

Standard Plan

Administered by WPS Health Insurance



1717 West Broadway, PO Box 8190
Madison, WI 53708
1-800-634-6448
www.wpsic.com/state

What we are

The Standard Plan is a comprehensive health plan that provides you with freedom of choice among hospitals and physicians in Wisconsin and nationwide. It is administered by WPS Health Insurance – one of the largest health benefits providers in the state. With offices in Madison, Milwaukee, Wausau, Appleton, and Eau Claire, and over 4,700 employees, we're deeply committed to this state and its citizens.

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The Standard Plan is a Preferred Provider Plan (PPP). The amount paid for covered benefits varies depending upon the provider selected. A higher level of benefits is available by using a preferred provider.

Prior Authorizations

WPS recommends that members or providers request prior authorization for the following types of services:

- New medical or biomedical technology
- New surgical methods or techniques
- Organ transplants
- Methods of treatment by diet or exercise
- Acupuncture or similar methods
- Durable medical equipment over \$500

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

Covered Services

- Hospital Services (Utilization Management requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission, or a penalty will be assessed)
- Physical, speech, and occupational therapy when necessitated by illness
- Maternity Care
- X-ray and laboratory services
- Office Visits
- Home Care
- Surgery
- Extended Care Facility (except custodial Care)
- Routine physical exams

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 examinations for their prescription or fitting
- Hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Cosmetic surgery
- Reversals of sterilization
- Care covered by worker's compensation

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.

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

Service Centers

Appleton

1500 N. Casaloma Dr., Suite 202
Appleton, WI 54912-7216

Wausau

1800 W. Bridge St., Suite 200
Wausau, WI 54401

Madison

1751 W. Broadway
Madison, WI 53713
(800) 634-6448

Milwaukee

111 W. Pleasant St., Suite 110
Milwaukee, WI 53212

Eau Claire

2519 N. Hillcrest Pkwy., Suite 200
Eau Claire, WI 54702

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Deductible is a separate single \$100 in-network/\$500 out-of-network, not to exceed family deductible of \$200 in-network/\$1,000 out-of-network per calendar year. After deductible, the plan pays 100% on in-network services and 80% on out-of-network services (you pay 20%) up to the reasonable charge until your plan out-of-pocket maximum has been reached, \$2,000 per individual/\$4,000 per family. \$2,000,000 lifetime per participant maximum benefit (includes prescription drugs paid under PBM).

Health Benefits	In- /Out-of-Network	Plan Pays	Limitations (see exclusions & limitations on previous page)
Physician & Chiropractic Care	In	100%	Subject to in-network deductible.
	Out	80%	Subject to out-of-network deductible and coinsurance.
Hospital	In	100%	365 days in semi-private room. Subject to in-network deductible. Pre-admission certification required.
	Out	80%	365 days in semi-private room. Subject to out-of-network deductible. Pre-admission certification required.
Lab and X-rays	In & Out	100%	Subject to in-network deductible
Behavioral Health (Combined w/Alcohol & Drug Abuse)	In & Out	100%	<i>In 2007, annual dollar maximums for Behavioral Health services are suspended.</i> Deductible does not apply. INPATIENT—120 days or \$6,300 per calendar year, whichever is less.
		90%	OUTPATIENT—of the first \$2,000 per calendar year.
		90%	TRANSITIONAL—of the first \$3,000 per calendar year.
Alcohol & Drug Abuse (Combined w/Behavioral Health)	In & Out	100%	<i>Annual combined benefit is \$7,000.</i> Deductible does not apply. INPATIENT—30 days or \$6,300 per calendar year, whichever is less.
		90%	OUTPATIENT—of the first \$2,000 per calendar year.
		90%	TRANSITIONAL—of first \$3,000 per calendar years
Emergency Room	In & Out	100%	Subject to in-network deductible.
Extended Care Facility	In	100%	730 days per admission less hospital days used. Deductible. Excludes custodial care per the contract.
	Out	80%	730 days per admission less hospital days used. Deductible. Excludes custodial care per the contract.
Vision Care	In	100%	For illness/disease. Subject to deductible.
	Out	80%	For illness/disease. Subject to deductible.
Prescribed Medical Services/Supplies	In	100%	Subject to deductible.
	Out	80%	Subject to deductible.
Transplants	In	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Subject to deductible. Excludes all services related to non-covered transplants.
	Out	80%	Subject to deductible; transplants listed above.
Ambulance	In & Out	100%	Subject to in-network deductible.
Prescription Drugs			Separate PBM administration through Navitus. Annual out-of-pocket maximums are \$1,000 single/\$2,000 family.

The Standard Plan pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by WPS Health Insurance. In some cases, the amount WPS determines as reasonable may be less than the amount billed by your provider. Some providers are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. WPS will protect the subscriber against collection agencies and a court of law. WPS has contracted providers in Wisconsin and throughout the nation. For more information on 'hold harmless' please call a Member Services representative at the number above or visit our Web site. If such a charge dispute arises, contact WPS.