Lower-cost coverage on *your* terms.

WPS Short-Term Health Insurance Plan



Apply today.
Be covered tomorrow.[1]

CALL: **800-332-0893**
VISIT: **wpshealth.com/short-term**

WPS™
A HEALTH SOLUTIONS COMPANY

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[1]Underwriting will apply. WPS short-term policies have a six-day waiting period for any illness. WPS policies may cover claims related to injuries/accidents that occur in the first six days provided they are not related to an accident or injury that existed or happened prior to the effective date of the policy. Upon submission, each application is subject to review. If deemed eligible under applicable criteria, approval may be issued on the next business day. Certain exclusions may apply, and approval of any application is not guaranteed.

WPS reserves the right to rescind a policy in the event an applicant fails to disclose or misrepresents required information during the enrollment application process.

The right health coverage for right now.

Life happens. And if you're in a spot where you need a temporary, lower-cost health plan now, we're here for you. The WPS Short-Term Health Plan is a more affordable option for Wisconsin residents that covers the basics—and helps you avoid major financial loss in case of a serious illness or accident.

This is coverage on your terms.

Individual and family short-term health plans include an in-state network, coverage in as little as one business day[1] and a deductible you choose. It's the safety net you need and the flexibility you want.

How does short-term coverage work?

The WPS Short-Term Health Plan lets you choose the coverage period, from 28 to 365 days. The WPS plan is not renewable, but you may reapply after the initial period ends (for coverage up to 18 months total).

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Who should buy a short-term health plan?

This plan is designed for individuals and families in Wisconsin, including:

- Young adults turning 26 and aging off their parents' health plan who need temporary coverage
- Part-time or temporary employees who need temporary coverage
- 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
- Looking for temporary family coverage but can't find an affordable option

Affordable coverage, flexible options.

Top 5 reasons the WPS Short-Term Health Plan is a reliable safety net for individuals and families:

1 You choose the coverage period.

With our short-term coverage, you have the flexibility to choose the length of time you need, from 28 to 365 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 could start as early as tomorrow.[1]

2 You get access to thousands of healthcare 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 healthcare professionals in top-tier facilities. You can also reach a doctor anytime by phone, computer or mobile device using telehealth services from Teladoc Health.

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 best for you, contact your agent or call us at 800-332-0893.

4 You can save money.

Health insurance can be expensive—and many people are seeing their rates rising. This short-term plan offers individuals and families an affordable way to enjoy medical benefits at a cost that is generally lower than COBRA or a standard-term insurance policy.

5 You can get discounts on other programs.

The Active&Fit Direct™ fitness discount program delivers access to 12,700+ participating fitness centers nationwide for a low monthly fee. See activeandfitdirect.com/faq for current pricing information.[2]

TruHearing® hearing discount program includes an annual hearing screening at no cost to you, discounts on nine top hearing aid brands and no-cost support services.[3]

EyeMed Vision Care discount program offers a variety of benefits, from eye exam savings to discounts on eyeglasses, at no additional cost.[4]

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. All plans feature embedded deductibles and embedded out-of-pocket limits.

Deductible[5]		Coinsurance		Out-of-Pocket Limit[6]	
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
$7,500/$22,500	$15,000/$45,000	0%	50%	$7,500/$22,500	$20,000/$60,000
$7,500/$22,500	$15,000/$45,000	25%	50%	$10,000/$30,000	$20,000/$60,000
$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

An individual deductible must be satisfied before this plan will pay benefits for that individual. Additionally, these plans feature embedded out-of-pocket limits where the individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits for that individual.

Contact us today

for more information to enroll.

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Apply now

Summary of Services

Services	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
Emergency services		
Emergency room facility fees	$350 copayment, then preferred deductible and coinsurance	
Emergency room care (including physician charges and miscellaneous expenses)	Preferred deductible and coinsurance	
Ambulance (prior authorization required for nonemergency transport[7])	Preferred deductible and coinsurance	
Transplants		
Heart, heart/lung, kidney, pancreas, stem cell, kidney/pancreas, kidney/liver (Determined by WPS to be medically necessary; prior authorization required[7])	Deductible and coinsurance	Deductible and coinsurance
Professional services		
Office visits (including chiropractors) for an illness or injury	Deductible and coinsurance; $55 copayment for Teladoc Health	Deductible and coinsurance
Maternity services	Not covered	Not covered
Medical and surgical[7] services	Deductible and coinsurance	Deductible and coinsurance
Treatment of temporomandibular joint disorders[7]: nonsurgical treatment is limited to $1,250 per coverage period	Deductible and coinsurance	Deductible and coinsurance
Rehabilitative therapy (occupational, physical, speech[7]); up to 40 sessions per coverage period	Deductible and coinsurance	Deductible and coinsurance
Radiation and chemotherapy services[7]	Deductible and coinsurance	Deductible and coinsurance
Cardiac rehabilitation services	Deductible and coinsurance	Deductible and coinsurance
Diagnostic lab and X-ray services[7]	Deductible and coinsurance	Deductible and coinsurance
Preventive care *Preventive services listed are the only preventive services covered by the policy.*		
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[8]	Covered 100%	Deductible and coinsurance

Summary of Services (cont.)

Services	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
Home healthcare		
Home health services (up to 40 visits per coverage period)	Deductible and coinsurance	Deductible and coinsurance
Home IV therapy[7] and supplies	Deductible and coinsurance	Deductible and coinsurance
Breast Cancer Screening and Testing		
Screening Mammography	No cost sharing	Deductible and Coinsurance
Diagnostic Breast Exam	No cost sharing	Deductible and Coinsurance
First Supplemental Breast Screening Exam in a coverage period	No cost sharing	Deductible and Coinsurance
Additional Supplemental Breast Screening Exam in a coverage period	Deductible and Coinsurance	Deductible and Coinsurance
Other healthcare services		
Hospital services, other than emergency room, non-emergent admissions require prior authorization[7]	Deductible and coinsurance	Deductible and coinsurance
Treatment of nervous or mental disorders and substance abuse disorders	Not covered	Not covered
Autism services	Deductible and coinsurance	Deductible and coinsurance
Hearing aids[9] (one per ear, per child, per coverage period)	Deductible and coinsurance	Deductible and coinsurance
Cochlear implants[7]	Deductible and coinsurance	Deductible and coinsurance
Contraceptives for birth control	Deductible and coinsurance	Deductible and coinsurance
Durable medical equipment[7]	Deductible and coinsurance	Deductible and coinsurance
Diabetic equipment[7] and self-management education programs	Deductible and coinsurance	Deductible and coinsurance
Kidney dialysis[7] (up to $30,000 per coverage period)	Deductible and coinsurance	Deductible and coinsurance
Skilled nursing care facility[7] (up to 30 days per confinement)	Deductible and coinsurance	Deductible and coinsurance

Summary of Services (cont.)

Services	Preferred Providers (In-Network)	All Other Providers (Out-of-Network)
Prescription drugs and covered supplies		
(Including insulin, disposable diabetic supplies and transplant drugs; prior authorization is required for certain drugs)[7] • **Mandatory generic substitution program applies** • **Specialty drugs obtained in a healthcare 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[7]**	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 Limited to a 30-day supply for a fill or refill	

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 preexisting illness or injury (preexisting 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 preexisting 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 healthcare services that are for the treatment of a covered illness or injury and medically necessary, as determined by WPS.

WPS reserves the right to rescind a policy in the event an applicant fails to disclose or misrepresents required information during the enrollment application process.

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 preexisting 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 lifetime 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 healthcare 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 healthcare services with no additional billing to you other than copayment, coinsurance and deductible amounts. You may obtain further information about the preferred status of healthcare 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.

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, 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 noncovered service
- For the treatment of substance use disorders, or nervous or mental disorders
- For any preexisting illness or injury; a preexisting 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 or 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 preexisting 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
- Used in educational or vocational training
- Motor vehicles, scooters or lifts
- Charges exceeding our determination of the maximum allowable fee
- Healthcare services for which the participant has no obligation to pay
- Healthcare 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.

This policy vs. insurance on HealthCare.gov

IMPORTANT: This is a temporary, limited policy that has fewer benefits and federal protections than other types of health insurance options, like those on HealthCare.gov. See the chart below for a quick comparison guide.

This policy	Insurance on HealthCare.gov
Might not cover you due to preexisting health conditions like diabetes, cancer, stroke, arthritis, heart disease, mental health and substance use disorders	Can't deny you coverage due to preexisting health conditions
Might not cover things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy and more	Covers all essential health benefits
Might have **no limit** on what you pay out of pocket for care	Protects you with limits on what you pay each year out of pocket for essential health benefits
You won't qualify for federal financial help to pay premiums and out-of-pocket costs	Many people qualify for federal financial help
Doesn't have to meet federal standards for comprehensive health coverage	All plans must meet federal standards

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your state department of insurance. Find their number on the National Association of Insurance Commissioners website (naic.org) under "Insurance Departments."

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Notes



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