



# WPS Short-Term Health Plan

Your lower-cost option for individual health plans

## Contact us today

for more information or to enroll.  
800-332-0893 | [wpshealth.com](https://wpshealth.com)

**WPS**

**HEALTH  
INSURANCE**

*Local. Honest. Independent.*

# The WPS Short-Term Health Plan helps you handle life

This special health plan is designed for individuals and families who are in between Open Enrollment Periods and can't get coverage. It's made for part-time workers who don't have benefits, as well as workers who do but have a waiting period before their group health coverage kicks in. It was created for those who don't qualify for subsidies under the Affordable Care Act (ACA) and can't afford a health plan through the Federally Facilitated Marketplace. It's for those times when you need health insurance, but just can't get it.

## Now you can.

Life happens, and there are many reasons you may find yourself without health coverage. Regardless of the reason, one thing is sure—a health plan can help you avoid major financial loss in case of a serious accident or illness. You shouldn't go without coverage. That's where short-term coverage comes in.

## How does short-term coverage work?

The WPS Short-Term Health Plan lets you choose the coverage period, from 30 to 364 days. The WPS Short-Term Health Plan is not renewable, but you may apply for a new plan when the initial one ends. If you choose to reapply, note that the combined coverage period may not exceed 18 months.

## Who should buy a short-term health plan?

This plan is designed for Wisconsin residents just like you. People who are:

- Looking for an alternative to ACA plans
- Young adults turning 26 and aging off their parents' health plan
- Part-time or temporary employees
- Between jobs and looking for an affordable alternative to COBRA
- Newly employed and waiting for health benefits to begin
- Recently retired and waiting for Medicare eligibility

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# Top 5 reasons to choose a WPS Short-Term Health Plan

## 1 You choose the coverage period

With our short-term coverage, you have the flexibility to choose the length of time you need, from 30 to 364 days. You can apply for a new plan when the initial one ends, but the combined coverage period may not exceed 18 months. Even better? Your coverage can start as early as tomorrow!

## 2 You get access to thousands of health care providers

The WPS Statewide Network allows you to choose from thousands of doctors and other practitioners across Wisconsin. It's a broad network that lets you see top-quality health care professionals in top-tier facilities. You can also reach a doctor anytime by phone, computer, or mobile device using telehealth services from Teladoc®.

## 3 You choose the deductible

With deductible options ranging from \$1,500 to \$15,000, you can select the amount that's right for you. If you have questions about which level of deductible is right for you, contact your agent or call us at 800-332-0893.

## 4 You can save money

Health insurance can be expensive. This plan offers an affordable way to enjoy medical benefits at a cost that is generally lower than COBRA or a standard long-term policy.

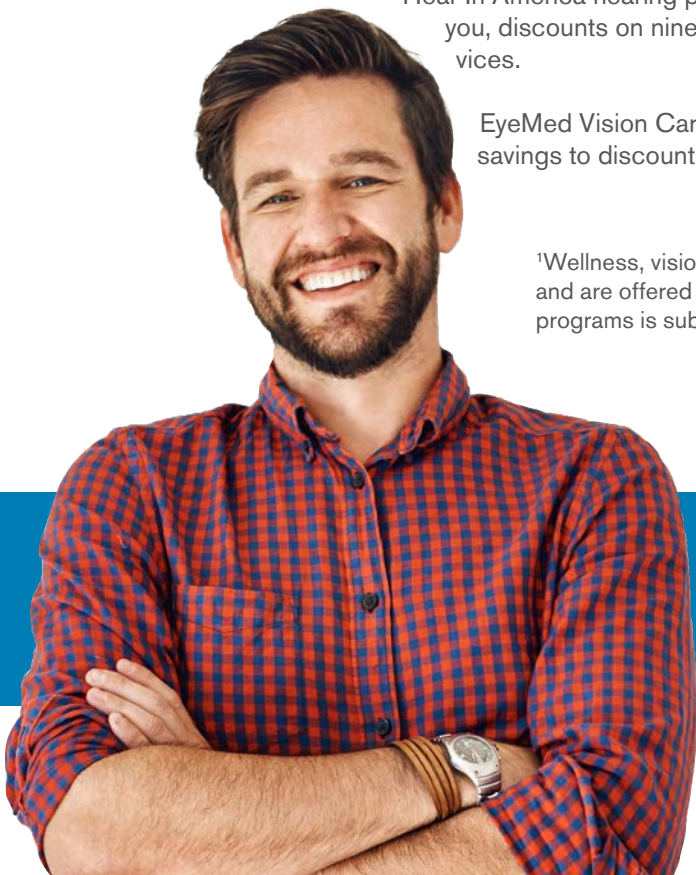
## 5 You can get discounts on other services<sup>1</sup>

The Active&Fit Direct™ program delivers access to 10,000+ participating fitness centers nationwide for a low monthly fee. See [activeandfitdirect.com/faq](http://activeandfitdirect.com/faq) for current pricing information.

Hear In America hearing plans include an annual hearing screening at no cost to you, discounts on nine top hearing aid brands, and no-cost supporting services.

EyeMed Vision Care program offers a variety of benefits, from eye exam savings to discounts on eyeglasses, at no additional cost.

<sup>1</sup>Wellness, vision, and hearing programs are not part of the insurance policy and are offered at no additional charge for membership. Enrollment in these programs is subject to contract renewal.



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# WPS Short-Term Health Plan Summary

## Individual/Family Plan Options

\$1 million maximum per covered person per coverage period (prescription drugs and covered supplies do not apply to this maximum). Expenses for an illness are eligible for coverage beginning on the seventh day following the effective coverage date.

Deductible <sup>1</sup>		Coinsurance		Out-of-Pocket Limit <sup>2</sup>	
In-Network Individual/Family	Out-of-Network Individual/Family	In-Network	Out-of-Network	In-Network Individual/Family	Out-of-Network Individual/Family
\$1,500/\$4,500	\$3,000/\$9,000	25%	50%	\$4,000/\$12,000	\$8,000/\$24,000
\$2,500/\$7,500	\$5,000/\$15,000	0%	50%	\$2,500/\$7,500	\$10,000/\$30,000
\$2,500/\$7,500	\$5,000/\$15,000	25%	50%	\$5,000/\$15,000	\$10,000/\$30,000
\$5,000/\$15,000	\$10,000/\$30,000	0%	50%	\$5,000/\$15,000	\$15,000/\$45,000
\$5,000/\$15,000	\$10,000/\$30,000	25%	50%	\$7,500/\$22,500	\$15,000/\$45,000
\$10,000/\$30,000	\$20,000/\$60,000	0%	50%	\$10,000/\$30,000	\$25,000/\$75,000
\$10,000/\$30,000	\$20,000/\$60,000	25%	50%	\$12,500/\$37,500	\$25,000/\$75,000
\$15,000/\$45,000	\$30,000/\$90,000	25%	50%	\$17,500/\$52,500	\$35,000/\$105,000

<sup>1</sup>Deductible amount does not include the separate prescription drug deductible.

<sup>2</sup>This amount does not include prescription legend drugs and covered supplies.



# WPS Short-Term Health Plan Summary (cont.)

## Summary of Services

Services	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
<b>Emergency services</b>		
Emergency room facility fees	\$350 copayment, then deductible and coinsurance	
Emergency room care (including physician charges and miscellaneous expenses)	Preferred deductible and coinsurance	
Ambulance (prior authorization required for nonemergency transport <sup>1</sup> )	Preferred deductible and coinsurance	
<b>Transplants</b>		
Heart, heart/lung, kidney, pancreas, stem cell, kidney/pancreas, kidney/liver (Determined by WPS to be medically necessary; prior approval required <sup>1</sup> )	Deductible and coinsurance	Deductible and coinsurance
<b>Professional services</b>		
Office visits (including chiropractors) for an illness or injury	Deductible and coinsurance; \$45 copayment for Teladoc	Deductible and coinsurance
Maternity services	Not covered	Not covered
Medical and surgical services	Deductible and coinsurance	Deductible and coinsurance
Treatment of temporomandibular joint disorders: nonsurgical treatment is limited to \$1,250 per coverage period	Deductible and coinsurance	Deductible and coinsurance
Rehabilitative therapy (occupational, physical, speech); up to 40 sessions per coverage period	Deductible and coinsurance	Deductible and coinsurance
Radiation and chemotherapy services	Deductible and coinsurance	Deductible and coinsurance
Cardiac rehabilitation services	Deductible and coinsurance	Deductible and coinsurance
Diagnostic lab and X-ray services	Deductible and coinsurance	Deductible and coinsurance
<b>Preventive care</b> <i>Preventive services listed are the only preventive services covered by the policy.</i>		
Colorectal cancer screening, including fecal occult blood testing and colonoscopy	Deductible and coinsurance	Deductible and coinsurance
Blood lead tests for children under age 6	Deductible and coinsurance	Deductible and coinsurance
Immunizations for children under age 6 <sup>2</sup>	Covered 100%	Deductible and coinsurance
One routine mammogram of a covered person per coverage period	Deductible and coinsurance	Deductible and coinsurance



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# WPS Short-Term Health Plan Summary (cont.)

## Summary of Services

Services	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
<b>Home health care</b>		
Home health services (up to 40 visits per coverage period)	Deductible and coinsurance	Deductible and coinsurance
Home IV therapy and supplies (prior authorization required <sup>1</sup> )	Deductible and coinsurance	Deductible and coinsurance
<b>Other health care services</b>		
Hospital services, other than emergency room	Deductible and coinsurance	Deductible and coinsurance
Treatment of nervous or mental disorders and substance abuse disorders	Not covered	Not covered
Autism services (limited to \$35,000 for nonintensive-level services and \$70,000 for intensive-level services per coverage period)	Deductible and coinsurance	Deductible and coinsurance
Hearing aids <sup>3</sup> (one per ear, per child, per coverage period)	Deductible and coinsurance	Deductible and coinsurance
Cochlear implants <sup>3</sup>	Deductible and coinsurance	Deductible and coinsurance
Contraceptives for birth control	Deductible and coinsurance	Deductible and coinsurance
Durable medical equipment (over \$1,000 or rented for more than three months requires prior authorization <sup>1</sup> )	Deductible and coinsurance	Deductible and coinsurance
Diabetic equipment and self-management education programs	Deductible and coinsurance	Deductible and coinsurance
Kidney dialysis (up to \$30,000 per coverage period)	Deductible and coinsurance	Deductible and coinsurance
Skilled nursing care facility (up to 30 days per confinement)	Deductible and coinsurance	Deductible and coinsurance



# WPS Short-Term Health Plan Summary (cont.)

## Summary of Services

Services	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
<b>Prescription drugs and covered supplies</b>		
<p>(including insulin, disposable diabetic supplies, and transplant drugs; prior authorization is required for certain drugs<sup>1</sup>)</p> <ul style="list-style-type: none"> <li>Mandatory generic substitution program applies</li> <li>Specialty drugs obtained in a health care practitioner's office, outpatient department of a hospital, dialysis center, skilled nursing facility, or home health agency require prior authorization; without prior authorization, benefits may not be payable under the policy<sup>1</sup></li> </ul>		<p>Subject to \$500 per covered person/\$1,500 per family deductible per coverage period; maximum benefit limit for prescription drugs and covered supplies per coverage period is \$3,000 per covered person/\$9,000 per family</p> <p>Limited to a 30-day supply for a fill or refill</p>

<sup>1</sup>Prior authorization is required to receive certain benefits. Without prior authorization, benefits may be denied or substantially limited.

<sup>2</sup>Immunizations are covered for children up to age 6, including, but not limited to, diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, hemophilus influenza B, hepatitis B, and varicella.

<sup>3</sup>Available only to children under the age of 18 who are certified as deaf or hearing impaired by a health care practitioner.

All benefits are subject to the applicable limitations and exclusions as defined in the policy. Benefit limitations apply per coverage period.

General information: Benefit payments are subject to the applicable selected coverage period deductible and coinsurance, copays, out-of-pocket limits, maximum benefit limit, exclusions, limitations, and other terms and conditions of the policy. In-network and out-of-network deductible and coinsurance amounts must be satisfied separately. Expenses for treatment of an illness are eligible for coverage beginning on the seventh day after the effective date; treatment of an injury is effective on the effective date, however, it cannot be for treatment of a pre-existing illness or injury (pre-existing is defined as a health problem you had before the date that new health coverage starts). We will reduce the length of time during which a pre-existing condition exclusion may be imposed by the aggregate of your consecutive coverage periods under this Policy. Coverage periods are consecutive if there are no more than 63 days between coverage periods. Plan provides benefits for health care services that are for the treatment of a covered illness or injury and medically necessary, as determined by WPS.

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of pre-existing conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have life-time and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NON-PREFERRED PROVIDERS ARE USED. You should be aware that when you elect to utilize the services of a non-preferred provider for a covered health care service, benefit payments to such non-preferred providers are not based upon the amount billed. The basis of your benefit payment will be determined according to your Schedule of Benefits and the maximum allowable fee, as determined by us. YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE, AND COPAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION. Non-preferred providers may bill you for any amount up to the billed charge after we have paid our portion of the bill. Preferred providers have agreed to accept discounted payment for covered health care services with no additional billing to you other than copayment, coinsurance and deductible amounts. You may obtain further information about the preferred status of health care providers and information on out-of-pocket expenses by calling the Customer Service toll-free telephone number on your identification card or visiting our website at [wpshealth.com](http://wpshealth.com).

# Exclusions

General Exclusions: The WPS Short-Term Health Plan doesn't cover services and supplies that are:

- Experimental/investigational/unproven
- Not medically necessary or appropriate as determined by us
- Routine or preventive services are not covered, except as required by law
- For comfort, personal hygiene, or convenience
- For health education, marriage counseling, holistic medicine, health clubs, spas, sleep or massage therapy, or other similar programs
- Genetic testing, except as specifically stated in the policy
- Not specifically covered under this policy or connected with a non-covered service
- For the treatment of substance use disorders, or nervous or mental disorders
- For any pre-existing illness or injury; a pre-existing illness or injury means an illness or injury for which an individual has been diagnosed or received care, medical services, or treatment five years prior to the effective date of coverage
- For any injury or illness covered by workers' compensation, Medicare, or similar laws
- Furnished by the U.S. Veterans Administration or other federal, state, or local government agencies
- For any injury or illness caused by atomic or thermonuclear explosion, resulting radiation, or any type of military action
- Cosmetic treatment or surgery
- Routine foot care
- Reconstructive surgery (except as stated in the policy)
- Wigs, hair pieces, or hair transplants/implants
- Educational or recreational therapy, physical fitness, or exercise programs
- Dental or oral surgery services except as stated in the policy
- Provided at any nursing facility, convalescent home, or any place primarily for rest or the aged
- Artificial insemination or fertilization methods and services
- Abortion procedures
- Maternity services, except for complications of pregnancy
- Sterilization or reversal of sterilization
- Transplants or implants, unless specifically covered under the policy
- Provided outside the coverage period or during any waiting periods for pre-existing conditions
- Food received on an outpatient basis, food supplements, or vitamins, unless specifically covered under the policy
- In connection with obesity, weight reduction, or dietetic control, except as stated in the policy
- Retin-A, Minoxidil, Rogaine, or their medical equivalent in the topical application form, unless medically necessary
- Used in educational or vocational training
- Motor vehicles, scooters, or lifts
- Charges exceeding our determination of reasonable charge
- Health care services for which the participant has no obligation to pay
- Health care services for which proof of claim isn't provided
- Outpatient physical, speech, and occupational therapy, except as stated in the policy
- Smoking deterrents
- Foot orthotics and special shoes or devices
- Nutritional counseling, unless specifically covered under this policy

Important—This plan summary provides only a general description of benefits and limitations. You can find a detailed description of coverage in the applicable policy. Coverage is subject to the 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.

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