



WPS Health Plan Small Group Health Insurance—2023

wpshealth.com/healthplan



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.

WPS | **HEALTH
PLAN**

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:

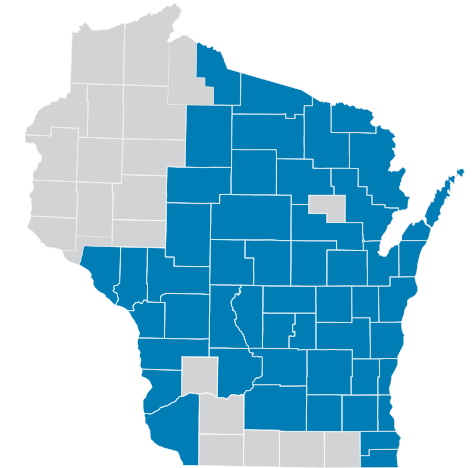
866-841-6575



Online:

wpshealth.com/healthplan—click

Find a Doctor



- » Ascension SE and Oshkosh*
- » Aspirus Network
- » Aurora Health Care
- » Bellin Health
- » Children's Health System
- » Gundersen Health System
- » Independent Physicians Network
- » ProHealth Care
- » ThedaCare
- » UW Health
- » And more

*Ascension providers are included in Milwaukee, Ozaukee, Racine, and Waukesha counties and the city of Oshkosh 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.

ACCESS YOUR NETWORK: LOCAL

88%

Employees who consider health benefits when choosing between jobs.*

WPS | **HEALTH PLAN**

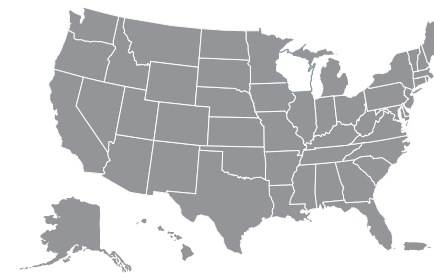
*Fractl Survey, 2020

Coast-to-coast coverage

First Health Network

WPS Health Plan customers enjoy access to First Health Network providers across the U.S., including Puerto Rico.

Visit wpshealth.com/healthplan and click on the **Find a Doctor** tool.



More than

1 million

health care professional service locations

6,000

 hospitals

130,000

ancillary facilities

Find a complete list of

First Health providers



Call:

866-841-6575



Online:

wpshealth.com/healthplan—click Find a Doctor

Ideal for

- » Customers who travel
- » Customers whose children attend school out of state
- » Out-of-state employees receiving in-network care

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.

ACCESS YOUR NETWORK: NATIONWIDE

61%

Wisconsin residents covered by employer-sponsored insurance.*

WPS | **HEALTH PLAN**

*2019 Family Health Survey, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, dhs.wisconsin.gov/publications/p45369d-19.pdf

WPS Health Plan Small Group HMO Plan Summary

- » Great value for your health care dollar
- » 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%	\$2,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$1,000	20%	\$7,750	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$1,500	10%	\$9,100	No charge	\$10	\$35	\$70	\$450	10% after deductible		
Gold	\$2,000	20%	\$8,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$2,500	20%	\$5,500	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Silver	\$5,000	20%	\$9,100	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$5,500	20%	\$9,100	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$5,700	10%	\$9,100	No charge	\$10	\$45	\$90	\$500	10% after deductible		
Silver	\$6,000	20%	\$8,500	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$6,500	30%	\$9,100	No charge	\$10	\$45	\$90	\$500	30% after deductible		
Silver	\$8,100	0%	\$8,100	No charge	\$10	\$45	\$90	\$500	No charge 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: Plan Deductible and Coinsurance											
Silver Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: Plan Deductible and Coinsurance											

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

**Out-of-network services are not covered under HMO plan options, except for limited situations such as emergency services and other select services. See policy for details.

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.

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

Request a
Quote

See your local agent

Call 866-841-6575

Visit wpshealth.com/healthplan

CHOOSE YOUR PLAN: HMO

31%

Small businesses that offer a High-Deductible Health Plan with a savings option to their employees.*

WPS HEALTH PLAN

*Kaiser Family Foundation 2020 Employer Health Benefit Survey, kff.org/health-costs/report/2020-employer-health-benefits-survey

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+	\$2,600	0%	\$2,600	No charge after deductible							
Gold	\$3,500	0%	\$3,500	No charge after deductible							
Silver++	\$2,500	30%	\$7,500	30% after deductible							
Silver	\$3,000	20%	\$7,500	20% after deductible							
Silver	\$3,500	20%	\$5,750	20% after deductible							
Silver	\$4,000	30%	\$7,200	30% after deductible							
Silver	\$4,800	0%	\$4,800	No charge after deductible							
Silver	\$5,500	0%	\$5,500	No charge after deductible							
Bronze	\$6,000	30%	\$7,500	30% after deductible							
Bronze	\$7,500	0%	\$7,500	No charge after deductible							
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 high-deductible 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 for limited situations such as emergency services and other select services. 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.

++ **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.

CHOOSE YOUR PLAN: HSA-QUALIFIED HMO

58%

Small firms that offer wellness programs to their employees.*

WPS HEALTH PLAN

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 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
Platinum	\$500	\$1,000	20%	50%	\$2,000	\$11,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$1,000	\$2,000	20%	50%	\$7,750	\$12,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$1,500	\$3,000	10%	40%	\$9,100	\$11,000	No charge	\$10	\$35	\$70	\$450	10% after deductible		
Gold	\$2,000	\$4,000	20%	50%	\$8,000	\$14,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Gold	\$2,500	\$5,000	20%	50%	\$5,500	\$15,000	No charge	\$10	\$35	\$70	\$450	20% after deductible		
Silver	\$5,000	\$10,000	20%	50%	\$9,100	\$20,000	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$5,500	\$11,000	20%	50%	\$9,100	\$21,000	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$5,700	\$11,400	10%	40%	\$9,100	\$19,400	No charge	\$10	\$45	\$90	\$500	10% after deductible		
Silver	\$6,000	\$12,000	20%	50%	\$8,500	\$22,000	No charge	\$10	\$45	\$90	\$500	20% after deductible		
Silver	\$6,500	\$13,000	30%	50%	\$9,100	\$23,000	No charge	\$10	\$45	\$90	\$500	30% after deductible		
Silver	\$8,100	\$16,200	0%	30%	\$8,100	\$22,200	No charge	\$10	\$45	\$90	\$500	No charge 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: Plan Deductible and Coinsurance														
Silver Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: Plan Deductible and Coinsurance														

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

**Services performed out-of-network under the POS plan options, are subject to the out-of-network deductible and coinsurance, except for limited situations such as emergency services and other select services. 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.

98%

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



*Wisconsin Department of Health Services, Wisconsin Family Health Survey, 2018, dhs.wisconsin.gov/publications/p45369a-18.pdf

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+	\$2,600	\$5,200	0%	30%	\$2,600	\$11,200	No charge after deductible							
Gold	\$3,500	\$7,000	0%	30%	\$3,500	\$13,000	No charge after deductible							
Silver++	\$2,500	\$5,000	30%	50%	\$7,500	\$15,000	30% after deductible							
Silver	\$3,000	\$6,000	20%	50%	\$7,500	\$16,000	20% after deductible							
Silver	\$3,500	\$7,000	20%	50%	\$5,750	\$17,000	20% after deductible							
Silver	\$4,000	\$8,000	30%	50%	\$7,200	\$18,000	30% after deductible							
Silver	\$4,800	\$9,600	0%	30%	\$4,800	\$15,600	No charge after deductible							
Silver	\$5,500	\$11,000	0%	30%	\$5,500	\$17,000	No charge after deductible							
Bronze	\$6,000	\$12,000	30%	50%	\$7,500	\$22,000	30% after deductible							
Bronze	\$7,500	\$15,000	0%	30%	\$7,500	\$21,000	No charge after deductible							
Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance														

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

**Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except for limited situations such as emergency services and other select services. 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.

++ **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.

32%

Health plans using Express Scripts that spent less per person on prescription drugs in 2020 vs. 2019.*

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*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.

*Express Scripts 2020 Drug Trend Report

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 Copay Drugs
Amlodipine besylate	Irbesartan
Atenolol	Lisinopril
Atenolol/chlorthalidone	Lisinopril/hydrochlorothiazide
Atorvastatin calcium	Losartan potassium
Benazepril hcl	Losartan/hydrochlorothiazide
Bisoprolol fumarate/hctz	Lovastatin
Carvedilol	Metformin hcl
Chlorthalidone	Metolazone
Clonidine hcl	Metoprolol tartrate
Diltiazem 24hr cd	Montelukast sodium
Enalapril maleate	Pravastatin sodium
Enalapril/hydrochlorothiazide	Propranolol hcl
Gemfibrozil	Quinapril hcl
Glimepiride	Ramipril
Glipizide	Simvastatin
Glyburide	Spironolactone
Glyburide, micronized	Triamterene/hydrochlorothiazide
Hydrochlorothiazide	Verapamil hcl
Indapamide	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
- » Routine medical exams
- » Well-child care
- » Mammograms
- » Preventive screenings¹
- » Preventive drugs²
- » And more

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 Discount³

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

Hearing Care Solutions³

- » 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 for non-rechargeable devices (up to 64 cells per aid, per year)

Insulin Rebate Program³

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.

Express Scripts Pulmonary Care Program³

- » Help control your asthma or COPD
- » Get a sensor for your inhaler to gather information about your use and remind you when to take a dose
- » Share detailed reports with your doctor to plan your care

¹Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force. ²Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force. ³Fitness, vision, hearing, insulin rebate, diabetes, pulmonary care, 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. ⁴Fees billed by our selected participating telehealth provider are subject to change. ⁵WPS has partnered with Delta Dental to provide dental coverage. ⁶DDWI Public Community, 2021, deltadentalwi.com/s/. ⁷The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Incorporated (ASH). Active&Fit Direct is registered trademarks of ASH and used with permission herein.

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 \$55 for most other services)⁴ are subject to the plan's deductible and coinsurance

Active&Fit Direct™ Program^{3, 7}

- » Get access to a fitness center for a low monthly fee plus applicable taxes
- » Choose from 11,600+ participating locations nationwide
- » Select from 5,000+ premium fitness centers and exercise studios
- » Get started with a low enrollment fee, a low monthly fee, and any applicable taxes. (Visit activeandfitdirect.com/faq for current pricing)
- » From the wpshealth.com home page, click on the **Customers** link, then log in to your account and click on the Active&Fit Direct link that applies to you

Welldoc® Diabetic Solution Program³

- » Get real-time, personalized digital coaching to make better health decisions
- » Learn how your body reacts to activity and foods to help keep blood glucose in a safe range
- » Plan meals with a database of 400+ healthy recipes and even create your grocery lists
- » Use smart medication reminders to keep track of all medications—so that a dose is never missed
- » Share your progress and health data with your care team for more effective doctor visits
- » Sync with 400+ smart devices to connect activity, fitness, and medical devices
- » Visit Welldoc at welldoc.com/wps

Delta Dental Insurance⁵

The most in-network providers in the state and nation:

- » **Delta Dental PPO network:** Lowest agreed-upon fees; more locations offer care than any other PPO network⁶
- » **Delta Dental Premier:** More than 90% of Wisconsin dentists belong to this network—the largest in the state⁶

More options available: orthodontic services; coverage and treatment for endodontic and non-surgical periodontic services; and maximum allowable charge reimbursement plan. Plan underwritten by Delta Dental of Wisconsin. Available to groups of two employees or more. Standard underwriting rules apply.

BENEFITS FOR YOUR HEALTH

49%

Amount of private workforce in Wisconsin that works for small businesses.*

WPS | **HEALTH PLAN**

*U.S. Small Business Administration 2021 Small Business Profile.

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!



See your
local agent



Call
866-841-6575



Visit
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. Founded in 1946, Wisconsin Physicians Service Insurance Corporation, doing business as WPS Health Solutions, has a strong legacy of serving the people of Wisconsin.

Customer Resources

- » Take advantage of online access to tools and resources for your best health.
- » Access health and wellness information
- » Locate in-network doctors and facilities
- » Order prescriptions through Express Scripts
- » Manage your account
- » Learn about your benefits



In Wisconsin*

461,525 small businesses

1.3 million small business employees

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*U.S. Small Business Administration 2021 Small Business Profile.

WPS | HEALTH
PLAN



P.O. Box 8190
Madison, WI 53708-8190

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.

Request a
Quote



[See your local agent](#)



[Call 866-841-6575](#)



[Visit wpshealth.com/healthplan](https://wpshealth.com/healthplan)