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 HMO Plan Summaries

Gold, Bronze, and Catastrophic On-Marketplace and Cost Sharing Reduction-Eligible Plans

Health Maintenance Organization (HMO) Plans		You Pay (At Participating Providers)[3]												
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	Drug Plan
Bronze	84670WI1250150-01	$6,500	20%	$8,550	3	20% after deductible								Plan 1
Bronze, CSR Zero	84670WI1250150-02	$0	0%	$0	-	$0								No Charge
Bronze, CSR Limited	84670WI1250150-03	$6,500	20%	$8,550	3	20% after deductible								Plan 1
Bronze	84670WI1250151-01	$7,200	40%	$8,550	-	40% after deductible								Plan 2
Bronze, CSR Zero	84670WI1250151-02	$0	0%	$0	-	$0								No Charge
Bronze, CSR Limited	84670WI1250151-03	$7,200	40%	$8,550	-	40% after deductible								Plan 2
Bronze	84670WI1250149-01	$8,550	0%	$8,550	-	No charge after deductible								Plan 1
Bronze, CSR Zero	84670WI1250149-02	$0	0%	$0	-	$0								No Charge
Bronze, CSR Limited	84670WI1250149-03	$8,550	0%	$8,550	-	No charge after deductible								Plan 1
Gold	84670WI1250155-01	$2,500	20%	$5,000	-	$450	$0	$10	$35	$70	20% after deductible			Plan 3
Gold, CSR Zero	84670WI1250155-02	$0	0%	$0	-	$0								No Charge
Gold, CSR Limited	84670WI1250155-03	$2,500	20%	$5,000	-	$450	$0	$10	$35	$70	20% after deductible			Plan 3
Catastrophic	84670WI1250156-01	$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

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

[1]wpshealth.com/resources/sbc
[2]Family deductibles and out-of-pocket limits are 2x the individual amounts.
[3]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.

WPS HEALTH PLAN

2021 Individual HMO Plan Summaries

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	84670WI1250159-01	$6,000	30%	$7,000	30% after deductible								Plan 1
Bronze, CSR Zero[4]	84670WI1250159-02	$0	0%	$0	$0								No Charge
Bronze, CSR Limited	84670WI1250159-03	$6,000	30%	$7,000	30% after deductible								Plan 1
Bronze	84670WI1250158-01	$6,830	0%	$6,830	No charge after deductible								Plan 1
Bronze, CSR Zero[4]	84670WI1250158-02	$0	0%	$0	$0								No Charge
Bronze, CSR Limited	84670WI1250158-03	$6,830	0%	$6,830	No charge after deductible								Plan 1
Bronze	84670WI1250157-01	$7,000	0%	$7,000	No charge after deductible								Plan 1
Bronze, CSR Zero[4]	84670WI1250157-02	$0	0%	$0	$0								No Charge
Bronze, CSR Limited	84670WI1250157-03	$7,000	0%	$7,000	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.

[1]wpshealth.com/resources/sbc

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

[3]Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

[4]These plans are 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.

WPS HEALTH PLAN

2021 Individual POS Plan Summaries

Point-of-Service (POS) Plans		You Pay (At Participating Providers)[3]														
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	Drug Plan
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network									
Bronze	84670WI1270149-01	$8,550	$17,100	0%	30%	$8,550	$23,100	No charge after deductible								Plan 1
Bronze, CSR Zero	84670WI1270149-02	$0	$0	0%	0%	$0	$0	No Charge								No Charge
Bronze, CSR Limited	84670WI1270149-03	$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]														
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	Drug Plan
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network									
Bronze	84670WI1270159-01	$6,000	$12,000	30%	50%	$7,000	$22,000	30% after deductible								Plan 1
Bronze, CSR Zero[4]	84670WI1270159-02	$0	$0	0%	0%	$0	$0	No Charge								No Charge
Bronze, CSR Limited	84670WI1270159-03	$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.

[1]wpshealth.com/resources/sbc/

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

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

[4]These plans are 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.

WPS HEALTH PLAN

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.

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

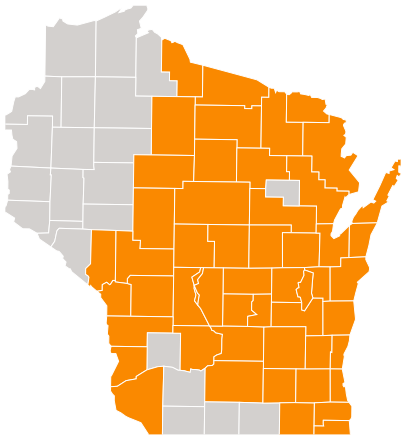
HSA-qualified plans can help you save money

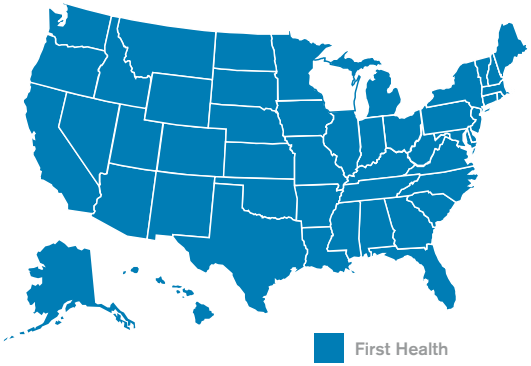
If you want more control over your health care expenses, take a look at one of our high-deductible health plans (HDHPs). These plans allow you to contribute to a tax-favored, personal Health Savings Account (HSA). The tax-free money you put into your HSA can be used to pay for qualified health care expenses.

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.

Contact us for your individual health plan!

Visit: wpshealth.com/healthplan
Call: 866-841-6575
Mail: WPS Health Plan
P.O. Box 11625
Green Bay, WI 54307-1625

WPS® HEALTH PLAN

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34636-085-2007