

# 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](https://wpshealth.com/healthplan)

Call: 866-841-6575

## 2021 Individual Plan Summaries

Silver On-Marketplace and Cost Sharing Reduction-Eligible Plans

Health Maintenance Organization (HMO) Plans		You Pay (At Participating Providers) <sup>3</sup>											Drug Plan
Metal Tier	SBC Lookup <sup>1</sup>	Individual Deductible <sup>2</sup>	Coinsurance	Individual Annual Max Out of Pocket <sup>2</sup>	Free PCP Visits	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	
Silver	84670WI1250153-01	\$4,500	30%	\$8,550	-	\$450	\$0	\$10	\$35	\$70	30% after deductible		Plan 1
Silver, CSR Zero	84670WI1250153-02	\$0	0%	\$0	-	\$0							No Charge
Silver, CSR Limited	84670WI1250153-03	\$4,500	30%	\$8,550	-	\$450	\$0	\$10	\$35	\$70	30% after deductible		Plan 1
Silver, CSR 73	84670WI1250153-04	\$4,000	30%	\$6,500	-	\$450	\$0	\$10	\$35	\$70	30% after deductible		Plan 1
Silver, CSR 87	84670WI1250153-05	\$1,200	30%	\$2,000	-	\$450	\$0	\$10	\$35	\$70	30% after deductible		Plan 1
Silver, CSR 94	84670WI1250153-06	\$0	30%	\$670	-	\$450	\$0	\$10	\$35	\$70	30% after deductible		Plan 2
Silver	84670WI1250154-01	\$5,000	20%	\$8,550	3	\$450	\$0	\$10	\$35	\$70	20% after deductible		Plan 1
Silver, CSR Zero	84670WI1250154-02	\$0	0%	\$0	-	\$0							No Charge
Silver, CSR Limited	84670WI1250154-03	\$5,000	20%	\$8,550	3	\$450	\$0	\$10	\$35	\$70	20% after deductible		Plan 1
Silver, CSR 73	84670WI1250154-04	\$4,350	20%	\$6,500	3	\$450	\$0	\$10	\$35	\$70	20% after deductible		Plan 1
Silver, CSR 87	84670WI1250154-05	\$1,200	20%	\$2,000	3	\$450	\$0	\$10	\$35	\$70	20% after deductible		Plan 1
Silver, CSR 94	84670WI1250154-06	\$0	20%	\$675	3	\$450	\$0	\$10	\$35	\$70	20% after deductible		Plan 3
Silver	84670WI1250152-01	\$7,500	0%	\$7,500	-	\$450	\$0	\$10	\$35	\$70	No charge after deductible		Plan 1
Silver, CSR Zero	84670WI1250152-02	\$0	0%	\$0	-	\$0							No Charge
Silver, CSR Limited	84670WI1250152-03	\$7,500	0%	\$7,500	-	\$450	\$0	\$10	\$35	\$70	No charge after deductible		Plan 1
Silver, CSR 73	84670WI1250152-04	\$5,350	0%	\$6,500	-	\$450	\$0	\$10	\$35	\$70	No charge after deductible		Plan 1
Silver, CSR 87	84670WI1250152-05	\$1,400	0%	\$2,000	-	\$450	\$0	\$10	\$35	\$70	No charge after deductible		Plan 1
Silver, CSR 94	84670WI1250152-06	\$0	0%	\$680	-	\$450	\$0	\$10	\$35	\$70	No charge after deductible		Plan 4

**Drug Plan 1:** 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 2:** Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$670 deductible, then 40% coinsurance  
**Drug Plan 3:** Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$675 deductible, then 40% coinsurance  
**Drug Plan 4:** Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$800 deductible, then 40% coinsurance

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

<sup>1</sup>[wpshealth.com/resources/sbc](https://wpshealth.com/resources/sbc)

<sup>2</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>3</sup>Out-of-network services are not covered under HMO plan options, except in emergency situations. 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.



Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans		You Pay (At Participating Providers) <sup>3</sup>											Drug Plan	
Metal Tier	SBC Lookup <sup>1</sup>	Individual Deductible <sup>2</sup>	Coinsurance	Individual Annual Max Out of Pocket <sup>2</sup>	Emergency Room	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Outpatient Lab/X-ray	Outpatient Surgery	Hospital		
Silver	84670WI1250160-01	\$2,800	20%	\$7,000									20% after deductible	Plan 1
Silver, CSR Zero <sup>4</sup>	84670WI1250160-02	\$0	0%	\$0									\$0	No Charge
Silver, CSR Limited	84670WI1250160-03	\$2,800	20%	\$7,000									20% after deductible	Plan 1
Silver, CSR 73 <sup>5</sup>	84670WI1250160-04	\$2,500	20%	\$5,400									20% after deductible	Plan 1
Silver, CSR 87 <sup>5</sup>	84670WI1250160-05	\$1,400	20%	\$1,750									20% after deductible	Plan 1
Silver, CSR 94 <sup>4</sup>	84670WI1250160-06	\$450	20%	\$660									20% after deductible	Plan 1
Silver	84670WI1250161-01	\$4,500	0%	\$4,500									No charge after deductible	Plan 1
Silver, CSR Zero <sup>4</sup>	84670WI1250161-02	\$0	0%	\$0									\$0	No Charge
Silver, CSR Limited	84670WI1250161-03	\$4,500	0%	\$4,500									No charge after deductible	Plan 1
Silver, CSR 73	84670WI1250161-04	\$3,925	0%	\$3,925									No charge after deductible	Plan 1
Silver, CSR 87 <sup>5</sup>	84670WI1250161-05	\$1,700	0%	\$1,700									No charge after deductible	Plan 1
Silver, CSR 94 <sup>4</sup>	84670WI1250161-06	\$625	0%	\$625									No charge after deductible	Plan 1
Silver	84670WI1250162-01	\$5,500	0%	\$5,500									No charge after deductible	Plan 1
Silver, CSR Zero <sup>4</sup>	84670WI1250162-02	\$0	0%	\$0									\$0	No Charge
Silver, CSR Limited	84670WI1250162-03	\$5,500	0%	\$5,500									No charge after deductible	Plan 1
Silver, CSR 73	84670WI1250162-04	\$4,200	0%	\$4,200									No charge after deductible	Plan 1
Silver, CSR 87 <sup>5</sup>	84670WI1250162-05	\$1,700	0%	\$1,700									No charge after deductible	Plan 1
Silver, CSR 94 <sup>4</sup>	84670WI1250162-06	\$625	0%	\$625									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.

<sup>1</sup>wpshealth.com/resources/sbc

<sup>2</sup>Family deductibles and out-of-pocket limits are 2x the individual amounts.

<sup>3</sup>Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

<sup>4</sup>These plans are not eligible for use with a Health Savings Account (HSA).

<sup>5</sup>Family coverage for these plans is not eligible for use with a Health Savings Account (HSA).

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.
- **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 page and see which one best fits your health needs and budget.

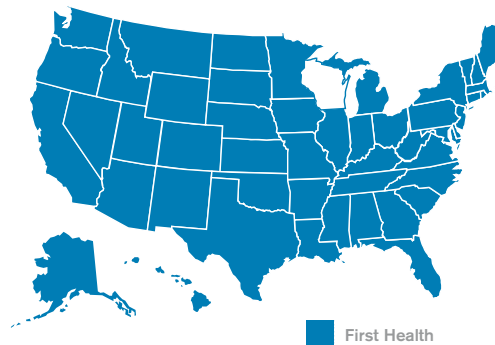
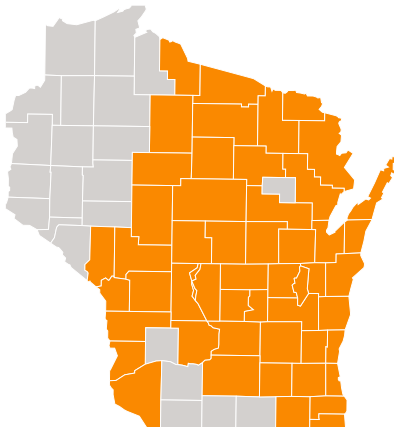
## HSA-qualified plans can help you save money

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.

*HSA's are administered and/or maintained by a participating financial institution.  
WPS Health Plan does not operate or administer HSA's.*

## 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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**Visit:** [wpshealth.com/healthplan](https://wpshealth.com/healthplan)

**Call:** 866-841-6575

**Mail:** WPS Health Plan  
P.O. Box 11625  
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