



WPS Medicare

Supplement Insurance Plans

NO WORRIES. NO HASSLES.

Rates effective Jan. 1, 2023

**Choose peace-of-mind
coverage with caring
customer support.**

1-800-236-1448
wpsmedicareolutions.com



Health Insurance Partner
of the **Green Bay Packers**

WPS

**HEALTH
INSURANCE**

Local. Honest. Independent.

WI_MSS_2207

Medicare Supplement

NO WORRIES.

NO HASSLES.

NO NETWORKS.

Insurance Plans[®]

**“We take the time
to help seniors
understand Medicare,
the products, and
their choices.”**

—Tracey
Sales Consultant



95%

**said their Medicare
supplement coverage
allows them to receive
high-quality care.¹**



Get to know WPS

WPS Health Insurance offers the most popular Wisconsin-based Medicare supplement insurance plan.² As a not-for-profit company with a stable rate history³, WPS Medicare supplement insurance plans offer great value and peace of mind!

Choose freedom

With WPS, you can visit any doctor in the United States who accepts Medicare. There are no networks, no worries, and no hassles.

Get more with WPS

WPS customers get special programs and services included at no additional cost.

- Fitness center membership program⁴
- Wellness program⁴
- Vision care program⁴
- Hearing care program⁴
- Unlimited preventive care benefit⁵
- Optional \$100,000 foreign travel emergency rider⁶
- 2% discount when you use automatic bank withdrawal
- 7% household discount⁷
- Option to purchase dental coverage⁸

¹AHIP Medicare Supplemental Survey, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP), 2021. ²Based on enrollment data submitted to the National Association of Insurance Commissioners, 2021. ³Based on historical Wisconsin plan rate increases filed with Wisconsin Office of the Commissioner of Insurance. ⁴Fitness, vision, hearing, and wellness programs are not part of the insurance policy, are offered at no additional charge, and can be changed or discontinued at any time. Fitness and wellness programs are not included with Medicare supplement cost-sharing plans. ⁵Base plans include Medicare Part B preventive services with no maximum benefit amounts. ⁶Requires purchase of an additional rider. ⁷Household: Two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex. ⁸WPS has partnered with Delta Dental to provide dental coverage. Dental policies are underwritten by Delta Dental of Wisconsin.

Note: The unlimited preventive care and foreign travel emergency rider benefits and wellness programs are not available with Medicare supplement cost-sharing plans.

WPS by the numbers

75⁺

Years as a not-for-profit company
serving the health care needs of
Wisconsinites

55⁺

Years serving
Medicare beneficiaries

Providing
**Medicare
supplement
insurance**
across the U.S.



8 million beneficiaries⁹

Served through WPS Government Health
Administrators' Medicare administrative contracts



10 million beneficiaries¹⁰

Served through WPS Military and Veterans Health



Over 55,000 policies¹¹

Issued and administered by WPS for Medicare supplement
insurance.

⁹Centers for Medicare & Medicaid Services/CMS Program Statistics, 2021. ¹⁰Humana Government Business, Inc. PMPM Reporting; health.mil reporting; and Wisconsin Physicians Service Insurance Corporation member IDs reports, 2021. ¹¹Based on enrollment data submitted to NAIC, 2021.

**“I don’t ever see wanting to
change to another company.
Don’t go anywhere else!”**

—Dean
Customer since 2019
St. Croix County



Part A

Inpatient/hospital insurance



Part B

Outpatient/medical insurance

Part C

Medicare Advantage plans replace Parts A and B and may include prescription drug coverage

Part D

Prescription drug plans can be used with Medicare supplement insurance

Medicare supplement plans work with Part A and Part B to enhance coverage. With Original Medicare Part A and Part B, you can also add any stand-alone Medicare prescription drug plan you choose.

How to choose a Medicare supplement insurance plan

Start by choosing your base plan. Then, choose optional riders for more coverage at an additional cost. See page 6 for details on base plans and riders.

Choose base plan

Base plan OR Base plan with copay

1

Rider 1 Part A Deductible

WPS pays either 100% or 50% of the Medicare Part A deductible

2

Rider 2 Part B Deductible

WPS pays the Medicare Part B deductible each calendar year¹

3

Rider 3 Part B Excess Charges

WPS pays the difference between what Medicare approves and the amount charged by a health care provider if the provider does not accept Medicare assignment

4

Rider 4 Additional Home Health Care

Increases the number of visits allowed for home health care

5

Rider 5 Foreign Travel Emergency

WPS reimburses for covered services received outside the U.S.

¹Optional Part B Deductible rider is only available to applicants first eligible for Medicare prior to Jan. 1, 2020.

Find out more about how Medicare works

1-800-236-1448
wpsmedicareolutions.com

“WPS makes you feel good, they make you feel relaxed, they make you feel special. That’s what service is all about.”

—Ike
Customer since 2016
Milwaukee County



Enroll after you turn 65

If you have reached the 65-year milestone and are already signed up for Medicare, you can enroll in a WPS Medicare supplement insurance plan at any time during the year. There is no Annual Enrollment Period as with Medicare Advantage plans. After your Open Enrollment Period ends, you may be required to answer health questions to enroll.

If you have other coverage that's terminating or changing, you may be eligible for guaranteed acceptance of a WPS Medicare supplement insurance plan.

Take the first step

Determine your rate area. Check the box below for your rate area.



Area 1

Milwaukee area and southeastern Wisconsin

530__ All ZIPs that begin with these 3 numbers
531__ 01-13, 16-19, 22-24, 26, 27, 29-36, 39-46,
49-55, 58-75, 77, 79-83, 85-89, 92-94, 96-99
532__ All ZIPs that begin with these 3 numbers
533__ All ZIPs that begin with these 3 numbers
534__ All ZIPs that begin with these 3 numbers



Area 2

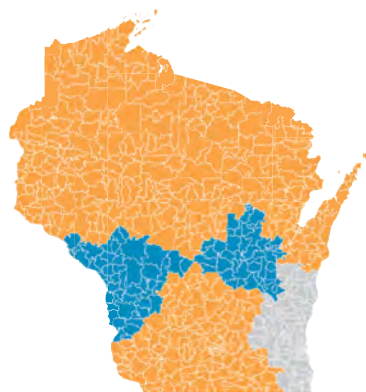
Central and western Wisconsin

546__ All ZIPs that begin with these 3 numbers
549__ All ZIPs that begin with these 3 numbers



Area 3

All other Wisconsin ZIP codes



Area 1 Area 2 Area 3

For Medicare, timing is everything

Understand the enrollment timeline



12 months before you turn 65

You should begin preparing for your transition to Medicare.



3 months before you turn 65

Medicare's Initial Enrollment Period begins, and you can apply for a Medicare supplement plan.



Turn 65: Enroll in Part B and a Medicare supplement

If you apply for a Medicare supplement plan during your Open Enrollment Period, you won't need to answer any health questions.



3 months after you turn 65

Medicare's Initial Enrollment Period ends.



6 months after you turn 65

Medicare supplement Open Enrollment Period ends.



said their plan makes it easier to handle medical bills and paperwork.²

²AHIP Medicare Supplemental Survey, conducted by Global Strategy Group on behalf of America's Health Insurance Plans (AHIP), 2021.

Design your plan

1. Determine your rate area (see previous page)

☐ **Area 1**
See rates on page 7

☐ **Area 2**
See rates on page 8

☐ **Area 3**
See rates on page 9

2. Select your plan (choose one)

<input type="checkbox"/> Base plan—highest coverage option	OR	<input type="checkbox"/> Base plan with Medicare Part B copayment or coinsurance rider
Covers your Medicare Part A and Part B copayments and coinsurance—costs you would otherwise pay out of pocket. This plan also offers unlimited preventive benefits.*		After you pay the Medicare Part B deductible, you pay a \$20 copayment for office visits and either up to a \$50 copayment for emergency room visits or the Medicare Part B coinsurance, whichever is less. This plan also offers unlimited preventive benefits.*

*Base plans include Medicare Part B preventive services with no maximum benefit amounts.

3. Choose optional base plan riders

Enhance your plan with optional benefit riders, each at an additional cost.

- ☐ **Rider 1—Medicare Part A Deductible**—WPS will pay either 100% or 50% of your Medicare Part A deductible during the first 60 days of hospitalization.
- ☐ 100% Medicare Part A Deductible **OR** ☐ 50% Medicare Part A Deductible
- ☐ **Rider 2—Medicare Part B Deductible** (available for highest base plan option only)—WPS will pay your Medicare Part B deductible each calendar year. This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020.
- ☐ **Rider 3—Medicare Part B Excess Charges**—If your health care provider does not accept Medicare assignment, WPS will pay the difference between what Medicare approves for payment and the amount charged by the provider. The difference shall be no more than the actual charge or the limiting charge allowed by Medicare, whichever is less.
- ☐ **Rider 4—Additional Home Health Care**—WPS will pay benefits for an additional 325 home health care visits each calendar year up to a total of 365 visits per year, including those covered by Medicare.
- ☐ **Rider 5—Foreign Travel Emergency**—WPS will pay 80% of the billed charges for expenses associated with medically necessary emergency medical care you receive outside the U.S. that begins in the first 60 days of a trip after you satisfy a deductible of \$250; lifetime maximum benefit of \$100,000.

4. Apply discounts for which you qualify

- ☐ **2% Automatic Bank Withdrawal Discount**—Receive a 2% discount when you pay your premium by automatic bank withdrawal each month.
- ☐ **7% Household Discount**—Receive a 7% discount when you and another member of your household enroll in a WPS Medicare supplement insurance plan. Household is defined as two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex.

Area 1 monthly rates

Base Plans <i>Choose One</i>			Optional Riders					
Age at Time of Enrollment	Base Plan Only	Base Plan with Copay/ Coinsurance	Rider 1 <i>Choose One</i>		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Health Care	Foreign Travel Emergency
65	130.61	113.50	26.56	13.02	20.69	6.12	2.04	1.53
66	137.86	119.80	28.23	13.86	20.69	6.34	2.04	1.53
67	145.15	126.13	29.96	14.68	20.69	6.60	2.04	1.53
68	152.43	132.46	31.65	15.51	20.69	6.85	2.04	1.53
69	159.70	138.79	33.36	16.34	20.69	7.12	2.04	1.53
70	166.98	145.10	35.06	17.17	20.69	7.35	2.04	1.53
71	174.23	151.42	36.76	18.01	20.69	7.62	2.04	1.53
72	181.50	157.73	38.46	18.87	20.69	7.85	2.04	1.53
73	188.79	164.04	40.15	19.68	20.69	8.13	2.04	1.53
74	196.06	170.38	41.87	20.51	20.69	8.38	2.04	1.53
75	203.33	176.68	43.55	21.35	20.69	8.62	2.04	1.53
76	210.62	183.01	45.27	22.18	20.69	8.88	2.04	1.53
77	217.88	189.34	46.95	23.00	20.69	9.14	2.04	1.53
78	225.14	195.65	48.66	23.82	20.69	9.39	2.04	1.53
79	232.40	201.94	50.34	24.66	20.69	9.63	2.04	1.53
80	239.70	208.31	52.07	25.51	20.69	9.90	2.04	1.53
81	244.45	212.43	53.76	26.35	20.69	10.14	2.04	1.53
82	249.27	216.62	55.47	27.17	20.69	10.39	2.04	1.53
83	254.20	220.89	57.15	28.03	20.69	10.65	2.04	1.53
84	259.27	225.31	58.86	28.85	20.69	10.90	2.04	1.53
85+	264.39	229.76	60.56	29.67	20.69	11.12	2.04	1.53
Under 65	528.16	458.95	115.88	56.76	20.69	21.30	2.04	1.53

Calculate your plan cost—Area 1

Please refer to page 6 for descriptions of benefit options.

1. Base plan rate (choose one)	\$ _____
2. Choose optional riders	
Rider 1—Medicare Part A Deductible	\$ _____
Rider 2—Medicare Part B Deductible ¹	\$ _____
Rider 3—Medicare Part B Excess Charges	\$ _____
Rider 4—Additional Home Health Care	\$ _____
Rider 5—Foreign Travel Emergency	\$ _____
3. Your total per month	Total = \$ _____
4. Apply discounts for which you qualify²	
2% Automatic Bank Withdrawal Discount	Total x 0.98 = \$ _____
OR, 7% Household Discount	Total x 0.93 = \$ _____
OR, BOTH Discounts	Total x 0.9114 = \$ _____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 2 monthly rates

Base Plans <i>Choose One</i>			Optional Riders					
Age at Time of Enrollment	Base Plan Only	Base Plan with Copay/ Coinsurance	Rider 1 <i>Choose One</i>		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Health Care	Foreign Travel Emergency
65	128.62	111.78	26.15	12.82	20.69	6.02	2.04	1.53
66	135.76	117.98	27.80	13.65	20.69	6.24	2.04	1.53
67	142.94	124.21	29.50	14.46	20.69	6.50	2.04	1.53
68	150.11	130.45	31.17	15.28	20.69	6.74	2.04	1.53
69	157.26	136.67	32.85	16.09	20.69	7.01	2.04	1.53
70	164.44	142.90	34.53	16.91	20.69	7.24	2.04	1.53
71	171.58	149.12	36.20	17.74	20.69	7.50	2.04	1.53
72	178.74	155.33	37.88	18.58	20.69	7.73	2.04	1.53
73	185.91	161.54	39.54	19.38	20.69	8.00	2.04	1.53
74	193.07	167.78	41.23	20.19	20.69	8.26	2.04	1.53
75	200.24	174.00	42.89	21.02	20.69	8.49	2.04	1.53
76	207.41	180.22	44.58	21.84	20.69	8.74	2.04	1.53
77	214.56	186.45	46.23	22.65	20.69	9.00	2.04	1.53
78	221.71	192.67	47.91	23.45	20.69	9.25	2.04	1.53
79	228.86	198.86	49.57	24.28	20.69	9.48	2.04	1.53
80	236.05	205.13	51.27	25.12	20.69	9.75	2.04	1.53
81	240.72	209.19	52.94	25.95	20.69	9.98	2.04	1.53
82	245.48	213.33	54.62	26.76	20.69	10.24	2.04	1.53
83	250.33	217.52	56.28	27.60	20.69	10.49	2.04	1.53
84	255.32	221.87	57.96	28.41	20.69	10.73	2.04	1.53
85+	260.36	226.26	59.64	29.21	20.69	10.95	2.04	1.53
Under 65	520.11	451.96	114.11	55.90	20.69	20.98	2.04	1.53

Calculate your plan cost—Area 2

Please refer to page 6 for descriptions of benefit options.

- Base plan rate (choose one)** \$ _____
- Choose optional riders**
 - Rider 1—Medicare Part A Deductible \$ _____
 - Rider 2—Medicare Part B Deductible¹ \$ _____
 - Rider 3—Medicare Part B Excess Charges \$ _____
 - Rider 4—Additional Home Health Care \$ _____
 - Rider 5—Foreign Travel Emergency \$ _____
- Your total per month** Total = \$ _____
- Apply discounts for which you qualify²**
 - 2% Automatic Bank Withdrawal Discount Total x 0.98 = \$ _____
 - OR, 7% Household Discount Total x 0.93 = \$ _____
 - OR, BOTH Discounts Total x 0.9114 = \$ _____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Area 3 monthly rates

Base Plans <i>Choose One</i>			Optional Riders					
Age at Time of Enrollment	Base Plan Only	Base Plan with Copay/ Coinsurance	Rider 1 <i>Choose One</i>		Rider 2	Rider 3	Rider 4	Rider 5
			Part A Deductible 100%	OR Part A Deductible 50%	Part B Deductible ¹	Part B Excess Charges	Additional Home Health Care	Foreign Travel Emergency
65	116.37	101.13	23.66	11.60	20.69	5.45	2.04	1.53
66	122.83	106.74	25.15	12.35	20.69	5.65	2.04	1.53
67	129.32	112.37	26.69	13.08	20.69	5.88	2.04	1.53
68	135.81	118.02	28.20	13.82	20.69	6.10	2.04	1.53
69	142.28	123.65	29.72	14.56	20.69	6.34	2.04	1.53
70	148.77	129.28	31.24	15.30	20.69	6.55	2.04	1.53
71	155.23	134.91	32.75	16.05	20.69	6.79	2.04	1.53
72	161.71	140.53	34.27	16.81	20.69	6.99	2.04	1.53
73	168.20	146.15	35.77	17.53	20.69	7.24	2.04	1.53
74	174.68	151.80	37.30	18.27	20.69	7.47	2.04	1.53
75	181.16	157.42	38.80	19.02	20.69	7.68	2.04	1.53
76	187.65	163.05	40.33	19.76	20.69	7.91	2.04	1.53
77	194.12	168.69	41.83	20.49	20.69	8.14	2.04	1.53
78	200.59	174.32	43.35	21.22	20.69	8.37	2.04	1.53
79	207.06	179.92	44.85	21.97	20.69	8.58	2.04	1.53
80	213.56	185.59	46.39	22.73	20.69	8.82	2.04	1.53
81	217.79	189.26	47.90	23.48	20.69	9.03	2.04	1.53
82	222.09	193.00	49.42	24.21	20.69	9.26	2.04	1.53
83	226.48	196.80	50.92	24.97	20.69	9.49	2.04	1.53
84	231.00	200.74	52.44	25.70	20.69	9.71	2.04	1.53
85+	235.56	204.71	53.96	26.43	20.69	9.91	2.04	1.53
Under 65	470.56	408.90	103.24	50.57	20.69	18.98	2.04	1.53

Calculate your plan cost—Area 3

Please refer to page 6 for descriptions of benefit options.

1. Base plan rate (choose one)

\$ _____

2. Choose optional riders

Rider 1—Medicare Part A Deductible

\$ _____

Rider 2—Medicare Part B Deductible¹

\$ _____

Rider 3—Medicare Part B Excess Charges

\$ _____

Rider 4—Additional Home Health Care

\$ _____

Rider 5—Foreign Travel Emergency

\$ _____

3. Your total per month

Total = \$ _____

4. Apply discounts for which you qualify²

2% Automatic Bank Withdrawal Discount

Total x 0.98 = \$ _____

OR, 7% Household Discount

Total x 0.93 = \$ _____

OR, BOTH Discounts

Total x 0.9114 = \$ _____

¹This rider is only available to applicants who were first eligible for Medicare prior to Jan. 1, 2020, and who purchase our highest-level base plan.

²Discounts are approximate; actual discount amount will be determined when your application is approved.

Why choose a WPS cost-sharing plan?

Pick your share of the pie

Cost-sharing plans are available in two different designs: a 25% plan and a 50% plan. The percentages reflect how much of your covered medical expenses you pay after Medicare pays its share. And if you hit your annual limit for out-of-pocket expenses, WPS generally pays everything beyond that for all Medicare-approved benefits.

25% cost-sharing plan

If you choose the 25% cost-sharing plan, Medicare Part B pays its 80% following the Medicare deductible, and you split the remainder of the bill with WPS. WPS pays three-fourths of that, and you pay one fourth. For Part A, WPS pays 75% of the Medicare deductible. After the deductible, the hospital charges are generally covered at 100%.

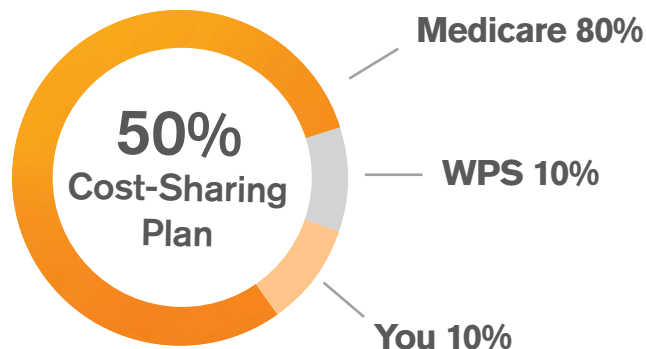
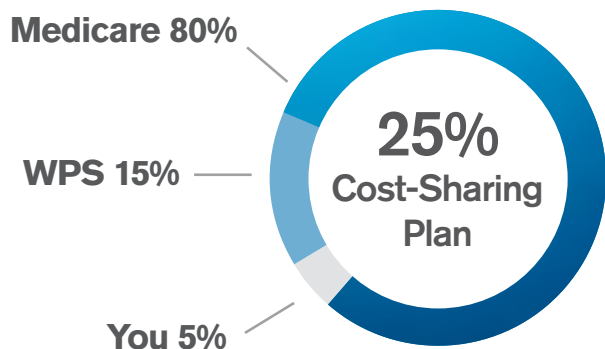
50% cost-sharing plan

If you want an even lower premium, you can select the 50% cost-sharing plan. For this plan, Medicare Part B still pays its 80% following the deductible of your covered medical expenses. However, you split the remainder of the bill evenly with WPS. For Part A, WPS pays one half of the deductible. After the deductible, the hospital charges are generally covered at 100%.



What's your share?

Medicare Part B Example



Contact us today for information!

1-800-236-1448 • wpsmedicareolutions.com

“It was complete peace of mind. There was no anxiousness with the bills at all, which was fantastic.”

—Paula
Customer since 2018
Washington County



Age at Time of Enrollment	25% Cost-Sharing Plan			OR	50% Cost-Sharing Plan		
	Area 1	Area 2	Area 3		Area 1	Area 2	Area 3
65-69	125.03	119.34	113.66		98.48	94.01	89.53
70-74	153.63	146.64	139.66		120.97	115.47	109.97
75-79	183.59	175.25	166.90		144.56	137.99	131.42
80-84	211.56	201.95	192.33		166.58	159.01	151.44
85+	224.71	214.49	204.28		176.95	168.90	160.86
under 65	337.62	322.28	306.93		265.90	253.82	241.73

Optional Rider	
Additional Home Health Care	\$2.04

Choose peace-of-mind coverage with caring customer support.

1-800-236-1448
wpsmedicareolutions.com

Note: The unlimited preventive care and foreign travel emergency rider benefits and the fitness and wellness programs are not available with Medicare supplement cost-sharing plans. Additional rate discounts might apply. See page 6 to see if you qualify for these discounts.

We offer plans with perks

Our Medicare supplement insurance plans include access to an impressive collection of value-added programs and services that can help you live better and save money.

Programs and services to help you stay fit and healthy

These programs include the The Silver&Fit® Healthy Aging and Exercise Program, the ChooseHealthy® program, the EyeMed Vision Care program, and the Hearing Care Solutions program.

The wellness and vision programs provide for discounts from participating specialty health care providers. You are not obligated to participate in the programs. When you use these programs, you are obligated to pay for all services, but you will receive a discount from those providers who have contracted with the program. These programs do not make any payments directly to the participating providers.

Information to note

Please note that these programs are not insurance and are not part of the insurance policy. You should check any insurance benefits you have before using these programs, as those benefits may result in lower costs to you than using these discount programs.

The programs have no liability for providing or guaranteeing services and assume no liability for the quality of services rendered. Discounts on products available through the ChooseHealthy program are subject to change. Please consult the website for current availability. Enrollment in these programs is subject to contract renewal and can be changed or discontinued at any time.



The Silver&Fit® Healthy Aging and Exercise Program¹

When you choose our Medicare supplement insurance plans (not available with cost-sharing plans), you also get this great perk! At no extra cost, the Silver&Fit program gives you a fitness center membership.



The Silver&Fit network includes national fitness chains as well as dozens of regional and local gyms.

The Silver&Fit network is continually growing, including new fitness centers nominated by current customers.

The Silver&Fit program also offers:

- Digital library with thousands of workout videos
- Home Fitness Kits—You're eligible to receive one home fitness kit per benefit year. You can choose from a variety of kit options such as wearable fitness tracker, Pilates, strength, swim, and yoga
- Healthy Aging Coaching—This program provides remote telephone sessions with a trained coach to guide you. Discuss active living, brain health, nutrition, aging well, and more!
- Free Silver&Fit ASHConnect mobile app — Download the app and use the many health and fitness features to help you reach your goals. Sync your wearable tracker and access an online library of digital workout classes, healthy aging classes, and more!

For a complete list of participating facilities visit silverandfit.com or call **1-800-236-1448** for more information!

The ChooseHealthy® Program¹

Our Medicare supplement insurance base plan options (not available with cost-sharing plans) include access to the ChooseHealthy program at no additional cost for membership.



The ChooseHealthy Program offers:

- Savings on services from thousands of participating specialty health care providers
- Expanded discounts on popular health and fitness brands—plus free shipping and handling are available on most orders
- Learning opportunities from evidence-based, online health classes and articles



"If a company encourages me to take care of my own health, then that's gonna work for both of us."

Kay | Customer since 2020

¹**Fitness and wellness programs are not part of the insurance policy, are offered at no additional charge, and can be changed or discontinued at any time.** The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health. Participating facilities and fitness chains may vary by location and are subject to change. Kits are subject to change. The ChooseHealthy program is provided by American Specialty Health Group, Inc. and ASH Technologies, Inc. (dba ASH Technologies of Delaware, Inc., in the state of Pennsylvania); all are subsidiaries of American Specialty Health Incorporated (ASH), a national provider of fitness, health education, musculoskeletal provider networks, and health management programs. Silver&Fit, ChooseHealthy, and the Silver&Fit and ChooseHealthy logos are trademarks of ASH and used with permission herein. ChooseHealthy programs must be made available in conjunction with a health plan policy issued by a licensed carrier at no additional cost to the plan's enrollees. ChooseHealthy programs do not provide covered services under such policies and are not insurance. No providers are paid or benefits reimbursed by ASH under ChooseHealthy programs. The Silver&Fit and ChooseHealthy programs are not included with Medicare supplement cost-sharing plans. The people in this piece are not Silver&Fit or ChooseHealthy members. For the most current fitness center locations, please check the searchable online directory on the Silver&Fit website.



“It’s just incredible,
the peace of mind you
get from knowing that
you’re covered.”

Rick | Customer since 2020



Hearing Care Solutions makes better hearing affordable

Available to all our Medicare supplement customers, the Hearing Care Solutions program offers fixed prices for hearing aids. Plus, you're eligible for:



- Free comprehensive hearing exam
- Free hearing aid evaluation and fitting
- Three-year manufacturer's warranty including loss, damage, and repair
- Three-year supply of batteries (up to 64 cells per aid, per year)
- One year of follow-up care at no charge
- A 60-day evaluation period for your hearing aid
- 12-month interest-free financing (to those who qualify)

Find out more about this program

Call 1-800-236-1448 today!

Examples of how you can save

Sample Savings	MSRP or Average Price	You Pay ¹
Three-year repair, loss, and damage warranty	\$500	\$0
Three years of hearing aid batteries	\$360	\$0
One year of office service with original provider	\$300	\$0
Basic digital hearing aid	\$1,300	\$450
Mid-level hearing aid	\$1,800	\$750
Premium digital hearing aid	\$3,000	\$1,350

¹These are savings examples only. May be used in conjunction with your existing insurance coverage. Hearing program is not part of the insurance policy, is offered at no additional charge, and can be changed or discontinued at any time. Hearing program is administered by Hearing Care Solutions, Inc.

EyeMed Vision Care Program

All our Medicare supplement insurance plan customers receive access to the EyeMed



Vision Care program at no additional cost.² EyeMed offers substantial savings on eye care and eyewear at thousands of provider locations nationwide.

EyeMed's provider network includes many familiar national optical retailers.

Call 1-800-236-1448 or visit mywpsmedicare.com for a link to the EyeMed website for more information.

Does your vision provider accept EyeMed?

We would be happy to explain how this valuable program works and help you find a provider.

Vision Care Services	Customer Benefits
Eye exam (with dilation, as necessary)	\$5 off routine exam \$5 off contact lens exam
Complete Pair Eyeglass Purchase³	
Frames	
Any available frame at provider location	35% off retail price
Standard Plastic Lenses	
Single vision	\$50 patient responsibility
Bifocal	\$70 patient responsibility
Trifocal	\$105 patient responsibility
Lens Options	
UV coating	\$15 patient responsibility
Tint (solid and gradient)	\$15 patient responsibility
Standard scratch-resistant coating	\$15 patient responsibility
Standard polycarbonate	\$40 patient responsibility
Standard anti-reflective coating	\$45 patient responsibility
Standard progressive (add-on to bifocal)	\$65 patient responsibility
Other add-ons and services	20% off retail price
Contact Lenses (discount applies to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
LASIK or PRK from U.S. Laser Network	15% off retail price 5% off promotional price
Frequency of use for examination, frames, lenses, or contact lenses unlimited	



Contact your local agent or call WPS today at 1-800-236-1448.

²Vision program is not part of the insurance policy, is offered at no additional charge, and can be changed or discontinued at any time. Vision program is administered by EyeMed Vision Care, LLC. ³Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, customers receive 20% off the retail price. Benefits may not be combined with any discount, promotional offering, or other group benefit plans, except as indicated. Discount plan is effective Oct. 1, 2021, through Dec. 31, 2023.

Optional Delta Dental coverage

You can choose any dentist for a variety of dental services. From cleanings and X-rays to fillings and crowns, our optional dental coverage provides the essential coverage you need for a healthy smile.

Optional dental coverage includes:

- Annual maximum benefit: \$1,200 per individual.
- Annual deductible: \$50 per individual.
- Freedom to choose any licensed dentist. Seeing a dentist in the Delta Dental PPO network may result in lower out-of-pocket costs.

Monthly dental rate: \$48.06

Discounts available:

- Save 7% on your dental plan premium when you and a second household¹ member are enrolled in a WPS Medicare supplement plan
- Save 2% when you pay by automatic bank withdrawal



“It’s a wonderful life when you don’t have to worry about health care.”

— Tom | Customer since 2014

When You Visit a Delta Dental Dentist		
Diagnostic and Preventive Care		
	This policy pays ²	Frequency
Regular cleanings and routine exams	80%	2 per year
Bitewing X-rays	80%	1 set per year
Full mouth X-rays	80%	1 every 5 years
Emergency exam	80%	N/A
Restorative Services ³		
	This policy pays ²	Waiting period
Fillings and simple extractions	50%	6 months
Oral surgery, endodontic, and periodontic ⁴ services	50%	12 months
Crowns and prosthodontics (fixed or removable)	50%	12 months ⁵

¹Household: Two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex. ²After \$50 deductible is met. ³Predetermination of benefits is strongly encouraged before restorative services are scheduled. ⁴Provides additional Evidence-Based Integrated Care Plan benefits for people with specific medical conditions. ⁵Replacement of a defective existing appliance 10 years after its original placement date.

Plan underwritten by Delta Dental of Wisconsin. Waiting period waived with proof of continuous insurance coverage from Delta Dental of Wisconsin for at least two years. This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy. Coverage is subject to all terms and conditions of the policy and any endorsements. The policy is your contract of insurance. If there’s ever a discrepancy between the policy and this plan summary, the policy has final authority. Visit DeltaDentalWI.com to find a Delta Dental PPO dentist.

Limitations and exclusions

No insurance policy covers everything. Here's a list of things our Medicare supplements do not cover:

- A. Personal comfort items
- B. Routine physical exams and any related diagnostic, X-ray, and laboratory tests covered by Medicare
- C. Eye exams and hearing exams, except as stated in the policy
- D. Orthopedic shoes or other supporting devices for the feet
- E. Routine foot care not covered by Medicare
- F. Custodial care, including maintenance care or supportive care
- G. Cosmetic surgery, except as stated in the policy
- H. Outpatient prescription drugs
- I. Professional services not provided by a physician, except as required by law
- J. Routine immunizations except if eligible under Medicare and except as stated in the policy
- K. Preparation, fitting, or purchase of eyeglasses or hearing aids, unless covered by Medicare
- L. Care, treatment, filling, removal, or replacement of teeth; dental X-rays, root canals, surgery for impacted teeth, or other surgical procedures to the teeth or supporting structures
- M. Nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing mandated by WI ST §632.895(3)
- N. If you terminate your Medicare coverage, expenses which would have been covered by Medicare
- O. Your Medicare Part A Deductible, unless you purchase the Medicare 100% Part A Deductible rider or the Medicare 50% Part A Deductible Rider
- P. Your Medicare Part B Deductible, unless you purchase the Medicare 100% Part B Deductible Rider
- Q. Physician charges above Medicare's approved charge, unless you purchase the Medicare 100% Part B Excess Charges Rider
- R. Home health care beyond 40 visits, unless you purchase the Additional Home Health Care Rider
- S. Any health care treatments, services, or supplies received outside the United States, unless you purchase the Foreign Travel Emergency Rider
- T. Any health care treatments, services, or supplies:
 - Not covered by Medicare, unless specifically stated in the policy
 - You, or anyone on your behalf, aren't legally obligated to pay for
 - Paid for by Medicare or another government entity or program
 - For any injury occurring on or after your effective date caused by an act of war
 - Provided by immediate family members or by anyone else who lives with you
 - To the extent covered by workers' compensation or similar laws
 - Provided before the effective date of coverage or after coverage ends
 - Determined by Medicare to be unreasonable or unnecessary
 - For a military service-related condition treated at any military or veterans hospital, or at any hospital contracted by any national government or agency



“You want an insurer that’s going to be there, somebody that’s been around for a while, has a track record. And that’s what WPS has been for us.”

—Brende
Customer since 2014

Notes



Notes

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Ready to take the next step?

Contact your local agent or call WPS today at 1-800-236-1448.

8 a.m.–5 p.m., weekdays (year-round) and 8 a.m.–8 p.m., seven days a week (Oct. 1–March 31).

Current WPS customers, please call 1-888-253-2694.



Proud partner of the
Milwaukee Brewers™

WPS®

**HEALTH
INSURANCE**

Local. Honest. Independent.

This is an advertisement for insurance. Neither Wisconsin Physicians Service Insurance Corporation nor its agents are connected with the federal Medicare program. This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy. If there is ever a discrepancy between the policy and this document, the policy has final authority. Green Bay Packers and Milwaukee Brewers™ partnerships are paid endorsements.