



# WE CARE FOR WISCONSIN

WPS Health Plan was founded to protect the health of you and your employees through high-quality health care, affordable plan options, and local customer service.



# Our service area offers coverage where it counts

#### **WPS Select Plus Network**

WPS Health Plan cares for customers living in 50 Wisconsin counties.

More than

7,000

health care providers

49 hospitals

# **Throughout 50 Wisconsin counties**

Find a complete list of

## in-network providers



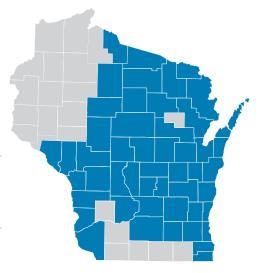
#### Call:

866-841-6575



#### Online:

wpshealth.com/healthplan—click Find a Doctor



- » Ascension SE\*
- » Aspirus Network
- Aurora Health Care
- Bellin Health
- Children's Health System
- » Gundersen Health System
- » ProHealth Care
- » ThedaCare
- W Health

\*Ascension providers are included in Milwaukee, Ozaukee, Racine, and Waukesha counties only.

For a complete list of providers, go to wpshealth.com/healthplan and click on Find a Doctor. Providers can leave or enter the network at any time. It is recommended that you check the network status of your provider on a regular basis.

Employees who consider health benefits when choosing between jobs.<sup>1</sup>

WPS. HEALTH PLAN

## Coast-to-coast coverage

#### First Health Network

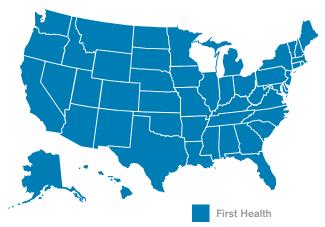
WPS Health Plan customers enjoy in-network benefits across the U.S., including Puerto Rico.

Visit wpshealth.com/healthplan and click on the Find a Doctor tool OR visit myfirsthealth.com

More than

# 1 million

health care professional service locations



5,000 hospitals

90,000

ancillary facilities

Find a complete list of

## in-network providers

Call:

866-841-6575



Online:

wpshealth.com/healthplan—click Find a Doctor

For a complete list of providers, go to wpshealth.com/healthplan and click on Find a Doctor. Providers can leave or enter the network at any time. It is recommended that you check the network status of your provider on a regular basis.





## WPS Health Plan Small Group HMO Plan Summary

- Some of the second of the s
- Full access to the WPS Health Plan provider network
- More than 7,000 medical, hospital, and specialty providers throughout 50 Wisconsin counties

	You Pay at Participating Providers**										
Metal Tier	Individual deductible*	Coinsurance	Individual Annual Max Out of Pocket*	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/ X-ray	Out- patient Surgery	Hospital- ization
Platinum	\$500	20%	\$2,750	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$1,000	20%	\$6,650	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$1,500	10%	\$7,400	No charge	\$10	\$35	\$70	\$450	10% after deductible		
Gold	\$2,000	20%	\$7,900	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$2,500	20%	\$4,500	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Silver	\$3,200	20%	\$8,550	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$4,000	10%	\$8,550	No charge	\$10	\$45	\$90	\$500	10% after deductible		
Silver	\$4,500	20%	\$7,000	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$5,500	20%	\$8,550	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$6,250	0%	\$6,250	No charge	\$10	\$45	\$90	\$500	No charge after deductible		
Silver	\$6,500	30%	\$8,550	No charge	\$10	\$45	\$90	\$500	30% after deductible		

Platinum and Gold Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$15; Preferred Brand: \$40; Non-Preferred Brand: \$70; Specialty Drugs: 30% coinsurance

Silver Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$750 deductible, then 40% coinsurance

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.









<sup>\*</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>\*\*</sup>Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

All plans feature embedded deductibles and out-of-pocket maximums unless otherwise noted.

Small businesses that offer a High-Deductible Health Plan with a savings option to their employees.<sup>3</sup>



#### WPS Health Plan Small Group HSA-Qualified HDHP HMO Plan Summary

- » Gives employees more control over their medical expenses
- » Affordable rates
- Convenient access to more than 7,000 medical, hospital, and specialty providers across Wisconsin

	You Pay at Participating Providers**										
Metal Tier	Individual deductible*	Coinsurance	Individual Annual Max Out of Pocket*	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Out- patient Surgery	Hospital- ization
Gold+	\$2,500	0%	\$2,500		No charge after deductible						
Gold	\$3,000	0%	\$3,000		No charge after deductible						
Silver++	\$1,850	30%	\$7,000		30% after deductible						
Silver++	\$2,500	30%	\$7,000		30% after deductible						
Silver	\$2,800	20%	\$7,000	20% after deductible							
Silver	\$3,500	20%	\$4,500	20% after deductible							
Silver	\$4,250	0%	\$4,250		No charge after deductible						
Silver	\$5,000	0%	\$5,000		No charge after deductible						
Bronze	\$6,000	30%	\$7,000		30% after deductible						
Bronze	\$7,000	0%	\$7,000				No cha	rge after deduc	tible		

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

#### **Health Savings Account (HSA)**

#### Use a Health Savings Account (HSA) to:

- » Pay for qualified health expenses (e.g., dental and vision)
- » Save for future qualified medical expenses
- Save for retiree health expenses

You must be covered by an HSA-qualified highdeductible health plan (HDHP) and not covered by any other health insurance.

HSAs are administered and/or maintained by a participating financial institution. WPS Health Plan does not operate or administer HSAs.

#### \*Family deductibles and out-of-pocket limits are 2x the individual amounts.

- \*\*Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.
- + Non-Embedded Deductible and Out-of-Pocket Limit: This plan features a non-embedded deductible and out-of-pocket limit. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. If an employee has family coverage, the family out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. One person can satisfy the family out-of-pocket limit. Deductibles and out-of-pocket maximums apply annually.
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Unless otherwise noted, plans have an Embedded Deductible and Embedded Out-of-Pocket Limit: These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits for that individual. These plans feature an embedded out-of-pocket limit where the individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits for that individual. Deductibles and out-of-pocket maximums apply annually.

Covered preventive services are provided at no cost to customers. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force. Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

Small firms that offer wellness and health promotion programs.



### **WPS Health Plan Small Group POS Plan Summary**

- Maximum cost savings with in-network providers
- Free to choose in-network and out-of-network providers without referral

							You F	ay							
Metal Tier	Indiv deduc		Coinsurance		Individual Coinsurance Annual Max Out of Pocket			At Participating Providers"							
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Out- patient Surgery	Hospital- ization	
Platinum	\$500	\$1,000	20%	50%	\$2,750	\$11,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		ctible	
Gold	\$1,000	\$2,000	20%	50%	\$6,650	\$12,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		ctible	
Gold	\$1,500	\$3,000	10%	40%	\$7,400	\$11,000	No charge	\$10	\$35	\$70	\$450	10% after deductible			
Gold	\$2,000	\$4,000	20%	50%	\$7,900	\$14,000	No charge	\$10	\$35	\$70	\$450	20% after deductible			
Gold	\$2,500	\$5,000	20%	50%	\$4,500	\$15,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		ctible	
Silver	\$3,200	\$6,400	20%	50%	\$8,550	\$16,400	No charge	\$10	\$45	\$90	\$500	20% after deductible		ctible	
Silver	\$4,000	\$8,000	10%	40%	\$8,550	\$16,000	No charge	\$10	\$45	\$90	\$500	10% after deductible		ctible	
Silver	\$4,500	\$9,000	20%	50%	\$7,000	\$19,000	No charge	\$10	\$45	\$90	\$500	20% after deductible			
Silver	\$5,500	\$11,000	20%	50%	\$8,550	\$21,000	No charge	\$10	\$45	\$90	\$500	20% after deductible		ctible	
Silver	\$6,250	\$12,500	0%	30%	\$6,250	\$18,500	No charge	\$10	\$45	\$90	\$500	No charge after deductible		ductible	
Silver	\$6,500	\$13,000	30%	50%	\$8,550	\$23,000	No charge	\$10	\$45	\$90	\$500	30% after deductible		ctible	

Platinum and Gold Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$15; Preferred Brand: \$40; Non-Preferred Brand: \$70; Specialty Drugs: 30% coinsurance

Silver Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$750 deductible, then 40% coinsurance

<sup>\*</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>\*\*</sup>Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except in emergency situations. See policy for details.

All plans feature embedded deductibles and out-of-pocket maximums unless otherwise noted.

Covered preventive services are provided at no cost to customers. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force. Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

Wisconsin residents with full-time employment, ages 18–64, who have health insurance.

WPS HEALTH PLAN

## WPS Health Plan Small Group HSA-Qualified HDHP POS Plan Summary

- Wide range of plan options
- » Affordable rates
- Convenient access to more than 7,000 medical, hospital, and specialty providers across Wisconsin

		You Pay													
Metal Tier		Individual deductible		Coinsurance		Individual Annual Max Out of Pocket'		At Participating Providers"							
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Out- patient Surgery	Hospital ization	
Gold+	\$2,500	\$5,000	0%	30%	\$2,500	\$11,000	No charge after deductible								
Gold	\$3,000	\$6,000	0%	30%	\$3,000	\$12,000	No charge after deductible								
Silver++	\$1,850	\$3,700	30%	50%	\$7,000	\$13,700	30% after deductible								
Silver++	\$2,500	\$5,000	30%	50%	\$7,000	\$15,000	30% after deductible								
Silver	\$2,800	\$5,600	20%	50%	\$7,000	\$15,600	20% after deductible								
Silver	\$3,500	\$7,000	20%	50%	\$4,500	\$17,000	20% after deductible								
Silver	\$4,250	\$8,500	0%	30%	\$4,250	\$14,500	No charge after deductible								
Silver	\$5,000	\$10,000	0%	30%	\$5,000	\$16,000	No charge after deductible								
Bronze	\$6,000	\$12,000	30%	50%	\$7,000	\$22,000	30% after deductible								
Bronze	\$7,000	\$14,000	0%	30%	\$7,000	\$20,000	No charge after deductible								

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

<sup>\*</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>\*\*</sup>Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except in emergencies. See policy for details.

<sup>+</sup> Non-Embedded Deductible and Out-of-Pocket Limit: This plan features a non-embedded deductible and out-of-pocket limit. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. If an employee has family out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. One person can satisfy the family out-of-pocket limit. Deductibles and out-of-pocket maximums apply annually.

<sup>++</sup> Non-Embedded Deductible and Embedded Out-of-Pocket Limit: This plan features a non-embedded deductible. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. This plan features an embedded out-of-pocket limit. The individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits for that individual. Deductibles and out-of-pocket maximums apply annually.

Unless otherwise noted, plans have an Embedded Deductible and Embedded Out-of-Pocket Limit: These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits for that individual. These plans feature an embedded out-of-pocket limit where the individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits for that individual. Deductibles and out-of-pocket maximums apply annually.

Covered preventive services are provided at no cost to customers. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force.

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

Health plans using Express Scripts that spent less per person on prescription drugs in 2019 vs. 2018.6

WPS HEALTH PLAN

\*This is not a complete list of preventive drugs and is subject to change. Not all forms or strengths of a listed drug may be covered at \$0.

#### **Prescription Drug Coverage\***

- \$0 copay on select preventive drugs for common conditions (e.g., high blood pressure, cholesterol, heart conditions, and asthma)
- Keep costs down: Lower-cost generic drugs and monitoring of specialty drug use
- Home delivery service available

\$0 Copay Drugs	\$0				
Amlodipine besylate	Irb				
Atenolol	Lis				
Atenolol/chlorthalidone	Lis				
Atorvastatin calcium	Lo				
Benazepril hcl	Lo				
Bisoprolol fumarate/hctz	Lo				
Carvedilol	Me				
Chlorthalidone	Me				
Clonidine hcl	Me				
Diltiazem 24hr cd	Mo				
Enalapril maleate	Pr				
Enalapril/hydrochlorothiazide	Pr				
Gemfibrozil	Qı				
Glimepiride	Ra				
Glipizide	Si				
Glyburide	Sp				
Glyburide, micronized	Tri hy				
Hydrochlorothiazide					
Indapamide	W				

Copay Drugs	\$0 Copay Drugs						
nlodipine besylate	Irbesartan						
enolol	Lisinopril						
enolol/chlorthalidone	Lisinopril/hydrochlorothiazide						
orvastatin calcium	Losartan potassium						
nazepril hcl	Losartan/hydrochlorothiazide						
soprolol fumarate/hctz	Lovastatin						
rvedilol	Metformin hcl						
lorthalidone	Metolazone						
onidine hcl	Metoprolol tartrate  Montelukast sodium						
tiazem 24hr cd							
alapril maleate	Pravastatin sodium						
alapril/hydrochlorothiazide	Propranolol hcl						
emfibrozil	Quinapril hcl						
imepiride	Ramipril						
pizide	Simvastatin						
yburide	Spironolactone						
yburide, micronized	Triamterene/ hydrochlorothiazide						
drochlorothiazide	Verapamil hcl						
lapamide	Warfarin sodium						

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

#### **Preventive Care**

100% covered by WPS Health Plan when care given by a participating provider:

- » Routine immunizations
- » Preventive screenings
- » Routine medical exams
- » Preventive drugs

» Well-child care

And more

» Mammograms

The preventive services listed are covered subject to the terms and conditions set forth in your WPS Health Plan certificate. Age-appropriate screenings are set by the United States Preventive Services Task Force and are subject to change.

#### EyeMed Vision Care Discount<sup>1</sup>

- » WPS Health Plan customers get access at no additional charge
- » Save on eye care and eyewear
- » Thousands of locations nationwide

#### Hear In America Hearing Program<sup>1</sup>

- » Includes an annual hearing screening at no extra cost
- » Discounts on nine top hearing aid brands plus a three-year repair and loss warranty
- » Three years of hearing aid batteries included at no extra cost
- » Call Hear In America at 800-286-6149

#### Insulin Rebate Program<sup>1</sup>

Eligible members may be able to obtain preferred insulin products (Humalog, Humalog Mix, Humulin, Lantus, and Levemir) via their local retail or home delivery pharmacy. The cost will be no more than \$25 for a 30-day supply or \$75 for a 90-day supply, whether they have a copay plan or an HDHP.

#### **Customer Resources**

- » Convenient access to health and wellness information
- » Locate in-network doctors and facilities
- » Order prescriptions through Express Scripts
- » Manage your account
- » Learn about your benefits

#### Teladoc® Telehealth Services

- » Connect with a licensed physician over the phone or via video consult
- » Behavioral health and dermatology services are also available; check your policy for details
- » Cost: For plans with a telehealth visit copay, the copays will be the same for behavioral health and dermatology services as for general medical services; for all other plans, the fees billed (\$220 or less for behavioral health services, \$85 for dermatology services, and \$50 for most other services)<sup>2</sup> are subject to the plan's deductible and coinsurance

#### ExerciseRewards™ Program¹

- » Encourages employees to stay active
- » \$30 reward each month for visiting a fitness club 10 or more times that month
- » Includes large fitness chains, independently owned clubs, and YMCA/YWCA
- » Three ways to track: Automated reporting via 5,700 partner centers, smartphone app, or paper log

#### Active&Fit™ Direct Program¹

- » Choose from 10,000+ participating fitness centers nationwide for a low monthly fee (plus a \$25 enrollment fee and applicable taxes); see activeandfitdirect.com/faq for current pricing information
- » A guest pass to try out a fitness center before enrolling (where available)
- » The option to switch fitness centers to make sure you find the right fit

#### Delta Dental Insurance<sup>3</sup>

The most in-network providers:

- » Delta Dental PPO Network: Lowest agreed-upon fees; more locations than any other PPO network
- » Delta Dental Premier: More than 80% of U.S. dentists are in this network
- » More options available: orthodontic services; coverage and treatment for endodontic and nonsurgical periodontic services; and maximum allowable charge reimbursement plan

'Fitness, vision, hearing, insulin rebate, 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 Active&Fit Direct and ExerciseRewards programs are provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Incorporated (ASH). Active&Fit Direct and ExerciseRewards and the Active&Fit Direct logo are trademarks of ASH and used with permission herein.

<sup>&</sup>lt;sup>2</sup>Fees billed by our selected participating telehealth provider are subject to change.

<sup>&</sup>lt;sup>3</sup>WPS has partnered with Delta Dental to provide dental coverage.



# **Choose the Right Plan to Support the Best Health of Your Employees**

# **Searching** for the right fit?

Comprehensive plans give you options with affordable, high-quality coverage across Wisconsin.

## **Ready** to choose?

You can apply online or over the phone in just a few minutes.

# Contact us today!

WPS Health Plan is ready to help you find the plan that meets your needs!





Call 866-841-6575



wpshealth.com/healthplan



#### **About WPS Health Plan**

WPS Health Plan is part of the family of brands of WPS Health Solutions, offering comprehensive and affordable health plan options and personalized service to businesses and individuals. WPS Health Plan is accredited by the National Committee for Quality Assurance (NCQA), a private not-for-profit organization dedicated to improving health care quality. Founded in 1946, Wisconsin Physicians Service Insurance Corporation, doing business as WPS Health Solutions, has a strong legacy of serving the people of Wisconsin.



# In Wisconsin<sup>8</sup>...

448,032 small businesses

1.2 million small business employees





P.O. Box 11625 Green Bay, WI 54307-1625

#### Insurance that's easy.

Easy to buy, own, and use.

Easy to understand, thanks to accessible, local customer service.

WPS Health Plan helps you understand your benefits for better health.



Health insurance partner of the Green Bay Packers\*



Proud partner of the Milwaukee Brewers\*

\*Green Bay Packers and Milwaukee Brewers partnerships are paid endorsements.







