

Happiness is . . .
Good health and peace of mind.



WPS Individual Preferred Plans

Be Happy, Live Healthy with Wisconsin's
**Most Popular Individual and
Family Health Plans**

Effective January 1, 2014



Insuring
Wisconsin's Health
Since 1946



Protect Your Health and Finances

With Wisconsin's Most Popular Individual and Family Plans¹

Patient Protection and Affordable Care Act (PPACA) Compliant

All of our 2014 WPS health plans are Patient Protection and Affordable Care Act (PPACA) compliant. What does this mean for you? Our plans include all essential health benefits, continue to provide free preventive care services, and allow everyone guaranteed issue (see Page 12). Keep reading for our value-added perks!

Happy and healthy go hand in hand. That's why a good health plan is so important.

A good health plan does more than protect you from bankruptcy in the event of a serious illness or injury. It helps you stay healthy by promoting regular checkups, screenings, and immunizations. With an affordable preferred provider organization (PPO) plan from WPS, you get high-quality coverage that's similar to employer-based plans—for peace of mind you can count on every day.

Get MORE for your health care dollar.

WPS strives to ensure easy access to the doctors, specialists, and hospitals you want to see (no referrals required!). Our individual and family plans have low out-of-pocket costs and few limits on medical expense so you receive the best quality we offer.

Keep smiling with value-added perks.

WPS health plans include great perks such as free discounts on health care memberships, vision care, and eyewear; access to online health and wellness resources; and optional non-medical benefits such as dental coverage and discounted eyewear. *See pages 2–13.*

Find peace of mind today.

Talk to your agent to see why more Wisconsin residents choose WPS individual and family health plans than any other plans in the state!

World-Class Service, Close to Home

When you call WPS, you'll talk with highly trained professionals who live and work right here in Wisconsin—not in another state or country. We promise to resolve your questions quickly, with a friendly professionalism that reflects our Midwestern values.

¹Wisconsin Office of the Commissioner of Insurance, 2010 supplemental health care exhibit.

WPS Individual and Family Health Plans Include:

Free preventive care.[†]

WPS plans cover 100% of the costs for routine preventive care services such as annual exams, well-child visits, screenings, and immunizations when you see an in-network doctor. You won't pay a penny toward your deductible or coinsurance!

The freedom to choose your doctor.

Unlike an HMO, you won't be required to choose a primary care physician. You won't need a referral to see a specialist. And you'll enjoy benefits both in and out of network. (That means we pay for covered services regardless of the physician or facility you choose!*)

Flexible network choices.

Select the provider network that best fits your needs and budget—a cost-effective regional network, our comprehensive Statewide Network, or nationwide coverage for protection anywhere you travel in the United States.

Prescription drug coverage.

Save money on prescription drugs—by mail or at more than 63,000 pharmacies nationwide. Take your choice of a separate deductible or upgrade to our convenient copay option to keep your costs predictable. *See page 10.*

Discounts on health clubs, vision care, and eyewear.

Your WPS ID card entitles you to substantial savings on fitness memberships and vision care, including exams, frames, and contact lenses. *See page 11.*

Online health tools and account management resources.

Manage your health plan and improve your health with easy-to-use tools and our new health and wellness blog—featuring tips, news, educational articles, and more. *See page 9.*

Choose the Plan That's Right for You:

WPS Individual Preferred plans come in two types:

TRADITIONAL PPO PLANS

Enjoy comprehensive medical benefits including your choice of a wide range of deductibles and convenient copay options for office visits and prescription drugs. *See page 5.*

HEALTH SAVINGS ACCOUNT (HSA) PLANS

Combine comprehensive coverage with the cost savings of a high-deductible plan, plus get a tax-advantaged personal savings account that you use to pay for qualified medical expenses. *Pages 6-7.*



[†]Preventive services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force. *You'll receive "richer" benefits (WPS will pay more of your costs) when you visit health care providers within the network.

Choose the Health Plan That Fits Your Life

Whether you choose our **traditional PPO plan** for flexibility and freedom of choice or a **low-premium HSA plan** with a health savings account and tax-saving benefits, you'll enjoy dependable coverage you can count on every day.

But which plan type is right for you? The following chart will help you understand the differences. Find out more about these two plans on the next few pages, and be sure to review the plan summaries included with this brochure for more information about plan design options and covered services.

	WPS INDIVIDUAL PREFERRED PLAN TYPES	
	TRADITIONAL PPO	HEALTH SAVINGS ACCOUNT (HSA)
Deductible options under \$1,000	✓	
Multiple copay options for office visits: * 1. Copay 2. Free Primary Care	✓ ✓	
100% coverage for in-network preventive care	✓	✓
Prescription drug coverage option	✓	✓
Prescription drug copay option	✓	
Tax-favored savings account		✓
In- and out-of-network benefits	✓	✓
Choice of regional and statewide provider networks	✓	✓
Dental coverage option	✓	✓
Vision and health club discount program	✓	✓
Online health center	✓	✓

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

More Plans Available

WPS has a health plan for every stage of life. Whether you're in-between jobs and in need of a dependable short-term plan or you're over 65 and in need of a Medicare supplement, WPS can help you find the right health plan at a rate that will make you happy.



Discover Rich Benefits and Real Freedom of Choice

Traditional PPO Plans

Whether you're looking for a traditional health plan with prescription drug benefits and low out-of-pocket costs, an economical plan with a low-premium, or something in between, our traditional PPO plans bring you dependable protection with benefits that closely resemble many employer-based plans.

With our traditional PPO plan, you'll enjoy:

- Comprehensive benefits for a wide range of medical services, including inpatient and outpatient services, X-rays, and emergency room care
- A wide variety of deductibles, including options of \$0
- Prescription drug coverage options, with or without cost sharing (copays)
- Convenient copays for office visits,* including chiropractic visits

Our traditional PPO plan is ideal for:

- Individuals and families interested in a traditional health plan with richer benefits, including prescription drug coverage
- People interested in the predictability of copays for office visits*
- Anyone interested in a lower annual deductible and out-of-pocket costs

Enhance your plan with:

- Optional dental coverage through Delta Dental of Wisconsin (see page 11)
- Save on vision care and eyewear from the EyeMed Vision Care Network (see page 11)

*Office-visit copay applies only to certain deductible levels.
See plan summary (pages 13-15) for details.



Enjoy Low Premiums and Unique Tax Benefits

WPS Health Savings Account (HSA) Plans

Take control of your health care spending with an HSA-qualified, high-deductible health plan (HDHP) from WPS. These affordable plans offer you lower premiums combined with a Health Savings Account that you own and control.

An HSA acts like a personal savings account, except the money is used exclusively to pay for medical expenses. With an HSA, you can both build your savings and pay for qualified medical expenses completely tax-free. 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.

How does it work?

1. You save money each month with a higher deductible that reduces your premium
2. You invest the money you save, tax-free, into your HSA
3. You pay for your initial health care costs (*except for preventive care, which is covered at 100%†*) until you meet your plan's deductible*
4. Once you reach your deductible, the plan starts paying for covered expenses

TIP: Tax Benefits Save You Money.

With an HSA, you may withdraw funds without tax penalty to pay for qualified medical expenses, including services your plan doesn't cover, such as laser vision correction. You can even use your HSA to pay for medical expenses for your spouse or dependent children who aren't covered by your plan! Talk with your tax advisor to verify which benefits apply to you.

With the WPS HSA qualified health plan you'll enjoy:

- First-dollar, 100% coverage for preventive care such as routine exams and health screenings
- Comprehensive benefits for a wide range of medical services, including inpatient and outpatient services, X-rays, and emergency room care
- Lower premiums (less cost) than our traditional plans
- A tax-favored savings account that helps you budget for medical expenses or for retirement after 65
- Prescription drug coverage

Additional tax benefits of an HSA include deductions for yearly contributions and tax-free investment earnings.

HSA-qualified individual plans are ideal for:

- People interested in trading higher out-of-pocket costs for lower premiums
- People who want more control over their health care spending
- Those interested in the tax-saving benefits of a Health Savings Account
- Anyone interested in using a personal savings account to pay for qualified medical expenses

Enhance your plan with:

- Optional dental coverage through Delta Dental of Wisconsin (see page 11)
- Discounted vision care and eyewear from the EyeMed Vision Care Network (see page 11)

Need a Bank for Your HSA?

WPS Community Bank offers convenient checking, savings, mortgage, and auto loan services—and it's a great place to open a Health Savings Account!

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

To find out more, call WPS Bank at 1-608-224-5500 or visit www.bankwps.com/hsa.



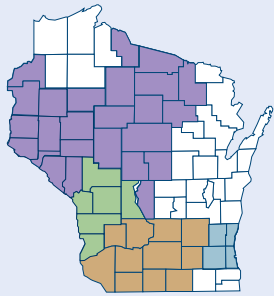
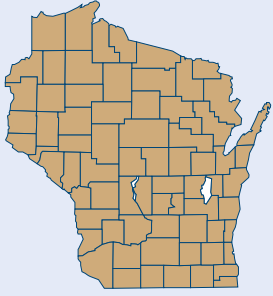
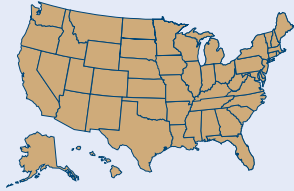
†Preventive health services ranked A or B by the U.S. Preventive Services Task Force are covered at 100% in-network. *Once your deductible has been met, cost sharing in the form of coinsurance may apply.

See the Doctors *You Want to See*— Locally, Statewide, or Nationwide!

Because WPS individual and family plans are preferred provider organization (PPO) plans, they allow convenient access to the physicians and health care facilities you know and trust throughout Wisconsin. In addition to a broad selection of high-quality 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.*

Unlike an HMO, you won't be required to select a primary care physician. You won't have to obtain a referral to see a specialist. And you don't need prior approval for most medical services.

Choose the network that best suits your needs and budget:

COST-EFFECTIVE REGIONAL NETWORKS	STATEWIDE NETWORK	NATIONAL NETWORK (Included with Statewide Network and some regionals networks)
<p>Your local network strikes a healthy balance between choice and cost, permitting broad access while encouraging the use of Preferred Providers close to home.</p> 	<p>Our Statewide Network option offers the broadest access to providers throughout Wisconsin.</p> 	<p>Available with the Statewide Network and most regional options, our National Network Wrap gives you access to thousands of hospitals and clinics nationwide.</p> 

For more information about WPS provider networks, please visit www.wpsic.com.

Maps shown above are for illustrative purposes only. Actual network geographies may vary. Ask your agent for details.

*You'll receive "richer" benefits (WPS will pay more of your costs) when you visit health care providers within the network.



Great Value Comes Standard

Get Online Answers to Your Health and Benefit Questions

Visit www.wpsic.com for instant access to easy-to-use Web tools that help you manage your health and health care:

- **Member Area**—Manage your account online. Find a doctor, view your claims and benefits, request a new ID card, or check eligibility coverage. You can even comparison-shop for prescription drugs!
- **Health Center**—Consult an array of powerful online resources to make better health decisions—including action-oriented tools and information to help manage chronic conditions such as asthma and diabetes.
- **Learning Center**—Access information and interactive tools, from articles and checklists to glossaries and guides, to better understand health insurance and more effectively manage your family's health and wellness.
- **"Your Health Matters" Blog**—Join the conversation in a fun, friendly place where you can find the facts you need to make better decisions about your health care and health insurance coverage.



Round Out Your Plan with Optional Coverage and Member Perks

Get the most from your WPS individual health plan with optional coverage, from prescription drug coverage to discounted eyewear, and valuable member perks to keep you healthy and happy.

Enjoy Prescription Drug Coverage from an Industry Leader

Prescription drug costs are among the fastest-growing in health care. That's why WPS partners with Express Scripts, a leading pharmacy benefits manager and home delivery pharmacy. With Express Scripts, you get coverage for a broad range of prescription drugs, including generic and brand-name drugs, and convenient service at more than 63,000 participating pharmacies nationwide, including:

- Aurora
- K-Mart
- Pick'n Save
- Walgreens
- Cub
- Osco
- Shopko
- Walmart
- CVS
- Pamida
- Target
- Winn-Dixie

Choose drug coverage with a separate deductible—or upgrade to our convenient copay option to keep your costs predictable.

Smile Brightly with Optional Dental Coverage

WPS partners with Delta Dental of Wisconsin—the largest dental benefits provider in the state, featuring more than 90% of Wisconsin dental practitioners¹—to offer you optional dental coverage at an attractive rate. Choose any dentist you like for a variety of routine and major dental services, from cleanings and X-rays to fillings and crowns.



Save on Vision Care and Eyewear

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. Your WPS ID card is all you need to receive your discount. For details about providers and discounts, call toll-free 1-866-559-5252.

Enjoy Free Health Club Discounts

Stay healthy and save money with HealthSense Rewards™, a free program for WPS members that offers 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! Visit www.wpsic.com/healthsense for a list of participating facilities in your area.



¹Delta Dental, 2012.

Health Care Reform

Health Care Reform Plan Requirements

Beginning January 2014, all health care plans must be Patient Protection and Affordable Care Act (PPACA) compliant. This means the plans must meet minimum quality standards and benefits packages set by the federal government. Plans must include all essential health benefits, provide preventive care free of cost, allow everyone guaranteed issue (see below), and are comparable by metal tiers.

Open Enrollment

Open enrollment for all 2014 plans begins on October 1 and runs until March 31, 2014. After that, you will not be able to purchase insurance until the next open enrollment period, unless you have a qualifying life event such as a job loss, birth, or divorce that qualifies for a special enrollment period.

Guaranteed Issue

Guaranteed issue means that anyone can purchase a health plan regardless of health status or other factors. Anyone who applies for coverage during the annual open enrollment must be accepted. The only exception is in cases of fraud.

On/Off Marketplace

Plans both on and off the Federally Facilitated Marketplace (FFM) are exactly the same in terms of cost comparisons and quality standards. The only difference is that individuals may qualify for premium subsidies if they choose an on-marketplace plan.

Metal Tiers

Health plans are now grouped into tiers—bronze, silver, gold, and platinum—based on how much of the cost customers take on. The Affordable Care Act (ACA) also requires insurers to justify annual price increases to the exchange board.

Metal Tiers

Plan Category	Benefits
Bronze	Minimum creditable coverage. Provides essential health benefits. Covers 60% of costs with an out-of-pocket limit equal to the HSA law limit (\$6,350 for individuals, \$12,700 for families in 2014).
Silver	Provides essential health benefits. Covers 70% of costs with an out-of-pocket limit equal to the HSA law limit.
Gold	Provides essential health benefits. Covers 80% of costs with an out-of-pocket limit equal to the HSA law limit.
Platinum	Provides essential health benefits. Covers 90% of costs with an out-of-pocket limit equal to the HSA law limit.
Catastrophic	Restricted to individual market only. Available to those up to age 30 or who are exempt from the mandate to purchase coverage. Provides catastrophic coverage with the coverage level set at the current HSA law levels, except that preventive benefits and coverage for three primary care visits are exempt from the deductible.

WPS Individual Preferred Plan Summary

A traditional PPO plan for individuals and families featuring in- and out-of-network benefits and a wide range of plan design options. To request a quote, please see an agent, visit the WPS website at www.wpsic.com, or have one of our licensed health insurance agents find the solution for you by calling 1-800-811-1670.

- Routine care covered, with no calendar year maximum
- Dependent children: to age 26
(see policy for eligibility requirements)

Plan Options		In-Network Options							Prescription Plan Generic/Preferred/ Non-Preferred/Specialty
Metal Tier	Individual Deductible ¹	Coinsurance ²	Out-of-Pocket Limit	Convenient Care Clinic Visit	PCP Visit	Specialist Visit	ER Visit	Free PCP Visit	
Platinum	\$250	100%	\$1,250	\$10	\$20	\$40	\$150	0	\$10/\$35/\$60/25% to \$500
Platinum	\$500	80%	\$1,250	\$10	\$20	\$40	\$150	0	\$10/\$35/\$60/25% to \$500
Platinum	\$0	90%	\$6,350	D/C	D/C	D/C	D/C	0	\$10/\$35/\$60/25% to \$500
Platinum	\$250	100%	\$1,250	D/C	D/C	D/C	D/C	3	\$10/\$35/\$60/25% to \$500
Platinum	\$500	80%	\$1,250	D/C	D/C	D/C	D/C	3	\$10/\$35/\$60/25% to \$500
Gold	\$2,000	100%	\$3,000	\$10	\$25	\$50	\$150	0	\$15/\$40/\$65/25% to \$500
Gold	\$1,500	90%	\$2,500	\$10	\$25	\$50	\$150	0	\$15/\$40/\$65/25% to \$500
Gold	\$1,000	80%	\$2,500	\$10	\$25	\$50	\$150	0	\$15/\$40/\$65/25% to \$500
Gold	\$1,000	80%	\$4,000	\$10	\$25	\$50	\$150	0	\$15/\$40/\$65/25% to \$500
Gold	\$1,500	100%	\$2,500	D/C	D/C	D/C	D/C	3	\$15/\$40/\$65/25% to \$500
Gold	\$1,000	90%	\$2,500	D/C	D/C	D/C	D/C	3	\$15/\$40/\$65/25% to \$500
Gold	\$500	80%	\$3,500	D/C	D/C	D/C	D/C	3	\$15/\$40/\$65/25% to \$500
Gold	\$500	80%	\$6,350	D/C	D/C	D/C	D/C	3	\$15/\$40/\$65/25% to \$500
Gold	\$0	70%	\$6,350	D/C	D/C	D/C	D/C	0	\$15/\$40/\$65/25% to \$500
Silver	\$4,500	100%	\$6,350	\$10	\$30	\$60	\$200	0	\$20/\$50/\$75/25% to \$500
Silver	\$3,000	90%	\$6,350	\$10	\$30	\$60	\$200	0	\$20/\$50/\$75/25% to \$500
Silver	\$2,500	80%	\$5,000	\$10	\$30	\$60	\$200	0	\$20/\$50/\$75/25% to \$500
Silver	\$2,000	80%	\$6,350	\$10	\$30	\$60	\$200	0	\$20/\$50/\$75/25% to \$500
Silver	\$4,500	70%	\$6,350	\$10	\$30	\$60	\$200	0	\$20/\$50/\$75/25% to \$500
Silver	\$3,000	70%	\$6,350	\$10	\$30	\$60	\$200	0	\$20/\$50/\$75/25% to \$500
Silver	\$4,000	100%	\$5,000	D/C	D/C	D/C	D/C	3	\$20/\$50/\$75/25% to \$500
Silver	\$3,000	90%	\$6,350	D/C	D/C	D/C	D/C	3	\$20/\$50/\$75/25% to \$500
Silver	\$2,000	80%	\$6,350	D/C	D/C	D/C	D/C	3	\$20/\$50/\$75/25% to \$500
Silver	\$2,000	80%	\$5,000	D/C	D/C	D/C	D/C	3	\$20/\$50/\$75/25% to \$500
Silver	\$1,500	70%	\$6,350	D/C	D/C	D/C	D/C	3	\$20/\$50/\$75/25% to \$500
Silver	\$2,500	70%	\$5,000	D/C	D/C	D/C	D/C	3	\$20/\$50/\$75/25% to \$500
Silver	\$0	50%	\$6,350	D/C	D/C	D/C	D/C	0	\$20/\$50/\$75/25% to \$500
Bronze	\$6,350	100%	\$6,350	D/C	D/C	D/C	D/C	3	D/C
Bronze	\$5,500	90%	\$6,350	D/C	D/C	D/C	D/C	3	D/C
Bronze	\$5,000	80%	\$6,350	D/C	D/C	D/C	D/C	3	D/C
Bronze	\$4,500	70%	\$6,350	D/C	D/C	D/C	D/C	3	D/C
Catastrophic*	\$6,350	100%	\$6,350	D/C	D/C	D/C	D/C	9**	D/C

D/C = Deductible and Coinsurance
PCP = Primary Care Physician

*Applies only to persons under age 30 or have hardship exemption from the Federally Facilitated Marketplace (FFM).

**3 PCP visits, 3 Chiropractic visits, and 3 Behavioral Health visits

¹Family deductible is 2x the individual.

Out-of-Network deductible is 2x the applicable In-Network deductible, except for \$0 deductible plans. (See below)

- Platinum plans with \$0 In-Network deductible have a \$500 Out-of-Network individual deductible and a \$1,000 Out-of-Network family deductible
- Gold and Silver plans with \$0 In-Network deductible have a \$1,000 Out-of-Network individual deductible and a \$2,000 Out-of-Network family deductible

²Out-of-network coinsurance is 20 percentage points lower than in-network. For example, if you choose a plan with 100% in-network coinsurance, your out-of-network coinsurance is 80% (100-20=80).

Convenient Care Clinic: a medical clinic that is located in a retail store, supermarket or pharmacy. The convenient care clinic must provide covered health care services by: (1) nurse practitioners; (2) physician assistants; or (3) physicians. They must provide those services within the scope of their respective licenses.

Primary Care Physician: non-specialized physicians whose primary practice is one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics. A primary care physician shall also include a psychologist, psychiatrist, chiropractor or a health care provider licensed to provide nonresidential services for the treatment of nervous or mental disorders, alcoholism and drug abuse.

Specialty Physician: any physician whose primary practice is other than one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics. A specialty physician does not include a psychologist, psychiatrist, chiropractor or a health care provider licensed to provide nonresidential services for the treatment of nervous or mental disorders, alcoholism and drug abuse.

General information: Benefit payments are subject to the applicable: selected calendar year deductible and coinsurance, copays, out-of-pocket maximums, participant annual maximum, exclusions, limitations and other terms and conditions of the policy. In-network and out-of-network deductible and coinsurance amounts must be satisfied separately. Plan provides benefits for health care services that are: for the treatment of a covered illness or injury, medically necessary as determined by us, ordered by a “physician” as defined in the policy, and within the scope of the provider’s license.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exclusions*
		In-Network Provider	Out-of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit	Copay or Deductible & coinsurance	Deductible & coinsurance	None
	Specialist visit	Copay or Deductible & coinsurance	Deductible & coinsurance	None
	Other practitioner office visit	Copay or Deductible & coinsurance	Deductible & coinsurance	None
	Preventive care/screening	\$0	Deductible & coinsurance	None
	Immunizations (up to age 6) ♦	\$0	\$0	Immunizations for travel purposes are not covered
If you have a test in a physician's office	Diagnostic test (X-ray, blood work)	Coinsurance, or if no copay Deductible & coinsurance	Deductible & coinsurance	None
	Imaging(CT/PET scans, MRIs)	Deductible & coinsurance	Deductible & coinsurance	None
If you need drugs to treat your illness or condition**	Generic drugs	Copay or In-Network Deductible & coinsurance		<ul style="list-style-type: none"> • Home Delivery: 90-day supply for 2½ times the retail copay • Generic substitution applies • Specialty drugs may require prior approval
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible & coinsurance	Deductible & coinsurance	None
	Physician/surgeon fees	Deductible & coinsurance	Deductible & coinsurance	None
If you need immediate medical attention	Emergency room facility fees	Copay or In-Network Deductible & coinsurance		None
	Related emergency room service	In-network coinsurance or In-network deductible & coinsurance		None
	Emergency medical transportation	In-network deductible & coinsurance		Prior approval required for non-emergency transport
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible & coinsurance	Deductible & coinsurance	Pre-certification required
	Physician/surgeon stay	Deductible & coinsurance	Deductible & coinsurance	None
If you have mental health, or substance abuse needs	Mental/substance abuse outpatient office visits	Copay or Deductible & coinsurance	Deductible & coinsurance	None
	Mental/substance abuse inpatient services	Deductible & coinsurance	Deductible & coinsurance	Pre-certification required
	Mental/substance abuse transitional treatment	Deductible & coinsurance	Deductible & coinsurance	None
If you are pregnant	Prenatal and postnatal care	Deductible & coinsurance	Deductible & coinsurance	None
	Delivery and all inpatient services	Deductible & coinsurance	Deductible & coinsurance	None
If you need help recovering or have other special health needs	Home health care	Deductible & coinsurance	Deductible & coinsurance	Up to 60 visits per year
	Rehabilitation services (therapy)	Deductible & coinsurance	Deductible & coinsurance	Some limits apply; see policy for details
	Skilled nursing care in a licensed skilled nursing facility	Deductible & coinsurance	Deductible & coinsurance	Up to 60 days per confinement
	Durable medical equipment	Deductible & coinsurance	Deductible & coinsurance	Rental of over 3 months, or Purchase price of over \$500 requires prior approval
	Hospice service	Deductible & coinsurance	Deductible & coinsurance	None

* All services are subject to terms and conditions of the policy **Certain drug limitations may apply, please review the full policy

♦ Coverage beyond age 6 is limited to in-network providers only and paid at 100%.

Please see plan policy for a complete list of exclusions and other covered services

WPS Individual HSA-Qualified HDHP Plan Summary

An HSA-qualified high-deductible health plan (HDHP) for individuals and families featuring in and out-of-network benefits and a wide range of plan design options. To request a quote, please see an agent, visit the WPS website at www.wpsic.com, or have one of our licensed health insurance agents find the solution for you by calling 1-800-811-1670.

- Routine care covered, with no calendar year maximum
- Dependent children: to age 26
(see policy for eligibility requirements)

Plan Options		In-Network Options						Prescription Plan Generic/Preferred/ Non-Preferred/Specialty
Metal Tier	Individual Deductible ¹	Coinsurance ²	Out-of-Pocket Limit	Convenient Care Clinic Visit	PCP Visit	Specialist Visit	ER Visit	
Gold	\$2,000	100%	\$2,000	D/C	D/C	D/C	D/C	D/C
Silver	\$3,500	100%	\$3,500	D/C	D/C	D/C	D/C	D/C
Silver	\$3,000	100%	\$3,000	D/C	D/C	D/C	D/C	D/C
Silver	\$3,000	90%	\$4,000	D/C	D/C	D/C	D/C	D/C
Silver	\$2,500	80%	\$4,500	D/C	D/C	D/C	D/C	D/C
Silver	\$2,000	80%	\$4,000	D/C	D/C	D/C	D/C	D/C
Silver	\$2,000	80%	\$6,350	D/C	D/C	D/C	D/C	D/C
Silver	\$1,500	70%	\$6,350	D/C	D/C	D/C	D/C	D/C
Bronze	\$6,000	100%	\$6,000	D/C	D/C	D/C	D/C	D/C
Bronze	\$4,500	90%	\$6,350	D/C	D/C	D/C	D/C	D/C
Bronze	\$5,500	80%	\$6,350	D/C	D/C	D/C	D/C	D/C
Bronze	\$3,500	70%	\$6,350	D/C	D/C	D/C	D/C	D/C

D/C = Deductible and Coinsurance

¹Family deductible is 2x the individual.

Out-of-Network deductible is a separate deductible that is equal to In-Network deductible for both individual and family.

²Out-of-network coinsurance is 20 percentage points lower than in-network. For example, if you choose a plan with 100% in-network coinsurance, your out-of-network coinsurance is 80% (100-20=80).

Convenient Care Clinic: a medical clinic that is located in a retail store, super-market or pharmacy. The convenient care clinic must provide covered health care services by: (1) nurse practitioners; (2) physician assistants; or (3) physicians. They must provide those services within the scope of their respective licenses.

Primary Care Physician: non-specialized physicians whose primary practice is one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics. A primary care physician shall also include a psychologist, psychiatrist, chiropractor or a health care provider licensed to provide nonresidential services for the treatment of nervous or mental disorders, alcoholism and drug abuse.

Specialty Physician: any physician whose primary practice is other than one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics. A specialty physician does not include a psychologist, psychiatrist, chiropractor or a health care provider licensed to provide nonresidential services for the treatment of nervous or mental disorders, alcoholism and drug abuse.

General information: Benefit payments are subject to the applicable: selected calendar year deductible and coinsurance, out-of-pocket maximums, participant annual maximum, exclusions, limitations and other terms and conditions of the policy. In-network and out-of-network deductible and coinsurance amounts must be satisfied separately. Family deductible must be satisfied before this plan pays benefits. One person can satisfy family deductible. Plan provides benefits for health care services that are: for the treatment of a covered illness or injury, medically necessary as determined by us, ordered by a “physician” as defined in the policy, and within the scope of the provider’s license.

+Each year, your plan’s deductible will be automatically adjusted to reflect federal guidelines and remain HSA-qualified. HSA is administered and/or maintained by a participating financial institution. WPS does not operate or administer HSAs.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exclusions*
		In-Network Provider	Out-of-Network Provider	
If you visit a health care provider's office or clinic	Primary care visit	Deductible & coinsurance	Deductible & coinsurance	None
	Specialist visit	Deductible & coinsurance	Deductible & coinsurance	None
	Other practitioner office visit	Deductible & coinsurance	Deductible & coinsurance	None
	Preventive care/screening	\$0	Deductible & coinsurance	None
	Immunizations (up to age 6) ♦	\$0	\$0	Immunizations for travel purposes are not covered
If you have a test in a physician's office	Diagnostic test (X-ray, blood work)	Deductible & coinsurance	Deductible & coinsurance	None
	Imaging(CT/PET scans, MRIs)	Deductible & coinsurance	Deductible & coinsurance	None
If you need drugs to treat your illness or condition**	Generic drugs	In-Network deductible & coinsurance		<ul style="list-style-type: none"> • Generic substitution applies • Mail order benefits available • Specialty drugs may require prior approval
	Preferred brand drugs			
	Non-preferred brand drugs			
	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible & coinsurance	Deductible & coinsurance	None
	Physician/surgeon fees	Deductible & coinsurance	Deductible & coinsurance	None
If you need immediate medical attention	Emergency room services	In-network deductible & coinsurance		None
	Emergency medical transportation	In-network deductible & coinsurance		Prior approval required for non-emergency transport
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible & coinsurance	Deductible & coinsurance	Pre-certification required
	Physician/surgeon fees	Deductible & coinsurance	Deductible & coinsurance	None
If you have mental health, or substance abuse needs	Mental/substance abuse outpatient office visits	Deductible & coinsurance	Deductible & coinsurance	None
	Mental/substance abuse inpatient services	Deductible & coinsurance	Deductible & coinsurance	Pre-Certification required
	Mental/substance abuse transitional treatment	Deductible & coinsurance	Deductible & coinsurance	None
If you are pregnant	Prenatal and postnatal care	Deductible & coinsurance	Deductible & coinsurance	None
	Delivery and all inpatient services	Deductible & coinsurance	Deductible & coinsurance	None
If you need help recovering or have other special health needs	Home health care	Deductible & coinsurance	Deductible & coinsurance	Up to 60 visits per year
	Rehabilitation services (therapy)	Deductible & coinsurance	Deductible & coinsurance	Some limits apply; see policy for details
	Skilled nursing care in a licensed skilled nursing facility	Deductible & coinsurance	Deductible & coinsurance	Up to 60 days per confinement
	Durable medical equipment	Deductible & coinsurance	Deductible & coinsurance	Rental of over 3 months, or Purchase price of over \$500 requires prior approval
	Hospice service	Deductible & coinsurance	Deductible & coinsurance	None

* All services are subject to terms and conditions of the policy.

** Certain drug limitations may apply, please review the full policy.

♦ Coverage beyond age 6 is limited to in-network providers only and paid at 100%.

Please see plan policy for a complete list of exclusions and other covered services

EXCLUDED SERVICES & OTHER COVERED SERVICES:**Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for other excluded services.)**

Bariatric surgery	Infertility treatment	Routine foot care, unless associated with a specific medical diagnosis
Cosmetic surgery	Long-term care	
Any service not medically necessary or experimental	Private-duty nursing	Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy for other covered services and costs for these services.)

Acupuncture, limited to adults over age 18 for postoperative nausea and vomiting, nausea and vomiting due to anti-neoplastic agents, and postoperative dental pain	Dental care, limited to certain oral surgical procedures, treatment of an injury, and extraction of teeth and sealants on existing teeth related to treatment of neoplastic disease	
Non-emergency care when traveling outside the U.S.	Hearing aids, limited to the provisions of the policy	
Routine eye care, limited to eye exams	Chiropractic care	

Optional Dental Coverage

Optional dental coverage that includes a variety of routine, basic, and major dental services.

- Annual Maximum Benefit: \$1,200 per individual.
- Annual Deductible: \$50 per individual
- Out-of-pocket savings for all services provided by Delta Dental PPO dentists
- Higher out-of-pocket costs for services provided by non-Delta Dental PPO dentists
- To find a Delta Dental PPO dentist, visit www.deltadentalwi.com
- Dependent children: Up to 26

SUMMARY OF SERVICES		
Diagnostic & Preventive Care	Coinsurance*	Frequency
Regular Cleanings	80%	2 per year
Routine Exams	80%	2 per year
Bitewing X-rays	80%	1 set per year
Full mouth X-rays	80%	1 every 5 years
Sealants - per Tooth	80%	1 per lifetime to age 19
Emergency Exam	80%	
Restorative Services ‡	Coinsurance*	Frequency
Fillings	50%	6 month waiting period
Simple Extractions	50%	6 month waiting period
Oral Surgery	50%	12 month waiting period
Endodontic Services	50%	12 month waiting period
Periodontic Services**	50%	12 month waiting period
Crowns	50%	12 month waiting period+
Prosthodontics Fixed	50%	12 month waiting period+
Prosthodontics Removable	50%	12 month waiting period+

Waiting period waived with proof of continuous insurance coverage from Delta Dental of Wisconsin for at least two years

* Percent we pay after \$50 deductible is met.

** Provides additional Evidence-Based Integrated Care Plan benefits for people with specific medical conditions.

+ Replacement of a defective existing appliance 10 years after its original placement date.

‡ Predetermination of benefits is strongly encouraged before restorative services are scheduled.

DENTAL RATES Effective 1/1/2014			
Age	Adult Rate	# of Children	Child Rate
<29	\$17.16	1	\$17.28
30-34	\$20.05	2	\$34.56
35-39	\$21.22	3+	\$59.49
40-44	\$22.89		
45-49	\$25.22		
50-54	\$26.94		
55-59	\$28.60		
60-64	\$28.60		
65+	Not eligible		

IMPORTANT: This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy. Coverage is subject to all the terms and conditions of the policy and any endorsements. The policy is your contract of insurance. If there's ever a discrepancy between the policy and this plan summary, the policy has final authority.

Plan underwritten by
Delta Dental of Wisconsin



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.

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: transplants, certain pain management procedures, genetic testing for treatment of an illness, 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 at least 3 business days in advance about any scheduled non-emergency inpatient hospitalization to request preadmission certification of the services.

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.

*Applies to plans with effective dates of 6/1/13 or later. Talk to your agent for information about plans with earlier effective dates.

Get Dependable Protection from Wisconsin's Leading Not-for-Profit Health Insurer

Founded in 1946, WPS has been a Wisconsin tradition for more than 65 years. Today, our individual and family health plans are the #1 choice of Wisconsin residents, outselling all other individual and family plans in the state.

Our plan members enjoy:

- Free preventive care†
- Fewer limits and out-of-pocket costs
- Flexible provider networks for greater choice of doctors
- Fitness club discounts, vision discounts, and more

See for yourself how our plans' comprehensive coverage can help protect your health and help you save money.

†Preventive services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force.

Values You Can Trust



"Ethics" and "integrity" aren't words people usually associate with health insurance companies. But at WPS Health Insurance, they form the core of our values.

That's why in 2013, the international Ethisphere® Institute named WPS one of the "World's Most Ethical Companies" for the fourth year in a row.¹ Today, we are the *only* health insurance company to earn this distinction multiple times, and we're eager to put our good values to work for you.

Get a free quote!

Contact your local authorized WPS agent or call 1-800-811-1670 to reach one of our friendly individual plan consultants.

¹2010-2013 World's Most Ethical Companies Ranking, Ethisphere® Institute, <http://ethisphere.com/wme>.

IMPORTANT: This brochure, along with the accompanying plan summary, 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 a discrepancy between the policy and this brochure, the policy has final authority.

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Our Members Say It Best!

"With WPS, I've found the protection I need. I get to keep the doctor I have, and because I'm never 'out of network,' I don't have to worry about coverage when I travel. If something happens, I know the plan will limit my out-of-pocket costs and protect my financial future."

—Peter Gentry,
Monona, Wis.



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