



Individual Health Plans

Affordable Coverage from a Trusted Wisconsin Insurer

WPS
HEALTH INSURANCE®

Affordable Coverage That's within Your Reach.

Individual Plans for Individual Needs.

WPS Health Insurance offers two long-term individual plan options, a traditional preferred provider plan and an HSA-qualified plan. Our traditional plan option features a variety of benefit choices including a wide range of deductibles, copays for office visits[†] and richer drug coverage. The HSA-qualified option features a tax-advantaged personal savings account that you control and use to pay for qualified medical expenses. **Whichever plan you choose, we guarantee your rates won't increase for one year.***

Visit the Doctors You Know and Trust.

Both plans provide convenient access to the physicians and health care facilities you know and trust throughout Wisconsin. In addition to a broad selection of high-quality Preferred (in-network) Providers, you'll also enjoy out-of-network benefits. That means we'll pay benefits for covered services regardless of the physician or facility you choose.

Simply select the right network to suit your needs and budget.



- The comprehensive WPS Statewide Network offers access and freedom of choice in Wisconsin, as well as in parts of Illinois, Iowa, and Minnesota.
- Our cost-effective regional networks offer access to Preferred Providers close to home.

And with the Beech Street national network Wrap, you and your family are covered anywhere you travel in the U.S.**

Whatever network you choose, when you visit Preferred Providers you'll pay less out of pocket.

[†] Office visit copay applies only to certain deductible levels. See plan summary for details.

* See "Renewing your plan" section of this brochure for details.

** Beech Street national network Wrap not included with the Aspirus Network. Services received out of network in the U.S. or in foreign countries pays at the out-of-network or all other providers benefit level.

WPS INDIVIDUAL HEALTH
PLANS ARE A GREAT MATCH
FOR PEOPLE WHO ARE:

- ✓ Self-employed
- ✓ Looking for an alternative to COBRA
- ✓ Early retirees
- ✓ Small business employees without group coverage



WPS Individual Preferred Plan

Plan Designs Made to Order.

Are you looking for a predictable copay plan with drug benefits? An economical, low-premium plan? Something in between? With the flexible WPS Individual Preferred Plan, you can tailor a plan that's right for you. Choose from:

- Multiple deductibles.
- A range of coinsurance levels.
- A variety of prescription drug options.

Then choose a provider network that includes the doctors you want to see at health care facilities located conveniently for you. It's your health plan. Made to order.

OUR INDIVIDUAL PREFERRED PLAN IS IDEAL FOR:

- ✓ People interested in a traditional plan with richer benefits, including prescription drug coverage.
- ✓ Individuals and families interested in the predictability of copays for routine care†
- ✓ Anyone interested in lower annual deductible and out-of-pocket costs.



SAMPLE SELECTIONS

The examples below show two of the many possible ways you can design your plan. To see all plan design options, please refer to the enclosed plan summary.

Monthly Premium*	Deductible	Coinsurance In-Network/ Out-of-Network	Out-of-Pocket Maximum In-Network/ Out-of-Network	Office Visit Copay	Drug Coverage
\$41	\$7,500	80%/60% to \$10,000	\$9,500 / \$19,000	None	None
\$182	\$500	100%/80% to \$5,000	\$500 / \$2,000	\$25	Copays: \$15 generic \$40 preferred brand, \$60 all others

* Based on 37 year-old non-smoking male, no dependents and no health conditions, in Southern, Northern, and Western Preferred Network. Example only, actual premium and plan design options may vary.

† Office visit copay applies only to certain deductible levels. See plan summary for details

Savings and Control Deliver a One-Two Punch.

Our HSA-qualified plan combines the cost savings of a high-deductible health plan (HDHP) with a Health Savings Account (HSA) that you own and control.

- 1 With an HDHP, you save on premiums and take responsibility for initial health care costs until you meet your deductible.* After that, your plan starts paying coinsurance for covered expenses.
- 2 Take the money you saved and invest it in your HSA—a tax-favored personal savings account you can use to pay for current qualified medical expenses+ (e.g., deductible and coinsurance) and to save for future health care costs.



OUR HSA-QUALIFIED PLAN IS IDEAL FOR:

- ✓ People interested in trading higher out-of-pocket costs for lower premiums.
- ✓ Those interested in the tax benefits of a Health Savings Account (HSA).
- ✓ Anyone interested in using a personal savings account to pay for qualified medical expenses.

*Family deductible (if applicable) must be satisfied before this plan pays benefits. One person can satisfy the family deductible.

+Qualified medical expenses include, but aren't limited to: expenses that make up your deductible and coinsurance, prescription drugs, and over-the-counter medications. For a complete list of qualified expenses access "Publication 502: Medical and Dental Expenses" from the IRS Web site (www.irs.gov).

WPS Individual HSA-Qualified HDHP

A Healthy Return on Investment.

An HSA is an investment in your health and health care. The funds in your account are completely tax-free, so using your HSA to pay for qualified medical expenses is a smart move that can save you money. Other key benefits include:

- ✓ **Ownership and Portability** – You own the account. Money you contribute accumulates from year to year—no “use-it-or-lose-it” rules. And your account travels with you whether you change jobs, become unemployed, or switch insurance carriers.
- ✓ **Flexibility** – You can use the money in your account to pay for qualified medical expenses your plan doesn’t cover, such as over-the-counter drugs and laser eye surgery. You can even use your HSA to pay for medical expenses for your spouse or dependent children who aren’t covered by your plan.
- ✓ **Tax-Free Savings** – You can save funds in your HSA for future medical expenses and accrue interest on the total tax-free. Tax benefits also include: deductions for yearly contributions, tax-free investment earnings, and tax-free withdrawals for qualified medical expenses.†

For more information on Health Savings Accounts, visit the U.S. Department of the Treasury Web site at www.ustreas.gov.

Experience Exceptional Service with an HSA from WPS Community Bank.

WPS recently established a full-service community bank to better serve our customers. In addition to checking, savings, mortgages, and auto loans, our bank also offers a great deal on Health Savings Accounts, including:



- No set-up fee
- Free debit card for point-of-service payments
- Online bill pay and account management

Or, you can set up an HSA through one of our other bank partners, or the bank of your choice.

Compare and Choose the Plan that's Right for You.

Now that you've learned about our individual health plan options, it's time to compare plans and choose the one that's right for you. The chart below will help you understand the key similarities and differences between the two plans. Review the plan summaries included with this brochure for more information about plan design options and covered services.

	WPS Individual Preferred Plan	WPS HSA-Qualified HDHP
Deductible options under \$1,000	●	
Copays for office visits*	●	
Coverage for routine care	●	●
Prescription drug coverage	●	●
Prescription drug copay option	●	
Tax-favored savings account		●
In- and out-of-network benefits	●	●
Choice of regional and statewide provider networks	●	●
Optional dental coverage	●	●
One-year rate guarantee	●	●
Vision discount program	●	●
Online health tools	●	●

* Office visit copay applies only to certain deductible levels. See plan summary for details



Optional Coverage and Member Perks.

In addition to high-quality health coverage at an affordable price, WPS also offers optional dental coverage and a variety of other programs and resources to help you get the most from your health plan.

Optional Dental Coverage That Will Make You Smile.



We have teamed up with Delta Dental of Wisconsin to offer optional dental coverage at an attractive rate to WPS

Individual Health Plan members. You can choose any dentist for a variety of routine and major dental services. From cleanings and x-rays, to fillings and crowns, our optional dental coverage provides the essential coverage you need for a healthy smile. See the enclosed insert for details.



Convenient Online Answers to Your Health and Benefit Questions.



The WPS Web site provides instant access to easy-to-use Web tools that help you manage your health and health care. Improve your health care I.Q. using our content-rich online health encyclopedia, locate in-network providers close to home, even comparison shop for prescription drugs* with just a few mouse clicks. You can also manage your account online by checking your claims status, replacing ID cards, and more.

* Available to members whose plans include prescription drug coverage.



Health Club Discounts and More.

Through our free HealthSense Rewards™ program, you receive discounted access to a variety of health clubs, weight management centers, and other wellness resources. Simply show your WPS ID card at participating businesses to receive your discount.

Save on Vision Care and Eye Wear.

Take advantage of our vision care discount program to save on eye exams, frames, lenses, and even laser vision correction when you visit providers from the EyeMed Vision Care Network. Again, your WPS ID card is all you need to receive your discount. For more information about participating providers and discount levels, call EyeMed toll-free at 1-866-559-5252.

Going the Extra Mile to Serve You.

We go the extra mile to make using your health coverage a seamless experience, from the moment you present your ID card at the doctor's office to the instant we process your claim. Our streamlined claims processing system handles claims quickly and efficiently, enhancing cost-effectiveness and accuracy. And our highly-trained, caring Member Services staff is right here in Wisconsin to answer your questions.



PLANS FOR EVERY STAGE OF LIFE.

In addition to our traditional and HSA-qualified plans, WPS offers short-term health coverage, and Medicare supplement and prescription drug plans. Whatever stage of life you're in, WPS has a plan for you! For more information, ask your agent or WPS sales representative.

Additional Plan Information

Who can apply?

You're eligible to apply for our individual plans if you are:

- A U.S. citizen or a resident legal alien.
- Between the ages of 18 and 64.
- A Wisconsin resident.

Renewing your plan

We'll guarantee your rate for one year unless one of the following occurs:

- You enter a new age bracket. Age brackets are: 18-29, 30-34, 35-39, 40-44, etc. If you enter a new age bracket, the resulting rate change will show up on your next premium bill.
- You make a change to your plan (e.g., you change deductible amounts or switch to a new network).
- We discontinue the plan.

Barring the factors mentioned above, you can renew your policy as long as you continue to pay your premium (as required by your policy) and you remain eligible for coverage. Premiums are subject to change in accordance with the policy and Wisconsin insurance laws.

Pre-existing Conditions*

A participant may have had an illness or injury, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received within 12 months prior to a participant's effective date of coverage under this policy. If so, benefits are not payable for expenses incurred as a result of that illness or injury and any complications of any such illness or injury until the participant has been insured under this policy for 12 months in a row. No benefits are payable for charges for treatment, services, supplies or other expenses incurred during the waiting period for any such illness or injury and any complications of any such illness or injury. Charges for covered expenses for treatment of a pre-existing illness or injury and any complications of any such illness or injury which are incurred after the expiration of the waiting period for it are eligible for benefits as provided under this policy. We'll shorten the 12 calendar-month waiting period for a participant by the number of days he/she was continuously covered for such illness or injury under an immediately prior WPS health insurance policy. If a dependent child is born or is legally adopted by the customer while he/she has family coverage under this policy, the child doesn't have a waiting period for any such illness or injury.

Medical conditions are not considered pre-existing conditions if they are both:

- Disclosed on the enrollment application and
- Not excluded or limited by an exclusion rider upon evaluation by our Underwriting Department

Transplants

There is no waiting period for a covered transplant. Transplants may be subject to the waiting period for pre-existing conditions, as detailed above.

Prior Approval of Health Care Services

Our prior approval is required in order for you to receive benefits for charges for covered expenses for certain health care services covered under your policy. Services that may require prior approval include but are not limited to: home care services, transplants, hospice care, and others. Please see the policy for more detailed information.

Preadmission Certification

You, a family member, physician, hospital, or other health care provider must notify WPS about any emergency or non-emergency inpatient hospitalization to request preadmission certification of the services.

- For a scheduled inpatient hospital admission, WPS must be notified at least 3 business days in advance.
- For an emergency inpatient hospitalization, WPS must be notified within 2 business days after admission.

WPS will review the request and, if approved, authorize the hospital admission. If you do not notify WPS, benefits for covered services will be reduced. Please see the policy for more detailed information.

Preauthorization

We do not pay benefits for health care services that are experimental, investigative, or not medically necessary or excluded from coverage, as determined by us. To ensure that services are covered, we recommend that you or your treating providers request preauthorization for services including but not limited to: transplants, new medical or biomedical technology, methods of treatment by diet or exercise, new surgical methods or techniques, acupuncture or similar methods, sleep studies, and sclerotherapy. Please see the policy for more detailed information.

Grievance Procedure

Situations might arise when you have a question or concern about your benefits or our claim payment decisions. Most benefit and claim questions or concerns can be resolved informally by contacting our WPS Member Services Department. Our in-state toll-free telephone number is **1-800-765-4977**. Our Member Services address is:

WPS Health Insurance
Attention: Member Services
1717 W. Broadway, P.O. Box 8688
Madison, WI 53708

If your question or concern can't be resolved by our Member Services Department, you or an authorized representative can file a grievance as follows:

- Write down your claim or benefit concern including the reason you disagree with our payment or coverage decision.
- Mail, deliver, or fax your written grievance, along with copies of any related materials (such as letters or other supporting documents), to us at the following address:

WPS Health Insurance
Attention: Grievance/Appeal Committee
1717 W. Broadway, P.O. Box 7062
Madison, WI 53707
Fax: 1-608-223-3603

If your life, health, or ability to regain maximum function is in serious jeopardy, or your pain can't be managed without the care or treatment being grieved, call us toll-free at **1-800-765-4977** and we can expedite the grievance process for you.

You can designate a representative to act for you by sending us a signed letter of authorization with your written grievance. We'll provide a prompt, complete, and unbiased review of your request and our decision. If you designate a representative, we'll send the results to him or her instead of to you. The results will include our claim or benefit decision, the reason for our decision, and identify the policy provisions on which we based our decision.

IMPORTANT: This brochure, along with the accompanying plan summaries and other inserts, provides only a general description of benefits, limitations, and exclusions. You can find a detailed description of coverage in the applicable policy issued to you. Coverage is subject to all the terms and conditions of the policy and any endorsements.

If there's ever discrepancy between the policy and this brochure, the policy has final authority.



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