

WPS HEALTH PLAN INDIVIDUAL HEALTH PLANS

Affordable coverage for individuals and families | Effective Jan. 1, 2023

» Contact us for your individual health plan!

Visit: wpshealth.com/healthplan

Call: 866-841-6575

2023 Individual HMO 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%	\$9,100	3	20% after deductible								Plan 1
Bronze	84670WI1250151-00	\$7,500	40%	\$9,100	-	40% after deductible								Plan 2
Bronze	84670WI1250149-00	\$9,100	0%	\$9,100	-	No charge after deductible								Plan 1
Silver	84670WI1250153-00	\$4,500	30%	\$9,100	-	\$500	\$0	\$10	\$45	\$90	30% after deductible			Plan 3
Silver	84670WI1250154-00	\$5,800	40%	\$8,900	-	40% after deductible	\$40	\$40	\$40	\$80	40% after deductible			Plan 4
Silver	84670WI1250152-00	\$7,800	0%	\$7,800	-	\$500	\$0	\$10	\$45	\$90	No charge after deductible			Plan 3
Gold	84670WI1250155-00	\$2,000	25%	\$8,700	-	25% after deductible	\$30	\$30	\$30	\$60	25% after deductible			Plan 5
Catastrophic	84670WI1250156-00	\$9,100	0%	\$9,100	3	No charge after deductible								Plan 1

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

Drug Plan 2: Preventive: \$0; Preferred Generics: \$15; Non-Preferred Generics: \$30; Preferred Brand: \$125; Non-Preferred Brand: \$250; Specialty Drugs: Medical Deductible and Coinsurance

Drug Plan 3: Preventive: \$0; Preferred Generics: \$15; Non-Preferred Generics: \$25; Preferred Brand: \$75; Non-Preferred Brand: \$150; Specialty Drugs: Medical Deductible and Coinsurance

Drug Plan 4: Preventive: \$0; Preferred Generics: \$20; Non-Preferred Generics: \$20; Preferred Brand: \$40; Non-Preferred Brand: \$80 after Medical Deductible; Specialty Drugs: \$350 after Medical Deductible

Drug Plan 5: Preventive: \$0; Preferred Generics: \$15; Non-Preferred Generics: \$15; Preferred Brand: \$30; Non-Preferred Brand: \$60; Specialty Drugs: \$250

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%	\$7,500	30% after deductible								Plan 1
Bronze	84670WI1250158-00	\$7,000	0%	\$7,000	No charge after deductible								Plan 1
Bronze	84670WI1250157-00	\$7,500	0%	\$7,500	No charge after deductible								Plan 1
Silver	84670WI1250160-00	\$3,440	20%	\$7,500	20% after deductible								Plan 1
Silver	84670WI1250161-00	\$5,000	0%	\$5,000	No charge after deductible								Plan 1
Silver	84670WI1250162-00	\$5,440	0%	\$5,440	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.

³Out-of-network services are not covered under HMO plan options, except for limited situations such as emergency services and other select services. See policy for details. 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.



2023 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	\$9,100	\$18,200	0%	30%	\$9,100	\$24,200	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%	\$7,500	\$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/

²**Family 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 for limited situations such as emergency services and other select services. See policy for details.

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, Levemir and Semglee) 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.

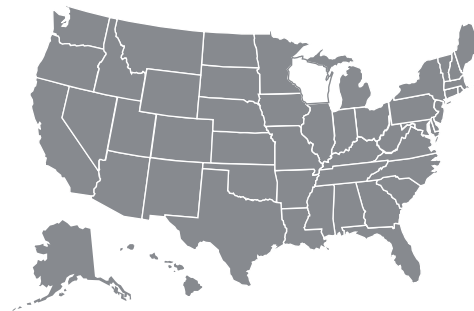
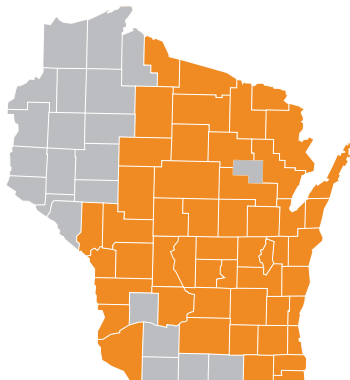
HSA-qualified plans can help you save money

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 Plus 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
- Shawano
- Sheboygan
- Washington
- Waukesha
- Waupaca
- Waushara
- Winnebago

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