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# *Deductible HMO - Deductible Standard PPP Addendum*

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CONTENTS:

- Rates
- Questions & Answers
- Plan Description Pages

*Keep this as a reference throughout the year with the  
It's Your Choice book, ET-2128.*

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ET-2159 (Rev 9/2008)

**Wisconsin Public Employers' Group Health Ins.**  
(Participating Local Government Employees & Annuitants)

**2009**



**2009 MONTHLY LOCAL EMPLOYEE RATES:  
DEDUCTIBLE HMO OPTION--DEDUCTIBLE STANDARD PPP**

MONTHLY LOCAL EMPLOYEE GROUP HEALTH INSURANCE RATES FOR 2009	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
	SINGLE/NON-MEDICARE	FAMILY/NON-MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1**
STANDARD PLAN: DANE--PPP <sup>1</sup>	727.10	1813.90	366.20	729.90	1093.30
STANDARD PLAN: MILWAUKEE--PPP <sup>2</sup>	843.20	2104.10	366.20	729.90	1209.30
STANDARD PLAN: WAUKESHA--PPP <sup>3</sup>	782.00	1951.20	366.20	729.90	1148.20
STANDARD PLAN: BALANCE OF STATE--PPP <sup>4</sup>	782.00	1951.20	366.20	729.90	1148.20
STATE MAINTENANCE PLAN	564.60	1408.00	NA	NA	NA
ANTHEM BCBS NORTHEAST	923.50	2305.00	650.10	1297.70	1571.10
ANTHEM BCBS NORTHWEST	685.60	1710.30	531.20	1059.90	1214.30
ANTHEM BCBS SOUTHEAST	923.50	2305.00	650.10	1297.70	1571.10
ARISE HEALTH PLAN	551.00	1373.80	463.80	925.10	1012.30
DEAN HEALTH PLAN	413.50	1030.00	395.10	787.70	806.10
GHC OF EAU CLAIRE	677.50	1690.00	513.80	1025.10	1188.80
GHC OF SOUTH CENTRAL WISCONSIN	446.20	1111.80	425.60	848.70	869.30
GUNDERSEN LUTHERAN HEALTH PLAN	617.30	1539.50	517.50	1032.50	1132.30
HEALTH TRADITION HEALTH PLAN	565.90	1411.00	468.40	934.30	1031.80
HUMANA EASTERN	794.70	1983.00	418.80	835.10	1211.00
HUMANA WESTERN	691.30	1724.50	418.80	835.10	1107.60
MEDICAL ASSOCIATES HEALTH PLAN	459.30	1144.50	358.40	714.30	815.20
MERCYCARE HEALTH PLAN	422.00	1051.30	399.40	796.30	818.90
NETWORK HEALTH PLAN	494.80	1233.30	435.80	869.10	928.10
PHYSICIANS PLUS--MERITER & UW HEALTH	419.50	1045.00	398.10	793.70	815.10
SECURITY HEALTH PLAN	844.90	2108.50	467.90	933.30	1310.30
UNITEDHEALTHCARE NE	533.60	1330.30	455.20	907.90	986.30
UNITEDHEALTHCARE SE	579.20	1444.30	478.00	953.50	1054.70
UNITY COMMUNITY	421.30	1049.50	399.00	795.50	817.80
UNITY UW HEALTH	425.00	1058.80	400.90	799.30	823.40
WPS METRO CHOICE	774.90	1933.50	575.80	1149.10	1348.20

Standard Plan rates are determined by the employer county or the retiree county of residence

STANDARD PLAN AREA INCLUDES THE FOLLOWING:

- <sup>1</sup>DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
- <sup>2</sup>MILWAUKEE: Milwaukee county & retirees and continuants living out of state
- <sup>3</sup>WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
- <sup>4</sup>BALANCE OF STATE: All other Wisconsin counties

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

\*Medicare Family 2=Two or more family members enrolled in Medicare Parts A, B, & D.

\*\*Medicare Family 1=One family member enrolled in Medicare Parts A, B, & D.

Medicare premium rates apply only to subscribers who have terminated employment.

# FREQUENTLY ASKED QUESTIONS AND THEIR ANSWERS

## General Information

***Can my employer pay for my out-of-pocket costs for medical services and prescription drug copays, deductibles and/or coinsurance?***

No, however, if your employer offers you a Section 125 Cafeteria Plan, you may be able to lower the amount you pay for certain medical out-of-pocket costs by having dollars deducted on a pre-tax basis from your payroll, for reimbursement through a medical reimbursement Employee Reimbursement Account (ERA).

If your employer offers you a medical reimbursement ERA program you should know that ERA's allow you to reduce your taxable income by an agreed-upon amount each pay period and to have these amounts set aside to pay certain medical expenses. Contributions are made on a pre-tax basis to your account as established by you annually. These contributions are returned to you by submitting receipts and other required documentation to your employer's ERA vendor.

A medical reimbursement account is used to pay medical expenses for you, your spouse and dependents that are not paid by insurance. This would include deductibles and co-insurance amounts; drugs; dental, vision and hearing care; orthodontia; and other uncovered medical procedures or supplies. Certain over-the-counter drugs such as antacids, allergy, pain and cold remedies, may also be paid.

## Deductible HMO

***How is the Deductible HMO option different from Uniform Benefits, the Traditional HMO option?***

Under the Deductible HMO option, you have an upfront deductible per calendar year of \$500 per individual, \$1,000 per family for medical services. That is, you pay the first \$500 in services per individual or \$1,000 per family. Once the deductible is met, you receive benefits as described in Uniform Benefits, for example, copayment on emergency room visits, coinsurance on durable medical equipment (DME), etc.

***Are there any services that do not apply to the upfront deductible?***

The deductible applies to all medical services. However, pharmacy claims do not apply, and continue to be subject to existing prescription drug copays.

***How will I know when my deductible is met?***

Until you meet your deductible, your HMO will send you an Explanation of Benefits (EOB) each time it processes a claim. The EOB will identify information about the claim, including the provider name, the amount billed, and the amount applying to your deductible, which you are responsible for paying the provider. Typically, you would pay your provider after you receive the EOB from your health plan. The EOB will allow you to track when your deductible is met.

## Deductible Standard Preferred Provider Plan (PPP)

### ***What is this change to a PPP all about?***

The redesign of the Wisconsin Public Employer's Classic Standard Plan into a preferred provider plan (PPP) with a network will be effective on the date selected by your employer. This PPP network offers participants the choice to see any provider, but there are differences in reimbursements depending on whether you go to an in-network or an out-of-network provider. If you receive services from an in-network provider you will have lower out-of-pocket costs. If you choose an out-of-network provider, you contribute more toward your health care costs by incurring additional deductible and coinsurance costs.

This arrangement can be attractive to members who for the most part are comfortable with the plan's providers, but occasionally feel the need to utilize a particular specialist or desire coverage for routine care while traveling. In addition, members who have students away at college may choose the plan to offer comprehensive coverage to all family members, regardless of where they live. The provider network is nation-wide, so covered members who receive care out-of-state will have improved access to providers.

Note that the Deductible Standard PPP uses elements of the Classic Standard Plan, and is separate from Uniform Benefits offered by the alternate plans (HMOs and WPS Metro Choice's PPP). All eligible employees and annuitants have the option to enroll in this plan.

### ***How do I know which providers are in-network providers?***

You can get this information from WPS Health Insurance (WPS) over the Internet at [www.wpsic.com/state](http://www.wpsic.com/state). See the plan description page for more information. Or you can call WPS at (800) 634-6448 for information or to request a printed provider directory.

### ***How is the Deductible Standard PPP with a preferred provider network different from the Classic Standard Plan?***

Under the Deductible Standard PPP, when you receive services from providers, you will need to meet up-front deductible and coinsurance amounts. You will not have to pay the old major medical deductible and co-insurance. If you use in-network providers, you will have lower deductible and coinsurance costs.

Please keep in mind that in- and out-of-network deductibles and coinsurance out-of-pocket *amounts accumulate separately*. Your in-network costs do not apply to the out-of-network deductible and coinsurance, and vice versa. Therefore, if you use both in- and out-of-network providers, you will pay more for your care.

A few other benefits have been adjusted to keep the overall benefit level comparable to the Deductible HMO plan. The lifetime maximum benefit will increase to an overall \$2,000,000 from \$250,000 major medical only.

**A hospital pre-certification program is newly included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice within 48 hours after an emergency admission. If you do not notify WPS, their**

**payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible.** This program does not apply if Medicare pays for your claims first, for example, if you are an annuitant over 65 years old.

Refer to the plan description page for more details. After the effective date your employer has chosen, the Classic Standard Plan will no longer be available to you.

***How does the application of the preferred provider network into the Standard Plan save money and improve services?***

When using a preferred provider network, claim charges are discounted by in-network providers to a greater extent than those of out-of-network providers. As members utilize in-network services, the plan saves money and future increases would reflect the savings.

The Classic Standard Plan was implemented in the 1970s. Health insurance has changed dramatically since that time, and the Classic Standard Plan had become one of the few of its type remaining in the marketplace. With this change in applying a preferred provider network, we hope our plan will become easier to understand and use, for members and providers, as it becomes more similar to other plans in the marketplace. Also, this change helps to keep the cost of administration down.

***Why is the Standard Plan with the Preferred Provider Network being implemented now?***

Over the past few years the Group Insurance Board has been studying alternatives for our plans. One of the goals was to make the plan more cost-effective and affordable. Your employer is also concerned about this, and has selected this option to meet these goals.

## **Deductible State Maintenance Plan (SMP)**

***How are the Deductible SMP benefits different from the old SMP?***

Like the Classic Standard Plan, SMP was a program with major medical deductible and coinsurance amounts based on a benefit design from the 1970's. Under the Deductible SMP option, you'll have an upfront deductible per calendar year of \$500 per individual, \$1,000 per family for medical services. Once met, care is covered at 100% except for certain behavioral health or drug and alcohol services. In addition, the lifetime maximum benefit will increase to an overall \$2,000,000 from \$250,000 major medical only. This change should make the plan easier to understand, and less expensive to administer.

**A hospital pre-certification program is newly included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice within 48 hours after an emergency admission. If you do not notify WPS, their payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible.**

***Has SMP's Network or Eligibility Requirements changed with this redesign to the Deductible SMP?***

No. The Deductible SMP's network is identical to SMP's.

# Deductible Standard Preferred Provider Plan (PPP)

Administered by WPS Health Insurance



1717 West Broadway, PO Box 8190  
Madison, WI 53708-8190  
1-800-634-6448  
[www.wpsic.com/state](http://www.wpsic.com/state)

## Deductible Standard Preferred Provider Plan (PPP)

With the Deductible Standard Preferred Provider Plan (PPP) you receive a comprehensive health plan that provides you with freedom of choice among hospitals and physicians in Wisconsin and across the nation where the amount paid for covered benefits varies depending upon the provider selected. A higher level of benefits is available by using a WPS preferred provider.

## What's New for 2009

The medical policy criteria used to determine coverage for gastric bypass surgery has been updated to reflect evolving standards of care. This change includes eligibility for some members with a body mass index (BMI) of 35, lowered from 40 as long as other criteria are met. The criteria appears in the booklet, available from WPS.

## 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
- Surgery
- Extended Care Facility (except custodial care)
- Routine physical exams (See Exclusions)

## Prior Authorizations

To ensure that services are covered, WPS recommends that members or treating 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
- Pain management injections
- 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. Please call WPS or visit [www.wpsic.com/state](http://www.wpsic.com/state) and follow the member materials links to obtain a copy of the Medical Preauthorization Form.

## 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 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](http://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. 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 or call WPS.*

## Service Centers

We also provide convenient walk-in service at each of our service centers.

### Appleton

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

### Wausau

1800 W. Bridge Street, Suite 200  
Wausau WI 54401

### Madison

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

### Milwaukee

111 W. Pleasant Street, Suite 110  
Milwaukee WI 53212

### Eau Claire

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

## Deductible Standard Preferred Provider Plan (PPP)

### Administered by WPS Health Insurance

**Non-Medicare:** *In-network* deductible is \$500 individual, not to exceed \$1,000 family, then you pay 20% until your out-of-pocket limit has been reached at \$2,000 individual, two per family, per calendar year. *Out-of-network* deductible is \$1,000 individual, not to exceed \$2,000 family, then you pay 30% until your out-of-pocket limit has been reached at \$4,000 individual, two per family, per calendar year. **Medicare:** *In-network* deductible is \$500 individual, not to exceed \$1,000 family. *Out-of-network* deductible is \$1,000 individual, not to exceed \$2,000 family. Thereafter care both in- and out-of-network is covered at 100%. **All members:** \$2,000,000 lifetime maximum.

Health Benefits	In- /Out-of-Network	Plan Pays	Limitations
<b>Physician &amp; Chiropractic Care</b>	In	80%	Subject to in-network deductible.
	Out	70%	Subject to out-of-network deductible.
<b>Hospital</b>	In	80%	365 days semi-private room. Subject to in-network deductible. Pre-admission certification required.
	Out	70%	365 days semi-private room. Subject to out-of-network deductible. Pre-admission certification required.
<b>Lab and X-rays</b>	In & Out	80%	Subject to in-network deductible.
<b>Behavioral Health</b> (Combined w/Alcohol & Drug Abuse)	In & Out	100%	<i>In 2009, annual dollar maximums for Behavioral Health services are suspended.</i> INPATIENT—Of the first \$6,300 per calendar year or 120 days, whichever is less. 90% OUTPATIENT*—of the first \$2,000 per calendar year. 90% TRANSITIONAL—of the first \$3,000 per calendar year.
<b>Alcohol &amp; Drug Abuse</b> (Combined w/Behavioral Health)	In & Out	100%	<i>Total benefits payable shall not exceed \$7,000 per participant per calendar year.</i> INPATIENT—Of the first \$6,300 per calendar year, or 30 days whichever is less. 90% OUTPATIENT*—of the first \$2,000 per calendar year. 90% TRANSITIONAL—of first \$3,000 per calendar years.
<b>Emergency Room</b>	In & Out	80%	Subject to in-network deductible.
<b>Extended Care Facility</b>	In	80%	120 days per admission less hospital days used. In-network deductible applies. Excludes custodial care.
	Out	70%	120 days per admission less hospital days used. Out-of-network deductible applies. Excludes custodial care.
<b>Vision Care</b>	In	80%	For illness/disease. Subject to in-network deductible.
	Out	70%	For illness/disease. Subject to out-of-network deductible.
<b>Prescribed Medical Services/Supplies</b>	In	80%	Subject to in-network deductible.
	Out	70%	Subject to out-of-network deductible.
<b>Transplants</b>	In	80%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Subject to in-network deductible and coinsurance. Excludes all services related to non-covered transplants.
	Out	70%	Out-of-network deductible applies; transplants listed above.
<b>Ambulance</b>	In & Out	80%	Subject to in-network deductible.
<b>Hearing Aids</b>		0%	Not a covered benefit.
<b>Prescription Drugs</b>			Separate PBM administration through Navitus. Annual out-of-pocket maximums do not apply

\*Conforms with Wisconsin State mandates that includes care performed by a physician or payable psychologist. Payable psychologists must be billed by a medical clinic and supervised by a physician, or, if billing independently, must be listed in the National Register of Health Service Providers or certified by the American Board of Professional Psychology.

The Deductible Standard Preferred Provider Plan (PPP) 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 collection attempts in a court-of-law. 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.

## Deductible State Maintenance Plan (SMP) Administered by WPS Health Insurance

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

### Deductible State Maintenance Plan

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment. SMP is administered by WPS Health Insurance.

### Referral Requirements

A formal WPS approved referral is required from your in-network provider when:

1. Seeking care outside the WPS-SMP network
2. Seeking behavioral health services from an out-of-network behavioral 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 an in-network physician requesting any out-of-network services, including behavioral health that WPS has approved. You should not utilize out-of-network providers until the request for referral has been reviewed and approved by WPS. Notification of the decision will be sent to you and your requesting in-network physician. It is ultimately the members' responsibility to make sure the referral is submitted and approved prior to services.

### Covered Services – after Deductible – Medical benefits are not changing in 2009.

- 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.)
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury
- Physical, speech, and occupational therapy when necessitated by illness
- Maternity care
- Surgery
- Office Visits
- Preventative dental and vision services are available for children
- Extended care facility (except custodial care)
- X-ray and laboratory services
- Routine physical exams (See Exclusions)

### 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
- Durable Medical Equipment over \$500
- 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 or contact lenses or **hearing aids** or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Care covered by worker's compensation
- Cosmetic surgery
- Organ transplants except as specifically provided
- Reversals of sterilization

### 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](http://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.

## Deductible State Maintenance Plan (SMP)

### Administered by WPS Health Insurance

Upfront Deductible: \$500 per person, per calendar year; not to exceed \$1,000 per family. After deductible, plan pays 100%. The lifetime maximum benefit is \$2,000,000.

HEALTH BENEFITS	Plan Pays	Limitations
<b>Physician</b>	100%	Selected primary physician or upon referral from primary physician. Subject to deductible.
<b>Hospital</b>	100%	365 days in semi-private room, subject to deductible and pre-certification required.
<b>Laboratory and X-rays</b>	100%	When requested by primary or referral physician, subject to deductible.
<b>Behavioral Health</b> (Combined w/Alcohol & Drug Abuse)	100%	<i>In 2009, 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.
<b>Alcohol and Drug Abuse</b> (Combined with Behavioral Health)	100%	<i>Total benefits payable shall not exceed \$7,000 per participant per calendar year.</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.
<b>Emergency Room</b>	100%	Non-emergency requires referral. Subject to deductible.
<b>Extended Care Facility</b>	100%	120 days per admission less hospital days used. Subject to deductible. Excludes custodial care.
<b>Vision Care</b>	100%	For illness or disease only. Subject to deductible. Annual routine eye exam for children under age 18.
<b>Prescribed Medical Services/Supplies</b>	100%	Subject to deductible.
<b>Transplants</b>	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants. Subject to deductible.
<b>Chiropractic Care</b>	100%	Same as physician
<b>Ambulance</b>	100%	Subject to deductible.
<b>Physical, Speech &amp; Occupational Therapy</b>	100%	Subject to deductible.
<b>Home Hospice Care</b>	100%	80 visits per six months. Subject to deductible.
<b>Hearing Aids</b>	0%	Not a covered benefit.
<b>Infertility Services</b>	0%	Not a covered benefit.
<b>Preventive Dental Care</b>	100%	Limited to children under age 12. Subject to deductible.
<b>Prescription Drugs</b>		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 your primary clinic, except emergency care. Referrals must be pre-approved by WPS.

*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 or call WPS.*

(Over for Additional Information)

**ADDITIONAL INFORMATION**

<b>County</b>	<b>Hospital(s)</b>	<b>Major Clinic(s)</b>
<b>Bayfield</b>	Memorial Medical Center	Duluth Clinic-Ashland Mainstreet Clinic Chequamegon Clinic Red Cliff Health Center
<b>Buffalo</b>		Midelfort Clinic – Mondovi
<b>Crawford</b>	Prairie Du Chien Hospital	Franciscan Skemp-Prairie Du Chien
<b>Dakota **</b>	Fairview Ridges Hospital Regina Medical Center	Allina Clinics Fairview Clinics Park Nicollet Clinics
<b>Florence</b>	Dickinson Memorial Hospital	Florence Medical Center-Dickinson
<b>Forest</b>	Dickinson Memorial Hospital	Crandon Medical Group-Ministry Health Care
<b>Hennepin **</b>	Abbott NW Hospital Children’s Health Care – Minneapolis Fairview Southdale Hospital Hennepin County Medical Center North Memorial Medical Hospital Phillips Eye Institute Park Nicollet Methodist Hospital University of Minnesota Medical Center-Fairview	Allina Clinics Aspen Medical Group Clinics Children’s Clinics Fairview Clinics Health Partners Clinics Park Nicollet Clinics
<b>Iron</b>	Grandview Hospital	Grandview Clinic-Hurley Marshfield Clinic-Mercer Center
<b>Menominee</b>		
<b>Pierce</b>	River Falls Area Hospital	River Falls Medical Clinics-Ellsworth, River Falls and Spring Valley
<b>Pepin</b>	Chippewa Valley Hospital-Durand	Castleburg Clinic-Durand
<b>Ramsey **</b>	Children’s Health Care-St. Paul Gillette Children’s Hospital Health East Bethesda Hospital Health East St John’s Hospital Health East St Joseph’s Hospital Mercy Hospital of Devil’s Lake Regions Hospital United Hospital	Allina Clinics Aspen Medical Group Children’s Medical Clinics Fairview Clinics Health East Clinics Health Partners Clinics
<b>Washington **</b>	Lakeview Hospital Woodwinds Health Campus	Allina Clinics Health East Clinics Health Partners Clinic

**\*\* Minnesota County**

- This column provides only a general summary of major provider groups. For a complete listing, please visit our web site at [www.wpsic.com/state](http://www.wpsic.com/state) or call WPS Member Services Department at 1-800-634-6448.
- **SMP will be newly available in Crawford and Pierce Counties.** Note this network change includes provider in counties bordering Wisconsin, for example in **Dakota, Hennepin, Ramsey and Washington Counties for MN and Dickinson, Gogebic and Iron Counties for MI** in order to support the network for SMP counties.



