

# 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 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) <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	
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.

<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.



## 2021 Individual HMO Plan Summaries

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	
Bronze	84670WI1250159-01	\$6,000	30%	\$7,000	30% after deductible							Plan 1	
Bronze, CSR Zero <sup>4</sup>	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 <sup>4</sup>	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 <sup>4</sup>	84670WI1250157-02	\$0	0%	\$0	\$0							No Charge	
Bronze, CSR Limited	84670WI1250157-03	\$7,000	0%	\$7,000	No charge after deductible							Plan 1	
<b>Drug Plan 1:</b> 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](http://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).

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) <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
		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) <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
		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 <sup>4</sup>	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.

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

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

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

<sup>4</sup>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.

## 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.

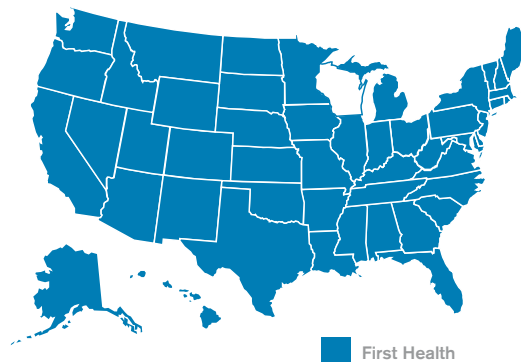
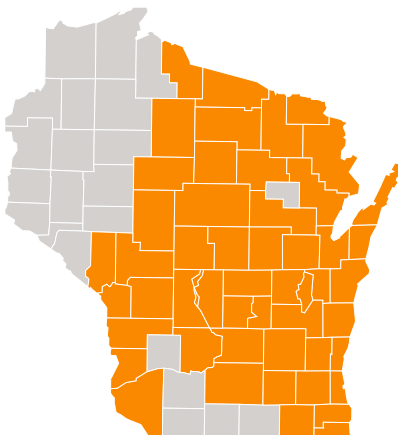
## HSA-qualified plans can help you save money

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.

*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

## » Contact us for your individual health plan!

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**Call:** 866-841-6575

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