

WPS HEALTH INSURANCE

2019 Individual Plan Summaries

Bronze and Catastrophic Plans

Preferred Provider Organization (PPO) Standard Plans		You Pay													
Metal Tier	Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		At Preferred Providers ²								
	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	Outpatient Surgery	Hospitalization	
Bronze ³	\$4,700	\$9,400	20%	50%	\$7,900	\$19,400	20% after deductible								
Bronze	\$7,900	\$15,800	0%	30%	\$7,900	\$21,800	No charge after deductible								
Catastrophic ^{3,4}	\$7,900	\$15,800	0%	30%	\$7,900	\$21,800	No charge after deductible								

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

Preferred Provider Organization (PPO) High-Deductible Standard Plans		You Pay													
Metal Tier	Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		At Preferred Providers ²								
	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	Outpatient Surgery	Hospitalization	
Bronze	\$5,500	\$11,000	30%	50%	\$6,750	\$21,000	20% after deductible								
Bronze	\$6,750	\$13,500	0%	30%	\$6,750	\$19,500	No charge after deductible								

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

¹Family deductibles and out-of-pocket limits are 2x the individual amounts.

²Preferred providers are in this plan's network. All other providers are out of network. Services performed out of network are subject to the out-of-network deductible and coinsurance. See policy for details.

³These plans include 3 FREE PCP visits per year.

⁴Catastrophic plan is only available to people under age 30 or who qualify for a hardship exemption from the Federally Facilitated Marketplace.