

SMP – State Maintenance Plan

Administered by WPS Health Insurance

WPS
HEALTH INSURANCE
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What we are

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment. Each SMP participant selects a primary care clinic that directs the health care services of the participant. SMP is administered by WPS Health Insurance – one of the largest health benefits providers in the state, and after nearly 60 years, remains Wisconsin's only not-for-profit insurer offering health plans statewide to the public and private sectors. With offices in Madison, Milwaukee, Wausau, Appleton, and Eau Claire, and over 5,700 employees, we're deeply committed to this state and its citizens.

Referral Requirements

A formal WPS approved referral is required from our participating provider when:

- Seeking care outside the WPS State-SMP network
- Seeking behavior health services from an out-of-network behavior health provider. For behavioral health services, WPS will request a treatment plan after 8 combined outpatient visits and monitor for medical necessity.

Retroactive referrals **are not** allowed. A referral is the written form from a participating physician requesting any out-of-network services, including behavior health. You should not make an appointment until the request for referral has been reviewed and approved by WPS. Notification of the decision will be sent to you and your requesting participating physician. All referrals are limited to a 3 month period or less. Extensions should be submitted and approved prior to additional appointments. It is ultimately the members' responsibility to make sure the referral is submitted and approved prior to services received.

Prior Authorizations

To ensure that services are covered, WPS recommends that members or treating providers request prior authorizations for the following services:

- New medical or biomedical technology
- New surgical methods or techniques
- Organ transplants
- Methods of treatment by diet or exercise
- Acupuncture or similar methods
- Pain management injections

Without an approved prior authorization, WPS may deny payment. Additional information may be submitted for further review of the denial.

Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Services, supplies or equipment that are not medically necessary, or that are experimental/investigational
- Eyeglasses, contact lenses or **hearing aids** or examinations for their prescription or fitting
- In vitro fertilization or artificial fertilization
- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Care covered by workers compensation
- Cosmetic surgery
- Organ transplants except as specifically provided
- Reversals of sterilization

Covered Services—no deductible:

- Hospital services
- Maternity care
- Surgery
- Preventive dental and vision services are available for children
- Extended care facility (except custodial care)
- X-ray and laboratory services
- Routine physical exams (See Exclusions)
- Offices visits

Covered Services (Major Medical), paid at 80% after deductible:

- Extraction and/or replacement of natural teeth when necessitated by an accidental injury
- Physical, speech, and occupational therapy when necessitated by illness
- Ambulance (First \$50 paid in full)

OnLine Services

We are able to answer questions about claims or benefits with our secure messaging via the web. The WPS State of Wisconsin web pages (www.wpsic.com/state) provide access to your plan benefits, member materials, and our "Find a Doctor" **provider directories**. Once enrolled in the plan, you can register online to gain access to comprehensive plan and health care information as well as timesaving account management tools.

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Major Medical Deductible: \$200/single not to exceed \$400/family per calendar year. After Deductible, plan pays 80%, you pay 20% until your out-of-pocket maximum has been reached. Out-of-pocket maximum is \$1,000 per individual/\$2,000 per family, and does not include the deductible. The benefit maximum major medical benefit is \$250,000 per lifetime.

HEALTH BENEFITS	Plan Pays	Limitations
*Physician	100%	Selected primary physician or upon referral from primary physician.
Hospital	100%	365 days in semi-private room.
Laboratory and X-rays	100%	When requested by primary or referral physician.
Behavioral Health (Combined w/Alcohol & Drug Abuse)	100%	<i>In 2006, annual dollar maximums for behavioral health services are suspended.</i> INPATIENT – 120 days or \$6,300 per calendar year, whichever is less.
	90%	OUTPATIENT – Of first \$2,000 per calendar year.
	90%	TRANSITIONAL – Of first \$3,000 per calendar year.
Alcohol and Drug Abuse (Combined with Behavioral Health)	100%	<i>Annual combined maximum \$7,000</i> INPATIENT – 30 days or \$6,300 per calendar year, whichever is less.
	90%	OUTPATIENT – Of first \$2,000 per calendar year.
	90%	TRANSITIONAL – Of first \$3,000 per calendar year..
Emergency Room	100%	Non-emergency requires referral.
Extended Care Facility	100%	730 days per admission less hospital days used. Excludes custodial care as defined by the contract.
Vision Care	100%	For illness or disease only. Annual routine eye exams for children under age 18.
Prescribed Medical Services/Supplies	100%	Subject to deductible.
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants.
Chiropractic Care	100%	Same as physician
Ambulance	100%	First \$50 per trip.
	80%	Thereafter, subject to deductible.
ADDITIONAL BENEFITS		
Physical, Speech & Occupational Therapy	80%	Subject to deductible.
Home Hospice Care	100%	80 visits per six months.
Hearing Aid	0%	Not a covered benefit.
Infertility Services	0%	Not a covered benefit.
Preventive Dental Care	100%	Limited to children under age 12.
Prescription Drugs		Separate PBM administration through Navitus. Annual out-of-pocket maximums do not apply.

- Except as required by law, SMP covers services only when provided by or referred by a WPS State-SMP provider, except emergency care. Referrals must be pre-approved by WPS.

* Professional services are limited to \$10,000 per illness or injury, then major medical deductible and coinsurance.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage/exclusions and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions, please refer to the Benefit Handbook available through your personnel representative by calling WPS.

Service Centers

We are able to answer questions about claims or benefits by letter, telephone, or secure messaging via the web. We also provide convenient walk-in service at each of our service centers located in Appleton, Eau Claire, Madison, Milwaukee and Wausau. Contact WPS Member Services (1-800-634-6448) for phone numbers and addresses.