WPS HEALTH INSURANCE | 2020 Small Group Plan Summary

Preferred Provider Organization (PPO) 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	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Platinum	$500	$1,000	20%	50%	$3,000	$11,000	$450	$0	$10	$35	$70	20% after deductible*		
Gold	$1,000	$2,000	20%	50%	$5,300	$12,000	$450	$0	$10	$35	$70	20% after deductible*		
Gold	$1,500	$3,000	10%	40%	$6,000	$11,000	$450	$0	$10	$35	$70	10% after deductible*		
Gold	$2,000	$4,000	20%	50%	$7,900	$14,000	$450	$0	$10	$35	$70	20% after deductible*		
Gold	$2,500	$5,000	20%	50%	$4,500	$15,000	$450	$0	$10	$35	$70	20% after deductible*		
Silver	$3,200	$6,400	20%	50%	$8,150	$16,400	$500	$0	$10	$45	$90	20% after deductible*		
Silver	$4,000	$8,000	10%	40%	$8,150	$16,000	$500	$0	$10	$45	$90	10% after deductible*		
Silver	$4,500	$9,000	20%	50%	$7,000	$19,000	$500	$0	$10	$45	$90	20% after deductible*		
Silver	$5,500	$11,000	20%	50%	$8,150	$21,000	$500	$0	$10	$45	$90	20% after deductible*		
Silver	$6,250	$12,500	0%	30%	$6,250	$18,500	$500	$0	$10	$45	$90	No charge after deductible		
Silver	$6,500	$13,000	30%	50%	$8,150	$23,000	$500	$0	$10	$45	$90	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

*Until maximum out-of-pocket limit is met

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.

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

[2]Preferred 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, except some emergency services.
See policy for details.

WPS HEALTH INSURANCE
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Preferred Provider Organization (PPO) High-Deductible Health 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	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital
Gold[3]	$2,100	$4,200	0%	30%	$2,100	$10,200	No charge after deductible							
Gold	$2,800	$5,600	0%	30%	$2,800	$11,600	No charge after deductible							
Silver[4]	$1,750	$3,500	30%	50%	$6,900	$13,500	30% after deductible*							
Silver[4]	$2,500	$5,000	30%	50%	$6,900	$15,000	30% after deductible*							
Silver	$2,800	$5,600	20%	50%	$6,900	$15,600	20% after deductible*							
Silver	$3,500	$7,000	20%	50%	$4,500	$17,000	20% after deductible*							
Silver	$4,100	$8,200	0%	30%	$4,100	$14,200	No charge after deductible							
Silver	$5,000	$10,000	0%	30%	$5,000	$16,000	No charge after deductible							
Bronze	$5,500	$11,000	30%	50%	$6,900	$21,000	30% after deductible*							
Bronze	$6,900	$13,800	0%	30%	$6,900	$19,800	No charge after deductible							

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

*Until maximum out-of-pocket limit is met

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.

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

[2]Preferred 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, except some emergency services. See policy for details.

[3]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.

[4]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. 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. These plans feature an embedded out-of-pocket limit where the out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.

WPS HEALTH INSURANCE

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