



Coinsurance HMO— Standard PPO Addendum

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2014 Wisconsin Public Employers Group Health Insurance Program



Participating Local Government
Employees & Annuitants

Keep this as a reference throughout the year with the *It's Your Choice* guides.

2014 Monthly Local Rates: Coinsurance HMO Option—Standard PPO

Plan Name	Tier	Non-Medicare rates*		Medicare Rates		
		Single	Family	Single	Medicare 1 Eligible**	Medicare 2 Eligible***
Anthem Blue Northeast	1	718.90	1,790.70	496.80	1,211.30	989.20
Anthem Blue Southeast	1	771.00	1,921.00	522.60	1,289.20	1,040.80
Arise Health Plan	1	935.70	2,332.70	605.20	1,536.50	1,206.00
Dean Health Plan	1	659.50	1,642.20	460.20	1,115.30	916.00
Dean Health Insurance Prevea360	1	806.40	2,009.50	531.80	1,333.80	1,059.20
GHC of Eau Claire	1	1,077.30	2,686.70	556.30	1,629.20	1,108.20
GHC of South Central Wisconsin	1	567.80	1,413.00	421.30	984.70	838.20
Gundersen Health Plan	1	721.30	1,796.70	375.60	1,092.50	746.80
HealthPartners	1	842.60	2,100.00	530.90	1,369.10	1,057.40
Health Tradition Health Plan	1	664.50	1,654.70	461.60	1,121.70	918.80
Humana Eastern	3	1,094.80	2,730.50	343.30	1,433.70	682.20
Humana Western	1	1,094.80	2,730.50	343.30	1,433.70	682.20
Medical Associates Health Plan	1	670.70	1,670.20	370.00	1,036.30	735.60
Medicare Plus****	N/A****	N/A****	N/A****	414.30	N/A****	825.10
MercyCare Health Plan	1	545.60	1,357.50	382.50	923.70	760.60
Network Health Plan	1	772.70	1,925.20	523.70	1,292.00	1,043.00
Physicians Plus	1	635.00	1,581.00	426.80	1,057.40	849.20
Security Health Plan	3	1,072.80	2,675.50	508.30	1,576.70	1,012.20
Standard Plan - Balance of State-PPO ¹ & ****	3	1,042.60	2,600.20	N/A****	1,456.90	N/A****
Standard Plan - Dane - PPO ² & ****	3	967.80	2,414.90	N/A****	1,382.10	N/A****
Standard Plan - Milwaukee - PPO ³ & ****	3	1,127.40	2,813.30	N/A****	1,541.70	N/A****
Standard Plan - Waukesha - PPO ⁴ & ****	3	1,042.60	2,600.20	N/A****	1,456.90	N/A****
State Maintenance Plan (SMP)****	1	735.70	1,834.40	N/A****	1,150.00	N/A****
UnitedHealthCare	1	814.00	2,028.50	544.30	1,353.90	1,084.20
Unity Community	1	586.10	1,458.70	415.20	996.90	826.00
Unity UW Health	1	538.10	1,338.70	392.70	926.40	781.00
WEA Trust PPO - East	1	761.00	1,896.00	517.90	1,274.50	1,031.40
WEA Trust PPO - Northwest	1	890.50	2,219.70	582.60	1,468.70	1,160.80
WEA Trust PPO - South Central	1	742.30	1,849.20	508.50	1,246.40	1,012.60
WPS Metro Choice Northwest	1	1,070.00	2,668.50	672.40	1,738.00	1,340.40
WPS Metro Choice Southeast	3	1,298.00	3,238.50	786.40	2,080.00	1,568.40
Standard Plan Area Includes The Following:	¹ BALANCE OF STATE: All other Wisconsin counties ² DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix ³ MILWAUKEE: Milwaukee County, also applies to retirees and continuants living out of state ⁴ WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha					

N/A= "not applicable."

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

*Members of new participating employers may have a surcharge added to their rates. Your employer will inform you. Contact your payroll office with questions.

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

***Medicare 2 Eligible= Family coverage with all insured members enrolled in Medicare Parts A, B & D.

****Members with Standard Plan or SMP coverage who become enrolled in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Standard Plan or SMP.

Comparison of Benefit Options

BENEFIT	UNIFORM BENEFITS FOR ELIGIBLE PARTICIPANTS WHO ARE NOT ELIGIBLE FOR NOR ENROLLED IN MEDICARE AS THE PRIMARY PAYOR	UNIFORM BENEFITS FOR RETIRED PARTICIPANTS FOR WHOM MEDICARE IS THE PRIMARY PAYOR
Annual Deductible ¹	No deductible ²	No deductible ²
Annual Coinsurance ³ & Out-of-Pocket Limit (OOPL)	90%/10% to annual OOPL \$500 individual/\$1,000 family except as described ⁴	As described in this grid and the one on the following page.
Routine Preventive	100% ⁵	100%
Hospital Days	90%/10% coinsurance to OOPL as medically necessary, plan providers only. No day limit.	100% as medically necessary, plan providers only. No day limit.
Emergency Room	\$75 copay per visit, 90%/10% coinsurance thereafter to OOPL	\$60 copay per visit
Ambulance	90%/10% coinsurance to OOPL	100%
Transplants <i>(May cover these and others listed)</i>	90%/10% coinsurance to OOPL. <i>Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung</i>	100% <i>Bone marrow, parathyroid, musculoskeletal, corneal, kidney, heart, liver, kidney/pancreas, heart/lung, and lung</i>
Mental Health/ Alcohol & Drug Abuse	90%/10% coinsurance to OOPL Inpatient, Outpatient & Transitional	100% Inpatient, Outpatient & Transitional
Hearing Exam	90%/10% coinsurance to OOPL	100%
Hearing Aid (per ear)	Every three years: Adults, 80%/20%, up to plan paid \$1,000 (not to OOPL); dependents younger than 18 years, 90%/10% to OOPL.	Every three years: Adults, 80%/20%, up to plan paid \$1,000; dependents younger than 18 years, 100%.
Cochlear Implants	Adults, 80%/20% for device, surgery for implantation, follow-up sessions (not to OOPL); 90% hospital charge for surgery. Dependents under 18, 90% coinsurance up to OOPL for all services.	Adults, 80%/20% for device, surgery for implantation, follow-up sessions; 100% hospital charge. Dependents under 18, 100%.

Note: Footnotes below refer to the chart on pages 2 through 5.

¹ Deductible applies to all services, except prescription drugs.

² PPOs have out-of-network deductibles. See PPO Plan Descriptions (WEA Trust PPOs and WPS Metro Choice) for details.

³ Coinsurance applies to all services up to the listed out-of-pocket limit (OOPL), then all services are covered at 100%.

⁴ PPOs have out-of-network coinsurance. See Health Plan Descriptions for detail.

⁵ As required by federal law, see list at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. Note: coinsurance may vary by age.

⁶ This is separate from other out-of-pocket limits (OOPL), such as the medical.

⁷ Level 3 copays do not apply to the OOPL.

⁸ Medicare Plus supplements Medicare's payment up to 100% coverage. If Medicare denies, this plan also denies except as stated.

Comparison of Benefit Options

BENEFIT	UNIFORM BENEFITS FOR ELIGIBLE PARTICIPANTS WHO ARE NOT ELIGIBLE FOR NOR ENROLLED IN MEDICARE AS THE PRIMARY PAYOR	UNIFORM BENEFITS FOR RETIRED PARTICIPANTS FOR WHOM MEDICARE IS THE PRIMARY PAYOR
Routine Vision Exam	90%/10% coinsurance to OOPL for all members except 100% for children under age 5 ⁵	100%, one per year
Skilled Nursing Facility (non custodial care)	90%/10% coinsurance to OOPL, 120 days per benefit period	100%, 120 days per benefit period
Home Health (non custodial)	90%/10% coinsurance to OOPL, 50 visits per year. Plan may approve an additional 50.	100%, 50 visits per year. Plan may approve an additional 50.
Physical/Speech /Occupational Therapy	90%/10% coinsurance to OOPL, 50 visits per year. Plan may approve an additional 50.	100%, 50 visits per year. Plan may approve an additional 50.
Durable Medical Equipment	80%/20% coinsurance to OOPL	80%/20% coinsurance to annual \$500 OOPL per individual
Hospital Pre-Certification	Varies by plan	Varies by plan
Referrals	In-network varies by plan. Out-of-network required.	In-network varies by plan. Out of network required.
Treatment for Morbid Obesity	Excluded	Excluded
Oral Surgery	90%/10% coinsurance to OOPL, 11 procedures	100%, 11 procedures
Dental Care	Uniform Dental Benefit, if offered	Uniform Dental Benefit, if offered
Drug Copays and OOPL ⁶ (non-specialty)	Level 1=\$5; 2=\$15; 3=\$35 ⁷ . OOPL \$410 individual/\$820 family	Level 1=\$5; 2=\$15; 3=\$35 ⁷ . OOPL \$410 individual/\$820 family
Specialty Drug Copays and OOPL ⁶ - Preferred Pharmacy	Formulary drugs \$15 to OOPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPL.	Formulary drugs \$15 to OOPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPL.
Specialty Drug Copays and OOPL ⁶ - Non-Preferred Pharmacy	Formulary drugs \$50 to OOPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPL.	Formulary Drugs \$50 to OOPL \$1,000 individual/\$2,000 family. Non-formulary drugs \$50, no OOPL.

Comparison of Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS and Medicare Part A, B and D ⁸
	Preferred Provider	Non-Preferred Provider	
Annual Deductible ¹	\$250 individual/\$500 family	\$500 individual/\$1,000 family	No deductibles
Annual Coinsurance ³ & OOP	90%/10% Annual OOP (<i>includes deductible</i>): \$1,000 individual/\$2,000 family	70%/30% Annual OOP (<i>includes deductible</i>): \$2,000 individual/\$4,000 family	100%
Routine Preventive	100% ⁵	Deductible and coinsurance	100% Covered by Medicare only.
Hospital Days	Deductible and coinsurance as medically necessary, no day limit	Deductible and coinsurance as medically necessary, no day limit	100% 120 days; semi-private room
Emergency Room	\$75 copay per visit, deductible and coinsurance thereafter.	\$75 copay per visit, Preferred Provider deductible and coinsurance thereafter.	100% no copay.
Ambulance	Deductible and coinsurance	Deductible and coinsurance	100%
Transplants (<i>May cover these and others listed</i>)	Deductible and coinsurance <i>Bone marrow, musculoskeletal, corneal, and kidney</i>	Deductible and coinsurance <i>Bone marrow, musculoskeletal, corneal, and kidney</i>	100% <i>for Medicare approved heart, lung, kidney, pancreas, intestine, bone marrow, cornea, and liver transplants in a Medicare-certified facility.</i>
Mental Health/ Alcohol & Drug Abuse	Deductible and coinsurance	Deductible and coinsurance	Inpatient 100%, up to 120 days. Outpatient & Transitional 100%
Hearing Exam	Benefit for illness or disease to deductible and coinsurance	Benefit for illness or disease to deductible and coinsurance	Benefit for illness or disease 100%
Hearing Aid (per ear)	For dependents younger than 18 years only, every three years—deductible and coinsurance	For dependents younger than 18 years only, every three years—deductible and coinsurance	For dependents younger than 18 years only, every three years—100%
Cochlear Implants	Dependents under 18, deductible and coinsurance device, surgery, follow-up sessions.	Dependents under 18, deductible and coinsurance device, surgery, follow-up sessions.	Dependents under 18, 100% device, surgery, follow-up sessions.

Comparison of Benefit Options

BENEFIT	STANDARD PLAN		MEDICARE PLUS and Medicare Part A, B and D ⁸
	Preferred Provider	Non-Preferred Provider	
Routine Vision Exam	100% for children under age 5 ⁵ . Illness or disease only, deductible and coinsurance	No benefit for routine. Illness or disease only, deductible and coinsurance	No benefit for routine. Illness or disease only, 100%
Skilled Nursing Facility (non custodial care)	Deductible and coinsurance, as medically necessary, 120 days per benefit period	Deductible and coinsurance, as medically necessary, 120 days per benefit period	Medicare approved facility: 100% 120 days/benefit period. Non-Medicare approved facility, if transferred within 24 hours of hospital release, benefits payable up to 30 days/ confinement.
Home Health (non custodial)	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50.	100%
Physical/Speech/Occupational Therapy	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50.	Deductible and coinsurance, 50 visits per plan year. Plan may approve an additional 50.	100%,
Durable Medical Equipment	Deductible and coinsurance	Deductible and coinsurance	100%
Hospital Pre-Certification	WPS Medical Management Program for inpatient stays.	WPS Medical Management Program for inpatient stays.	None required
Treatment for Morbid Obesity	Preferred provider deductible and coinsurance at Centers of Excellence provider	Non-preferred provider deductible and coinsurance outside Centers of Excellence provider	100% for Medicare covered service
Oral Surgery	23 procedures— deductible and coinsurance	23 procedures— deductible and coinsurance	100%
Dental Care	No benefit	No benefit	No benefit
Drug Copays and OOP ⁶ (non-specialty)	Level 1=\$5; 2=\$15; 3=\$35 ⁷ . OOP \$1,000 individual/ \$2,000 family	Level 1=\$5; 2=\$15; 3=\$35 ⁷ . OOP \$1,000 individual/ \$2,000 family	Level 1=\$5; 2=\$15; 3=\$35 ⁶ . OOP \$410 individual/\$820 family
Specialty Drug Copays and OOP ⁶	Formulary Drugs \$15 to OOP \$1,000 individual/\$2,000 family. Non-Formulary drugs \$50, no OOP.	Formulary Drugs \$50 to OOP \$1,000 individual/\$2,000 family. Non-Formulary drugs \$50, no OOP.	Drugs at Preferred Pharmacy, see Preferred Provider column. Drugs at Non-Preferred Pharmacy, see Non-Preferred Provider column.

The Comparison of Benefit Options charts on the preceding pages are designed to compare Uniform Benefits, the Standard PPO and Medicare Plus. They are not intended to be a complete description of coverage. Differences might exist among the health plans in the administration of the Uniform Benefits package.

Federally required Summaries of Benefits and Coverage (SBCs) and the Uniform Glossary are available at: etf.wi.gov/members/health-plan-summaries.htm. If you need printed copies sent to you, please call ETF at 1-877-533-5020 to let us know which plan's Summary of Benefits and Coverage you want.

Uniform Benefits: Schedule of Benefits

All benefits are paid according to the terms of the Master Contract between the Health Plan and PBM and Group Insurance Board. Uniform Benefits in the *It's Your Choice: Reference Guide* (ET-2128r-13) and this Schedule of Benefits are wholly incorporated in the Master Contract. The Schedule of Benefits describes certain essential dollar or visit limits of Your coverage and certain rules, if any, You must follow to obtain covered services.

Benefit	Eligible Participants of a participating Wisconsin Public Employer who are not eligible for nor enrolled in Medicare as the primary payer
Annual Medical Coinsurance	90%/10% except as described below. Coinsurance applies to Out-of-Pocket-Limit (OOPL) except as described below.
Annual Medical Out-of-Pocket Limit (OOPL)	\$500 Participant/\$1,000 aggregate family limit except as described below.
Routine, preventive services as required by federal law	100%*
Illness/injury related services	90% (10% member cost to OOPL)
Emergency Room Copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	\$75 does not accumulate to OOPM, after copay 90% (10% member cost to OOPL)
Medical Supplies, Durable Medical Equipment and Durable Diabetic Equipment and Related Supplies	80% (20% member cost to OOPL)
Cochlear Implants for Participants age 18 and older	90% hospital charges. (10% member cost to OOPL) 80% device, surgery for implantation, follow-up sessions to train on use. (20% member cost does not apply to OOPL)
Cochlear Implants Participants under age 18	As required by Wis. Stat. §632.895 (16), 90% for hospital charges, device, surgery for implantation and follow-up sessions to train on use. (10% member cost to OOPL)
Hearing Aids for Participants age 18 and older. One aid per ear no more than once every 3 years.	80% (20% member cost does not apply to OOPL) Maximum health plan payment of \$1,000 per hearing aid.
Hearing Aids for Participants under age 18	As required by Wis. Stat. §632.895 (16), 90% (10% member cost to OOPL).

*As required by federal law. See <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. Note, coinsurance can vary by age.

FREQUENTLY ASKED QUESTIONS AND THEIR ANSWERS

General Information

CAN MY EMPLOYER PAY FOR MY OUT-OF-POCKET COSTS FOR MEDICAL SERVICES AND PRESCRIPTION DRUG COINSURANCE AND/OR COPAYS?

No, however, if your employer offers you a medical Flexible Spending Account (FSA), you may be able to lower the amount you pay for certain medical out-of-pocket costs.

A medical FSA program allows 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 FSA administrator.

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 coinsurance amounts; drugs; dental, vision and hearing care; orthodontia; and other uncovered medical procedures or supplies.

Coinsurance HMO (for the Alternate Plans) (FOR ELIGIBLE PARTICIPANTS WHO ARE NOT ELIGIBLE FOR NOR ENROLLED IN MEDICARE AS THE PRIMARY PAYOR)

HOW IS THE COINSURANCE HMO OPTION DIFFERENT FROM UNIFORM BENEFITS- TRADITIONAL OR FULL PAY HMO OPTION?

Under the Coinsurance HMO option, you pay 10% for non-preventive medical services up to an annual Out-of-Pocket Limit (OOPL) of \$500 per individual, \$1,000 per family with the exception of federally mandated preventive care services, that are paid for in full.

ARE THERE ANY SERVICES THAT DO NOT APPLY TO THE MEDICAL COINSURANCE AND OOPL?

The coinsurance does not apply to federally mandated preventive care services. In addition, pharmacy claims do not apply and continue to be subject to prescription drug copays with separate OOPLs.

WHAT ARE ROUTINE OR PREVENTIVE SERVICES, AND WHY ARE THEY TREATED DIFFERENTLY THAN TREATMENT OF AN ILLNESS OR INJURY?

Routine, preventive care is care that is designed to help prevent disease, or to diagnose it in the early stages. Federal health care reform requires first dollar coverage of preventive care services when grandfathering is lost as a result of significant benefit and/or premium changes. The list of federally required preventive services is available at: <https://www.healthcare.gov/what-are-my-preventive-care-benefits/>. Your provider uses standardized codes to bill your insurer for services. These codes require providers, when performing a non-trivial treatment of an illness or injury, to separate the claim from the preventive service. In general, don't expect to have the evaluation or treatment of an illness or injury paid as preventive when it occurs during a preventive exam.

HOW WILL I KNOW WHEN MY COINSURANCE AND OOPL IS MET?

Until you meet your OOPL, your health plan 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 coinsurance and OOPL, 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 OOPL is met.

Standard Preferred Provider Organization (PPO)

WHAT IS THIS CHANGE TO A PPO ALL ABOUT?

The redesign of the Wisconsin Public Employer's Standard Plan into a preferred provider organization (PPO) with a network will be effective on January 1, 2013, or the date selected by your employer. This PPO 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. When you receive services from providers, you will need to meet up-front deductible and coinsurance amounts with the exception of in-network federally mandated preventive care services, that are paid for in full. 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.

Please note 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 hospital pre-certification program is included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice with 48 hours after an emergency admission or as soon as reasonably possible. 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.

Refer to the plan description page for more details. 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 nationwide, so covered members who receive care out-of-state will have improved access to providers.

Note that the Standard PPO is separate from Uniform Benefits offered by the alternate plans (HMOs, WPS Metro Choice and WEA Trust PPOs). 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) at www.wpsic.com/state. See the plan description page for more information. You may also call WPS at (800) 634-6448 for information or to request a printed provider directory.

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 service, the plan saves money and future increases would reflect the savings.

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 studied 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.

IF I WANT THE FREEDOM OF PROVIDER CHOICE OF THE STANDARD PPO AND AM RETIRED WHERE MY DEPENDENTS OR I HAVE MEDICARE, WHAT IS MY BENEFIT PLAN?

Insured Retirees and their dependents who are eligible for Medicare Parts A & B and choose the Standard Plan will be automatically enrolled in Medicare Plus. Medicare Plus is a Medicare supplement plan. An insured retiree and his/her dependents who are not eligible for Medicare will remain in the Standard Plan.

Refer to the Comparison of Benefit Options in this addendum and the Medicare Plus plan description page in the It's Your Choice: Decision Guide for more details.

State Maintenance Plan (SMP)

HOW ARE SMP BENEFITS DIFFERENT FROM THE OLD SMP?

Effective January 1, 2013, SMP benefits have been changed to match those of the Uniform Benefits plan offered to you and explained in the Comparison of Benefits Options listed in this addendum. This benefit change does not impact the network in place.

A hospital pre-certification program is included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice with 48 hours or as soon as reasonably possible after an emergency admission. If you do not notify WPS Health Insurance (WPS), their payment for your claim will be reduced by \$100.

Standard PPO Plan

Administered by WPS Health Insurance

800-634-6448 www.wpsic.com/state

What's New for 2014

WPS Health Insurance has reached an agreement with Aurora Health Care to offer their providers through our WPS Network. Our new relationship with Aurora improves our already exceptional list of provider collaborations. Aurora offers 15 hospitals, 172 clinics and more than 1,500 employed physicians, as well as affiliations with 3,000 independent physicians.

General Information

The Standard Plan is a comprehensive health plan that provides you with freedom of choice among hospitals and physicians in Wisconsin and nationwide. A higher level of benefits is available by using a preferred or in-network provider which are available nationwide. For detailed information, see the Health Care Benefit Plan booklet at <http://etf.wi.gov/publications/et2160.pdf>.

Provider Directory

Go to wpsic.com/state/pdf/dir2014_statewide_eastern.pdf or wpsic.com/state/pdf/dir2014_statewide_western.pdf to search for a provider within Wisconsin and bordering areas. You can also visit wpsic.com/state/fad2014-state-national.shtml to search for providers within Wisconsin, as well as nationwide. You may also contact member services to request a copy.

Other: Pre-Certification

To avoid a \$100 inpatient benefit reduction, you, a family member or a provider must notify WPS of any inpatient hospitalization to request pre-certification.

Referrals and Prior Authorizations

Referrals are not needed.

Members or providers may request prior authorization for services when concerned if WPS will pay and at what rate. Without an approved prior authorization, WPS may deny payment. **Prior Authorization is required for lower back surgery and high-tech radiology services.** Please visit wpsic.com/state and follow the Member Materials link to obtain a copy of a Medical Preauthorization Request Form or call member services.

Mental & Behavioral Health Services

Medically necessary services are available when performed by licensed mental health professionals practicing within the scope of their license. Inpatient services will be limited to 365 days.

Dental Benefits

No dental coverage provided.