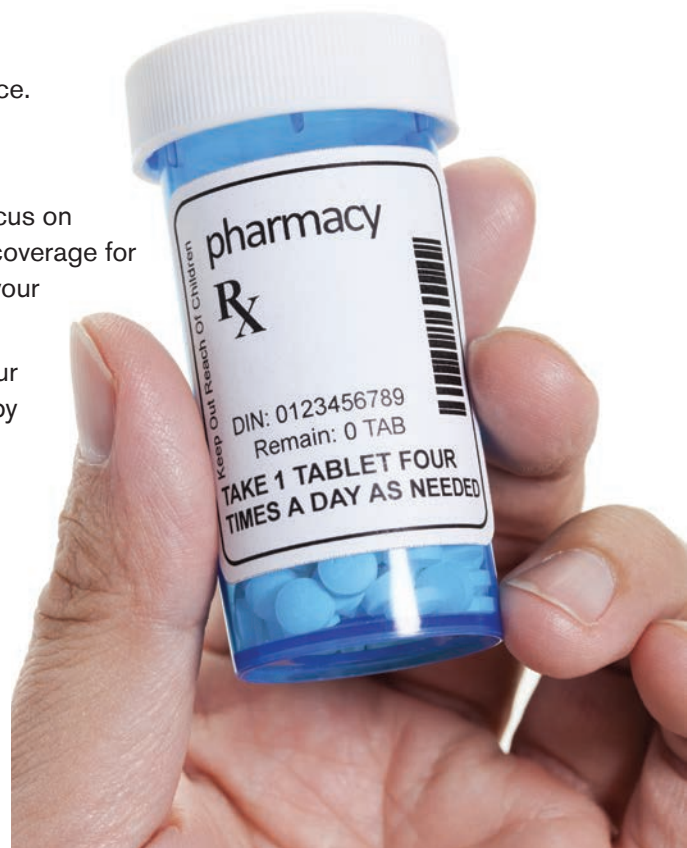
To promote appropriate utilization, selected high-risk or high-cost medications require prior authorization by the health plan to be eligible for coverage. Your provider can initiate the prior authorization process by providing the necessary medical information to the appropriate authorizing body. A list of medications that require prior authorization as well as who to contact can also be found on our website.

Please refer to your policy or certificate for additional details about your pharmacy benefit and applicable deductibles, copays, and/or coinsurance.

Wellness Benefits

At WPS Health Plan, we know the best approach to health care is to focus on staying healthy through early disease detection. That's why we provide coverage for a comprehensive array of wellness services when they are provided by your participating PCP.

Please refer to your policy or certificate for a complete description of your benefits. Wellness benefits include all preventive services rated A or B by the United States Preventive Services Task Force (e.g., routine physical exams, including pelvic exams and pap smears for women).





Office Services and Specialty Care

WPS Health Plan will provide benefits for eligible expenses for medically necessary treatment provided by a PCP or specialist subject to your plan's limitations, exclusions, and prior authorization requirements. These covered expenses may include office visits, diagnostic X-rays and labs, allergy testing, and allergy injections. Please check your policy or certificate for specific coverage information.

In general, you do not need to obtain prior authorization to receive care from a participating specialist. You may simply make an appointment with a participating specialist to obtain specialty care.

For HMO plans, prior authorization is required for non-participating providers, including non-participating specialists and tertiary care providers or facilities. For POS plans, to be sure you receive the highest level of benefits, it is highly recommended you obtain a prior authorization for these same providers. Before seeking medical services from a non-participating or tertiary care provider, please have your PCP submit a prior authorization form to us.

Prior authorization is also required before you receive certain health care services from your PCP or specialists, including but not limited to, pain management, new technologies (may be considered experimental/investigational/unproven), or services that could potentially be considered cosmetic. For a list of services that require prior authorization, please refer to our website at wpshealth.com/healthplan.

Chiropractic Services

WPS Health Plan covers medically necessary spinal manipulation and diagnostic tests. You may obtain services from a participating chiropractor without prior authorization.

For therapy services to be covered, it must be demonstrated that the covered person is making interval progress based on documentation of therapy visits. Therapy services must address a particular condition or illness, address activities of daily living, and demonstrate progress toward a specific outcome or treatment goal, as determined by us.

Exclusions

The following is a partial list of items that are not covered by your health insurance plan. Please refer to your policy or certificate for an entire listing of non-covered services.

- Services that are covered under any workers' compensation law or similar legislation
- Services provided by an unlicensed professional
- Cosmetic surgery or treatment
- Infertility or fertility treatment and direct attempts to achieve pregnancy or increase chances of achieving pregnancy by any means
- Weight control treatment or programs
- Services, supplies, facilities, or equipment that WPS Health Plan determines are not medically necessary
- Services, supplies, facilities, or equipment that WPS Health Plan determines are experimental/investigational/unproven, except for routine care required by law for cancer clinical trials
- Custodial or maintenance care



How Claims Work

Claim Denials

If a claim is denied, in whole or in part, you will receive written notice of the denial and the reasons for the denial. The notice will also inform you of the right to file a grievance and the procedure to follow. Prior authorization denials will be considered claim denials and will follow the same notification process.

How to Voice a Complaint or File a Grievance

We want to make sure the plan is working for you and welcome your feedback. If you have a complaint or want to file a grievance, please contact our WPS Health Plan Customer Service Department.

We strive to resolve all complaints over the phone on the first call. However, you may instead submit a written explanation of your dissatisfaction, which will be treated as a grievance.

Grievances follow a formal process intended to resolve any dissatisfaction with claims processing, medical determinations, or our services.

As soon as possible after we receive your grievance, our Grievance/Appeals Department will review the information you provided and determine whether the grievance can be informally resolved. If we agree with your proposed resolution, we will notify you by sending a letter explaining our subsequent claims processing action or administrative action that resolves the matter to your satisfaction. If our Grievance/Appeal Department cannot informally resolve your grievance, it will be forwarded to the Grievance/Appeal Committee for its review and decision. The Grievance/Appeal Committee consists of WPS Health Plan representatives, a clinical representative, and a customer representative, when one is available.

Your Right to an Independent External Review

Customers may request an external review by an Independent Review Organization (IRO) if coverage was denied because:

- Services were deemed not medically necessary
- Services were considered experimental/investigational/unproven
- Your request to have services rendered by an out-of-network provider was denied because we determined that services are available from an in-network provider, and you believe the clinical expertise of the out-of-network provider is medically necessary
- Your policy or certificate was rescinded

The external review process provides customers the opportunity to have medical professionals who have no connection to their health plan review their disputes. The decision of the IRO is binding on the health plan and the customer, unless other remedies are available under state or federal law.

When a coverage request is initially denied, information on how to request an external review is provided with the denial. External review is available only after the grievance procedure has been completed unless you need immediate medical care. Customers may be entitled to an expedited external review or a concurrent expedited grievance and external review when certain situations apply.

We must receive your request for an external review within four months of the date of the grievance resolution letter.

“How do I file a claim?”

It is your responsibility to ensure that a claim is submitted to WPS Health Plan. You may request that the provider of services file the claim on your behalf. Claims should be itemized and state the provider of the service, diagnosis, date of service, services provided, and amount charged for the services.

WPS Health Plan
Paper Claims Submission
WPS Health Plan
P.O. Box 21352
Eagan, MN 55121



New and Emerging Medical Technologies

WPS Health Plan has a committee that meets regularly to evaluate new, emerging, or existing technologies for efficacy, safety, and cost-effectiveness. Technologies are examined within the context of WPS Health Plan's benefit structure. This committee uses published guidelines, peer-reviewed, evidence-based literature, and practitioner input to formulate decisions regarding medical necessity. Medical care, drugs, and devices all may be eligible for review by the committee. For specific information on what is covered and what is excluded or limited, please refer to your policy or certificate, our website, or contact our Customer Service Department.

Collection, Use, and Disclosure of Health Information

WPS Health Plan uses and discloses health information about you for payment and health care operations as well as for your treatment. For example, we may disclose your health information to practitioners or other health care providers so they may provide treatment to you. "Health care operations" include efforts to track our quality improvement activities.

You may provide us written authorization to use your health information or to disclose it to anyone, including yourself, for any purpose. If you provide us a written authorization, you may revoke it at any time. We may disclose your health information with written authorization to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care. In the event of your incapacity or an emergency, we will disclose your health information based on our professional judgment of whether the disclosure would be in your best interest.

You have the right to review or obtain copies of your health information with limited exceptions. We are committed to protecting the confidentiality and privacy of every aspect of service and care across the organization. We have implemented appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information and to prevent intentional or unintentional use or disclosure in violation of law.

If you want more information about our privacy practices or have questions or concerns, please visit us online at wpshealth.com/healthplan or call our Privacy Officer at 608-977-7500.

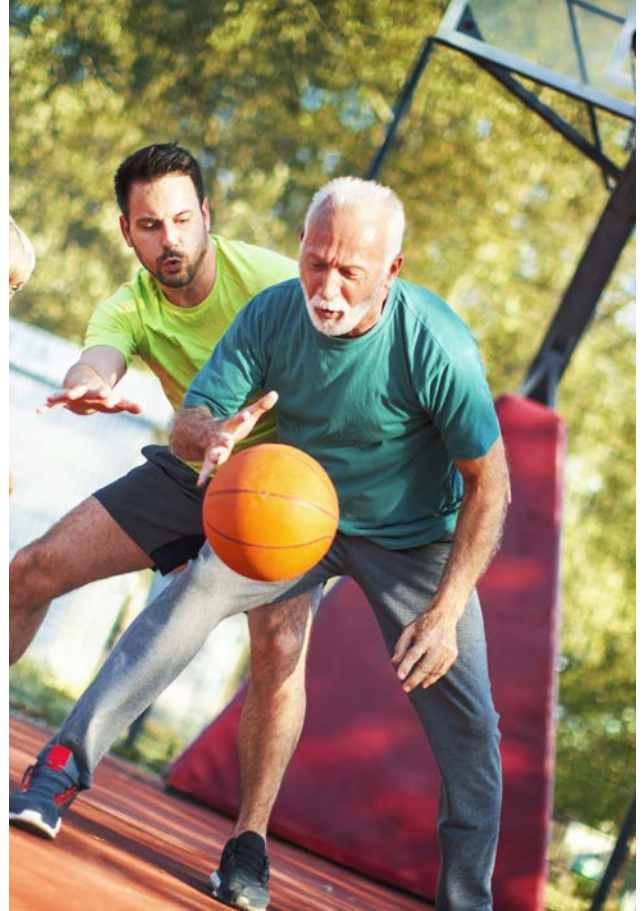


Customer Rights and Responsibilities

WPS Health Plan is committed to maintaining a mutually respectful relationship with you that promotes high-quality, cost-effective health care. The customer rights and responsibilities listed below set the framework for cooperation among you, your practitioners, and us.

Your Rights as a Health Plan Customer

- You have the right to receive information about us, our services, and our practitioners and providers, as well as your rights and responsibilities
- You have the right to be treated with respect and recognition of your dignity and right to privacy
- You have the right to participate with practitioners in making decisions about your health care
- You have the right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- You have the right to voice complaints or grievances about us or the care we provide
- You have the right to make recommendations regarding the customer rights and responsibilities policies



Your Responsibilities as a Health Plan Customer

- You have the responsibility to supply information (to the extent possible) that we need along with our practitioners and providers in order to provide care
- You have the responsibility to follow plans and instructions for care that have been agreed on with your practitioners
- You have the responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible

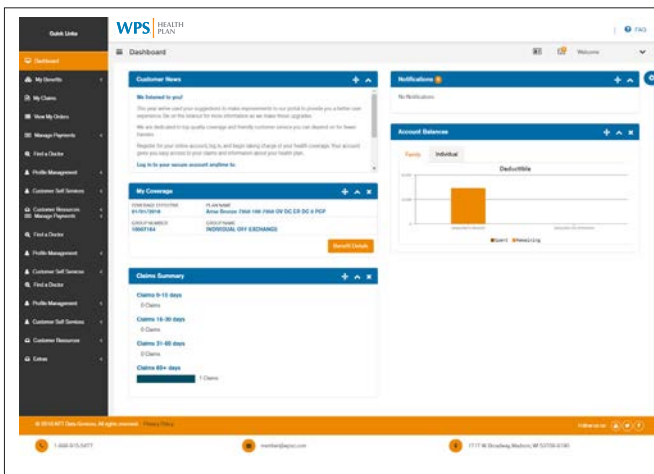
For more information, please contact us or visit wpshealth.com/healthplan.

Take Advantage of Your Online Customer Portal!

Register and Access Your Information

1. Go to **wpshealth.com/healthplan** and click on **Customers**, then select **Individual & Family Customer**.
2. Click the **Login** button.
3. On the next page, click on the **Register** link and follow the steps to register.

Using your ID card, simply fill in your information, create a username and password, and you'll have immediate access to all of your plan-specific documents and information!

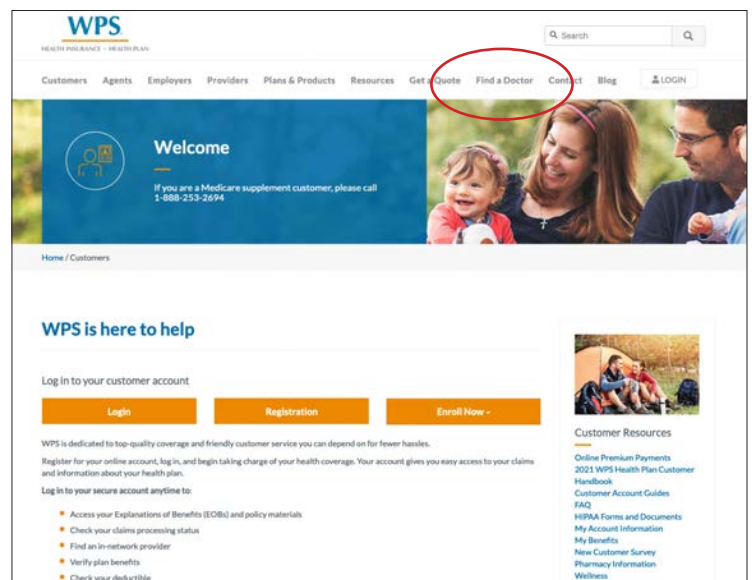


Navigate the Site

Your online customer account makes it easy for you to securely find what you need, when you need it. Your account allows for more flexibility and control in managing your personal health insurance information. Clearly labeled tabs take you straight to what matters to you most, whether it is your Explanation of Benefits (EOB), claims status, billing information, or other important documents.

Find a Doctor

It's easy to find a doctor who fits your needs. From the main page at **wpshealth.com/healthplan**, click on **Find a Doctor**, then select **Existing Subscriber** and enter your subscriber number to view your directory.







Our Mission, Our Pledge to You

WPS Health Plan is a local health plan dedicated to:

- » Providing exceptional, personalized service
- » Offering you a wide choice of health care providers
- » Delivering competitive rates and the most value for our customers



Proud partner of the
Milwaukee Brewers™

Milwaukee Brewers™ partnership is a paid endorsement.



P.O. Box 8190 Madison, WI 53708-8190 Phone: 888-711-1444
wpshealth.com/healthplan