

WPS HEALTH PLAN INDIVIDUAL HEALTH PLANS

Affordable coverage for individuals and families | Effective Jan. 1, 2021

» Contact us for your individual health plan!

Visit: wpshealth.com/healthplan

Call: 866-841-6575

2021 Individual Plan Summaries

Health Maintenance Organization (HMO) Plans		You Pay (At Participating Providers) ³											Drug Plan	
Metal Tier	SBC Lookup ¹	Individual Deductible ²	Coinsurance	Individual Annual Max Out of Pocket ²	Free PCP Visits	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery		Hospital
Bronze	84670WI1250150-00	\$6,500	20%	\$8,550	3	20% after deductible								Plan 1
Bronze	84670WI1250151-00	\$7,200	40%	\$8,550	-	40% after deductible								Plan 2
Bronze	84670WI1250149-00	\$8,550	0%	\$8,550	-	No charge after deductible								Plan 1
Silver	84670WI1250153-00	\$4,500	30%	\$8,550	-	\$450	\$0	\$10	\$35	\$70	30% after deductible			Plan 2
Silver	84670WI1250154-00	\$5,000	20%	\$8,550	3	\$450	\$0	\$10	\$35	\$70	20% after deductible			Plan 2
Silver	84670WI1250152-00	\$7,500	0%	\$7,500	-	\$450	\$0	\$10	\$35	\$70	No charge after deductible			Plan 2
Gold	84670WI1250155-00	\$2,500	20%	\$5,000	-	\$450	\$0	\$10	\$35	\$70	20% after deductible			Plan 3
Catastrophic	84670WI1250156-00	\$8,550	0%	\$8,550	3	No charge after deductible								Plan 1

Drug Plan 1: Preventive: \$0; All others: deductible and coinsurance
Drug Plan 2: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$750 deductible, then 40% coinsurance
Drug Plan 3: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$15; Preferred Brand: \$40; Non-Preferred Brand: \$70; Specialty Drugs: 30% coinsurance

Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans		You Pay (At Participating Providers) ³											Drug Plan
Metal Tier	SBC Lookup ¹	Individual Deductible ²	Coinsurance	Individual Annual Max Out of Pocket ²	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital	
Bronze	84670WI1250159-00	\$6,000	30%	\$7,000	30% after deductible								Plan 1
Bronze	84670WI1250158-00	\$6,830	0%	\$6,830	No charge after deductible								Plan 1
Bronze	84670WI1250157-00	\$7,000	0%	\$7,000	No charge after deductible								Plan 1
Silver	84670WI1250160-00	\$2,800	20%	\$7,000	20% after deductible								Plan 1
Silver	84670WI1250161-00	\$4,500	0%	\$4,500	No charge after deductible								Plan 1
Silver	84670WI1250162-00	\$5,500	0%	\$5,500	No charge after deductible								Plan 1

Drug Plan 1: Preventive: \$0; All others: deductible and coinsurance

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

¹wpshealth.com/resources/sbc

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

³Services provided out of network are not covered under our HMO plans, except for some emergency services.

All 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. Additionally, 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.



2021 Individual POS Plan Summaries

Point-of-Service (POS) Plans		You Pay (At Participating Providers) ³												Drug Plan		
Metal Tier	SBC Lookup ¹	Individual Deductible ²		Coinsurance		Individual Annual Max Out of Pocket ²		Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray		Outpatient Surgery	Hospital
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network									
Bronze	84670WI1270149-00	\$8,550	\$17,100	0%	30%	\$8,550	\$23,100	No charge after deductible							Plan 1	
Drug Plan 1: Preventive: \$0; All others: deductible and coinsurance																

Point-of-Service (POS) HSA-Qualified High-Deductible Health Plans		You Pay (At Participating Providers) ³												Drug Plan		
Metal Tier	SBC Lookup ¹	Individual Deductible ²		Coinsurance		Individual Annual Max Out of Pocket ²		Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray		Outpatient Surgery	Hospital
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network									
Bronze	84670WI1270159-00	\$6,000	\$12,000	30%	50%	\$7,000	\$22,000	30% after deductible							Plan 1	
Drug Plan 1: Preventive: \$0; All others: deductible and coinsurance																

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

¹wpshealth.com/resources/sbc/

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

³Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except some emergency services. All 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. Additionally, 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.



High-quality health plans

- **HMO plans** deliver great value, and **HSA-Qualified High-Deductible Health Plans (HDHP)** offer more control. **POS plans** give you added flexibility when choosing health care providers.
- **Telehealth services** from Teladoc®—connect with a licensed physician over the phone or via video consult 24/7/365. Behavioral health and dermatology are also available.
- **\$0 preventive care** includes 100% coverage for preventive services when performed by a participating provider. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force.
- Eligible customers may be able to obtain preferred insulin products (Humalog, Humalog Mix, Humulin, Lantus, and Levemir) via their local retail or home delivery pharmacy for no more than \$25 for a 30-day supply or \$75 for a 90-day supply whether they have a copay plan or a High-Deductible Health Plan (HDHP).

You have choices to fit your budget

You and your family want high-quality health insurance to help protect your pocketbook. That's why all of our health plans give you full access to in-network health care providers and allow you to see in-network specialists without a referral. Some services will require review and prior authorization. Take a look at our plan designs on the previous pages and see which one best fits your health needs and budget.

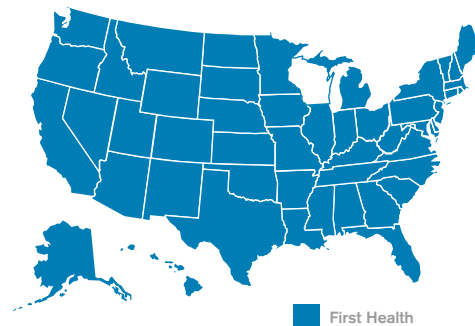
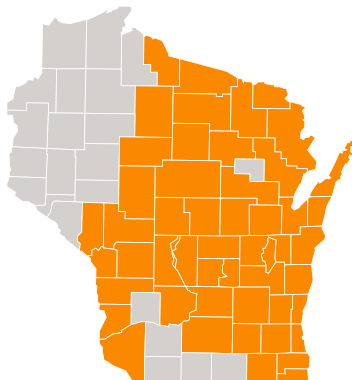
HSA-qualified plans can help you save money

If you want more control over your health care expenses, take a look at one of our high-deductible health plans (HDHPs). These plans allow you to contribute to a tax-favored, personal Health Savings Account (HSA). The tax-free money you put into your HSA can be used to pay for qualified health care expenses.

HSAs are administered and/or maintained by a participating financial institution. WPS Health Plan does not operate or administer HSAs.

Exclusive Wisconsin coverage and more!

Access the **WPS Select Network** of providers.



Complementary Network: Access a First Health Complementary Network provider for emergency services outside of Wisconsin for lower out-of-pocket costs.

WPS plans are sold in these counties

- Brown
- Calumet
- Dodge
- Door
- Fond du Lac
- Green Lake
- Kenosha
- Kewaunee
- Manitowoc
- Marinette
- Marquette
- Milwaukee
- Oconto
- Outagamie
- Ozaukee
- Racine
- Sheboygan
- Washington
- Waukesha
- Waupaca
- Waushara
- Winnebago

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