



WPS Instant Protection Plan

Short-Term Health Insurance

WPS
HEALTH INSURANCE®

WPS Instant Protection Plan

Short-Term Health Insurance

The WPS Instant Protection Plan (IPP) is short-term health insurance for people in transition. The IPP's comprehensive medical and hospital benefits provide the protection you need to help avoid major financial loss in case of a serious accident or illness. Apply today, and your coverage can start the next day.

The Instant Protection Plan is designed for people just like you. People who are:

- recent college graduates
- part-time or temporary employees
- between jobs and looking for an affordable alternative to COBRA
- newly employed and waiting for health benefits to begin
- recently retired and waiting for Medicare eligibility

The Instant Protection Plan will take care of your health insurance needs so you can focus on other things. With the IPP, you'll get:

Instant Peace of Mind

With the IPP, getting the health insurance you need is quick and easy. Coverage will start the day after the postmark date on the enclosed envelope, unless a later date is requested and approved. If you use a different envelope, coverage will start the day we receive your application. You can also apply online for next-day coverage. Go to the "Looking for Insurance?" section of the WPS Web site at www.wpsic.com.

Instant Savings

On a tight budget? The IPP is an affordable way to enjoy the benefits of a major medical plan at a cost that is generally lower than COBRA or a standard long-term policy. You can also save money by using the EyeMed Vision Care Network and our discount wellness program, both free to WPS members.

Instant Information

As a WPS member, you'll have access to convenient, time-saving Web tools and online health information. You can check claim status, order prescriptions, and review benefits. The comprehensive online Healthwise Knowledgebase™ will help you make good health decisions, while the "Find a Doctor" tool lets you quickly locate preferred providers.

IT'S ALL ABOUT CHOICE

Choice of Coverage Periods

The WPS Instant Protection Plan gives you flexibility to choose the coverage you need--from 30 to 185 days, or any number in between.

The IPP has no provision for a premium refund, and coverage continues even if you get other insurance. However, if you're approved for a different type of WPS health plan, we'll credit or refund your remaining IPP premium. Visit the WPS Web site at www.wpsic.com for information on other plan options to fit your changing needs.

Choice of Doctors and Hospitals

Our Statewide Network allows you to choose from thousands of providers across Wisconsin and in parts of Illinois, Iowa, and Minnesota. For the most up-to-date listing of preferred providers, use the "Find a Doctor" tool in the member area of the WPS Web site. You can also see doctors outside of the preferred provider network by paying higher out-of-pocket costs.

Choice of Deductibles

You decide what deductible is right for you and your budget: \$250, \$500, \$1,000, or \$1,500. If you have questions about which deductible is the best fit for you, contact your agent or a WPS representative at 1-800-236-1448.

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.

THE COVERAGE YOU NEED

What's Covered

The Instant Protection Plan provides coverage for illnesses or injuries occurring after the effective date of your policy.

The IPP covers most:

- inpatient hospital services, including surgery and anesthesia
- outpatient hospital services
- emergency medical care and ambulance service
- diagnostic X-rays and lab tests
- prescription drugs

The IPP does not pay for expenses incurred as a result of a pre-existing condition or any complications related to the condition. If you have a pre-existing condition or questions about coverage, you can visit www.wpsic.com or contact your agent or WPS sales representative to learn about other WPS plan options.

Renewability

The Instant Protection Plan is not renewable.

Definition:

A ***pre-existing condition*** is an illness or injury for which, within five years prior to your effective date of coverage, you've been diagnosed, or received medical care, medical services, or treatment.

SUMMARY OF BENEFITS

	OPTION 1	OPTION 2	OPTION 3	OPTION 4
Individual Deductible Options	\$250	\$500	\$1,000	\$1,500
Coinsurance <i>*Note: In-Network = Preferred Providers</i>	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Individual Out-of-Pocket Limit (the maximum amount of deductible and coinsurance you pay; then we pay 100%)	\$2,250 \$4,250	\$2,500 \$4,500	\$3,000 \$5,000	\$3,500 \$5,500
Individual Benefit Maximum	\$1,000,000			
Inpatient Hospital Services Room & Board, Miscellaneous Hospital Expenses, Intensive Care <i>(requires prior approval or payment level reduced by 20%, not to exceed \$500 for that confinement)</i>	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Outpatient Hospital Services Miscellaneous Outpatient Facility Services Diagnostic X-ray and Lab Outpatient Surgery	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Emergency Room Facility and Physician Fees	80% of the next \$10,000, then 100%			
Professional Services Surgery and Anesthesia Medical Services Physician & Chiropractic Services for illness/injury Radiation and Chemotherapy Diagnostic X-rays and Lab Oral Surgery as defined in the policy Mammograms and Pap Tests as defined in the policy	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Health Care Services Medical Supplies Oxygen and Respiratory Therapy Equipment Medical Equipment Diabetic Equipment and Supplies <i>(including insulin)</i> Dental Repair due to an injury Breast Reconstruction and Prosthesis <i>(following a mastectomy)</i> Temporomandibular Joint (TMJ) Disorders <i>(as stated in the policy)</i>	In-Network* – 80% of the next \$10,000, then 100% Out-of-Network – 60% of the next \$10,000, then 100%			
Immunizations to age 6 <i>(except for travel)</i>	100%			
Kidney Disease <i>(Dialysis and Treatment)</i>	80% In-Network*/60% Out-of-Network, after deductible up to \$30,000			
Skilled Nursing Care <i>(in a licensed Nursing Home)</i>	80% In-Network*/60% Out-of-Network, after deductible for up to 30 days per confinement			
Ambulance Service	80% after deductible up to \$500 per trip			
Prescription Drugs	80% after deductible			

HOW TO CALCULATE YOUR PREMIUM

1. See the rate charts on pages 8 & 9. Select a deductible (\$250, \$500, \$1,000, or \$1,500) and complete the following formula using the appropriate rates for your area.
 - How many children are being covered? _____ (a)
 - Child rate from appropriate rate chart: _____ (b)
 - Multiply (a) x (b) = _____ (c)
 - Enter the premium for: You: \$ _____
Spouse: \$ _____
Child rate from line (c) above: \$ _____
Total: = _____

2. Multiply the total from #1 by the number of days of coverage you're applying for. Remember, coverage periods must be not less than 30 days, and not more than 185 days.
$$\frac{\text{_____}}{\text{Total (above)}} \times \frac{\text{_____}}{\text{\# of days}} = \frac{\$ \text{_____}}{\text{IPP Premium}}$$

3. Make your check or money order payable to WPS, or complete the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form, if applicable, and mail it along with your completed application.

Please note: The maximum coverage period is 185 days. IPP doesn't cover children under age 18 independently. You must be under age 65 to be covered under IPP.

PAYMENT OPTIONS

For a coverage period between 30 and 149 days, simply pay in full by check or credit/debit card. If you choose the credit/debit card option, you'll need to complete parts A and B of the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form. The form can be found stapled into the center of this brochure or can be downloaded from our Web site at www.wpsic.com.

If you're applying for coverage of 150 to 185 days, you can pay in full by check or credit/debit card or use our Automatic Cash Handling (ACH) premium plan. With ACH, you submit the premium for any partial month and the first complete month with your application, plus a voided check or savings deposit form. You must also complete parts A and C of the Credit/Debit Card or Automatic Withdrawal Payment Authorization Form and submit the form with your application. Subsequent premium payments are automatically deducted from your checking or savings account on the 20th of each month or the first business day thereafter. Each deduction is equal to one month's premium plus a \$10 administrative fee.

The image shows a sample of the 'CREDIT/DEBIT CARD OR AUTOMATIC WITHDRAWAL PAYMENT AUTHORIZATION FORM'. The form is divided into three main sections: A, B, and C. Section A, 'APPLICANT INFORMATION', includes fields for Last Name, First Name, and Web Coverage Number (Social Security Number). Section B, 'CREDIT/DEBIT CARD OR AUTOMATIC WITHDRAWAL PAYMENT AUTHORIZATION', includes fields for Billing Address, City, State, ZIP, and Country, and checkboxes for 'Credit/Debit Card Number' and 'Check Withdrawal Date'. Section C, 'FINANCIAL INSTITUTION INFORMATION', includes fields for Account Name, Branch Number, City, State, ZIP, and Federal Reserve. The form also contains a 'Signature' line and a 'Date' field. At the bottom right, there is a logo for 'WPS' and the text '101 W. Broad Street, P.O. Box 4000, Winston, NC 27159-0400' and 'www.wpsic.com'.

To be eligible for ACH, the person applying for coverage must be the checking or savings account owner. Business accounts cannot be used for ACH or credit/debit card payments.

Instant Protection Plan Daily Premium Rates for

ZIP Codes 530xx - 534xx

\$250 Deductible			\$500 Deductible	
Age	Male	Female	Male	Female
18-24	\$2.07	\$2.40	\$1.61	\$1.87
25-29	\$2.17	\$2.61	\$1.70	\$2.02
30-34	\$2.37	\$2.84	\$1.84	\$2.22
35-39	\$2.91	\$3.52	\$2.28	\$2.75
40-44	\$3.66	\$4.22	\$2.84	\$3.30
45-49	\$4.62	\$4.95	\$3.61	\$3.86
50-54	\$6.26	\$6.91	\$4.89	\$5.39
55-59	\$7.91	\$7.76	\$6.16	\$6.06
60-64	\$9.60	\$8.27	\$7.51	\$6.45
Child	\$1.44	\$1.44	\$1.13	\$1.13

\$1,000 Deductible			\$1,500 Deductible	
Age	Male	Female	Male	Female
18-24	\$1.30	\$1.52	\$1.08	\$1.27
25-29	\$1.37	\$1.63	\$1.14	\$1.36
30-34	\$1.47	\$1.78	\$1.22	\$1.48
35-39	\$1.83	\$2.21	\$1.52	\$1.83
40-44	\$2.29	\$2.65	\$1.90	\$2.20
45-49	\$2.90	\$3.09	\$2.40	\$2.56
50-54	\$3.92	\$4.32	\$3.25	\$3.59
55-59	\$4.95	\$4.85	\$4.11	\$4.03
60-64	\$6.01	\$5.18	\$4.99	\$4.30
Child	\$0.91	\$0.91	\$0.76	\$0.76

Instant Protection Plan Daily Premium Rates for All Other Wisconsin ZIP Codes

\$250 Deductible			\$500 Deductible	
Age	Male	Female	Male	Female
18-24	\$1.80	\$2.09	\$1.40	\$1.63
25-29	\$1.89	\$2.27	\$1.48	\$1.76
30-34	\$2.06	\$2.47	\$1.60	\$1.93
35-39	\$2.53	\$3.06	\$1.98	\$2.39
40-44	\$3.18	\$3.67	\$2.47	\$2.87
45-49	\$4.02	\$4.30	\$3.14	\$3.36
50-54	\$5.44	\$6.01	\$4.25	\$4.69
55-59	\$6.88	\$6.75	\$5.36	\$5.27
60-64	\$8.35	\$7.19	\$6.53	\$5.61
Child	\$1.25	\$1.25	\$0.98	\$0.98

\$1,000 Deductible			\$1,500 Deductible	
Age	Male	Female	Male	Female
18-24	\$1.13	\$1.32	\$0.94	\$1.10
25-29	\$1.19	\$1.42	\$0.99	\$1.18
30-34	\$1.28	\$1.55	\$1.06	\$1.29
35-39	\$1.59	\$1.92	\$1.32	\$1.59
40-44	\$1.99	\$2.30	\$1.65	\$1.91
45-49	\$2.52	\$2.69	\$2.09	\$2.23
50-54	\$3.41	\$3.76	\$2.83	\$3.12
55-59	\$4.30	\$4.22	\$3.57	\$3.50
60-64	\$5.23	\$4.50	\$4.34	\$3.74
Child	\$0.79	\$0.79	\$0.66	\$0.66

EXCLUSIONS

The Instant Protection Plan doesn't cover services and supplies that are:

- Provided by immediate family members or anyone else living with you
- Experimental/investigative in nature
- Not medically necessary or appropriate as determined by us
- For comfort, personal hygiene, or convenience
- For health education, marriage counseling, holistic medicine, health clubs, spas, sleep or massage therapy, or other similar programs
- Routine exams, or those requested by a third party
- Allergy testing
- Genetic testing
- Not specifically covered under this policy or connected with a non-covered service
- For the treatment of alcoholism, drug abuse, or nervous or mental disorders
- For any pre-existing illness or injury
- For sex transformation surgery and related sex hormones or for treatment of sexual dysfunction
- For any injury or illness covered by Workers' Compensation, Medicare, or similar laws
- Furnished by the U.S. Veterans Administration or other federal, state, or local government agencies
- For any injury or illness caused by atomic or thermonuclear explosion, resulting radiation, or any type of military action
- Cosmetic treatment or surgery
- Routine foot care
- Reconstructive surgery (except as stated in the policy)
- Wigs, hair pieces, or hair transplants/implants
- Educational or recreational therapy, physical fitness, or exercise programs
- Dental or oral surgery services except as stated in the policy
- Provided at any nursing facility, convalescent home, or any place primarily for rest or the aged
- Artificial insemination or fertilization methods and services
- Abortion procedures
- Maternity services, except for complications of pregnancy
- Sterilization or reversal
- Transplants or implants, unless specifically covered under the policy
- Provided outside the coverage period or during any waiting periods for pre-existing conditions
- Food received on an outpatient basis, food supplements, or vitamins unless specifically covered under the policy
- In connection with obesity, weight reduction, or dietetic control, except as stated in the policy
- Retin-A, Monoxidil, Rogaine, or their medical equivalent in the topical application form, unless medically necessary
- Used in educational or vocational training
- Services and supplies provided on the Friday and Saturday of the weekend of a hospital admission unless medically necessary or required for emergency medical care
- Motor vehicles, scooters, or lifts
- Charges exceeding our determination of reasonable charge
- Health care services for which the participant has no obligation to pay
- Health care services for which proof of claim isn't provided
- Outpatient physical, speech, occupational, and

Continued on page 11

HOW TO APPLY

Applying for the WPS Instant Protection Plan is fast and easy. There are two ways to apply:

- Apply online at www.wpsic.com (go to the “Looking for Insurance?” section). You’ll need to answer a few questions, plus choose the length of coverage and deductible you want. The process takes about ten minutes. Please note: To apply online, you must have a credit/debit card for payment. If you’re applying for coverage of 150 to 185 days and want to use Automatic Cash Handling (see page 7), you’ll use your credit/debit card to pay for the initial premium, then have monthly premium payments deducted from your bank account. If you apply online, coverage is effective as early as the next day.
- Complete and mail the application found in this brochure or one that you download from our Web site, along with your check or Credit/Debit Card or Automatic Withdrawal Payment Authorization Form. For next-day coverage, use the envelope enclosed with this brochure. If you don’t use this self-addressed envelope to mail your application, coverage will be effective the day we receive your application (or another day if you choose).

Please note: This brochure is only a general outline of Instant Protection Plan 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 is ever a disagreement between the policy and this brochure, the policy has final authority.

Exclusions *(Continued from page 10)*

respiratory therapy, except as stated in the policy • Smoking deterrents • Foot orthotics and special shoes or devices except as stated in this policy • Nutritional counseling, unless specifically covered under this policy • Health care services provided for your convenience or the convenience of a physician, hospital, or other health care provider

GRIEVANCE PROCEDURES

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 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 written 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: 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 of our review 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.

Definition:

Grievance means any dissatisfaction with the provision of services or claims practices of an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, a member.

NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED.

You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered service, benefit payments to such nonparticipating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy. **YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND CO-PAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.** Nonparticipating providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than co-payment, coinsurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll free telephone number on your identification card or visiting the WPS Health Insurance web site at www.wpsic.com.

WPS – INSURING WISCONSIN'S HEALTH SINCE 1946

WPS Health Insurance has been offering affordable, high-quality health benefits to Wisconsin residents for more than 60 years. Today, we're one of the largest not-for-profit health insurers in the state. We're proud of our Midwestern roots and deeply committed to this state and its residents, with a long tradition of providing flexible and innovative health plans backed by caring member service.

*Call your local agent today
or call us at 1-800-236-1448
to find out how the WPS
Instant Protection Plan
will work for you.*

ALSO, ASK ABOUT OUR...

WPS Individual Preferred Plan—An affordable long-term plan designed exclusively for individuals and families, with benefits usually found only in group policies.

WPS HSA-Qualified High-Deductible Health Plan—An innovative plan that helps reduce health insurance premiums while creating significant tax savings for you.

WPS Medicare Supplement Plans—Dependable plans that help cover costs not paid by Medicare.



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