

**VOLUNTARY PLAN**  
**2019–2020**

*Health insurance for students of colleges and universities in the Wisconsin Association of Independent Colleges and Universities (WAICU)*



# AFFORDABLE HEALTH INSURANCE SPECIALLY DESIGNED FOR YOU

As a college student, health insurance is probably the last thing on your mind. But not having health coverage when you need it is something that could cost you big money. That's why the Wisconsin Association of Independent Colleges and Universities (WAICU) has teamed up with WPS Health Insurance to offer students convenient, affordable, individual Affordable Care Act-compliant student health plans that give you the protection you need. Check out the rest of this brochure to find out more.

## WHO IS WPS?

WPS Health Insurance is a not-for-profit corporation that provides high-quality health care coverage to the residents of Wisconsin. WPS has been recognized as one of the World's Most Ethical Companies® 10 years in a row by the international Ethisphere® Institute.\* WPS stands ready to serve you with dependable coverage, expert service, and values you can count on. Call **800-332-6421** to talk with a friendly representative today.

## AM I ELIGIBLE?

All domestic and international students taking at least six credit hours are able to purchase this plan. Once enrolled, you must actively attend classes for at least 31 days after coverage begins or you will become ineligible and lose your coverage. Participation in home study, correspondence, internet, and television courses is not considered active class attendance. (See policy for details.)

Your dependents are also eligible for this coverage. Dependents include spouses, domestic partners, and eligible children. Coverage for dependents can only be continued as long as you remain an eligible student.

## WHAT DOCTORS CAN I SEE?

All services you receive at your Student Health Center are covered at 100% at no additional cost to you.

For services you receive outside the Student Health Center, you are free to see any doctor you choose. This plan uses a two-tier provider system, meaning that you will pay different deductible or coinsurance amounts depending on which tier your provider is in.

Tier 1 providers are all of the providers in our WPS Statewide Network (see [wpshealth.com](http://wpshealth.com) for details).

All other providers are considered Tier 2. Services obtained from a Tier 2 provider are covered. However, you would pay a higher portion from your own pocket for these services. (See policy for details.)

\*2010-2019 World's Most Ethical Companies®, Ethisphere® Institute, [worldsmoethicalcompanies.ethisphere.com/honorees/](http://worldsmoethicalcompanies.ethisphere.com/honorees/).

## WHAT DOES THE POLICY COVER?

Please refer to the next page of the brochure entitled **High-Deductible Health Plan Option**.

Under this option, almost all health care services you receive, outside of your Student Health Center, are subject to a deductible. Certain services, such as preventive visits, are paid at 100% and not subject to a deductible. (See policy for details.)

Enrolling in the coverage is easy! Simply download the enrollment application from the WPS website ([wpshealth.com/waicu](http://wpshealth.com/waicu)), and send the completed enrollment application, with your premium payment, to WPS. Please note that if you are electing to enroll in the coverage, fall students must submit the completed application with premium to WPS by Sept. 30 and spring students must submit the information to WPS by Feb. 28.

For questions on how to enroll, please contact WPS at **800-332-6421**.

## WHAT IF I WANT MORE COVERAGE THAN THE BASIC HIGH-DEDUCTIBLE PLAN OFFERS?

Because this plan offers basic benefits, WPS also offers another coverage option, for additional premium payments. Please refer to the pages of this brochure entitled **\$0 Deductible Health Plan Option**.

### **\$0 Deductible Health Plan Option**

This option does not have an up-front deductible for services received at a Tier 1 provider. Instead, with the exception of physician office visits and certain preventive services, WPS will provide benefits at 80% and you pay the remaining 20%, up to the policy year maximum.

For drug tier information, see benefit chart for details.

In order to enroll in this additional coverage, you must submit an enrollment application, with the appropriate premium, by Sept. 30 for fall enrollees and Feb. 28 for spring enrollees. See [wpshealth.com/waicu](http://wpshealth.com/waicu) for the application and rates.

## DOES THE PLAN INCLUDE ANY ONLINE HEALTH TOOLS?

The WPS Wellness page ([wpshealth.com/resources/wellness/healthwise.shtml](http://wpshealth.com/resources/wellness/healthwise.shtml)) connects you with powerful resources designed to help you make good health decisions. As a WPS customer, you will also have access to telehealth services from Teladoc®. You can talk to board-certified doctors by phone or video 24/7. You can request a visit on demand or schedule it for the time that works best for you. Use it at home, school, or while traveling. Doctors can even prescribe medication when necessary.

Mail your claims to:

**WPS Health Insurance**  
P.O. Box 21341  
Eagan, MN 55121

# High-Deductible Health Plan Option<sup>†</sup>

## WHAT SERVICES ARE COVERED?

### Plan Summary

Participant Annual Maximum Benefit: **None**

	<b>Annual Deductible Individual/Family</b>	<b>Out-of-Pocket Limit Individual/Family</b>
Student Health Center	\$0/\$0	\$0/\$0
Tier 1	\$6,350/\$12,700	\$6,350/\$12,700
Tier 2	\$12,700/\$25,400	\$19,000/\$38,000

<b>Services</b>	<b>Student Health Center</b>	<b>(WPS Statewide Network)** Tier 1 Provider</b>	<b>(Non-Preferred) Tier 2 Provider</b>
<b>No Deductible Required for the Following Services, Plan Pays:</b>			
Routine Services (Excluding Immunizations)	100%	100%	80% <sup>†</sup>
Immunizations	100%	100%	100% (only payable up to age 6)
<b>After Deductible, Plan Pays:</b>			
Physician Office Visits	100%	100%	80%
Telehealth Visits (Through Teladoc®)	N/A	100%	Not Covered
Emergency Room Visits	N/A	100%	100%
Emergency Room Services	N/A	100%	100%
Outpatient Services (Includes X-Rays and Labs)	100%	100%	80%
Outpatient Physical, Speech, Occupational, Massage, and Respiratory Therapy. (Limited to 20 Visits Each per Year)	100%	100%	80%
Routine Dental Services	Not Covered		
Dental Services Due to Injury	100%	100%	80%
Hospital Expenses*	100%	100%	80%
Surgeon's Fees	100%	100%	80%
Anesthesia Services	100%	100%	80%

# High-Deductible Health Plan Option

<b>Services</b>	<b>Student Health Center</b>	<b>(WPS Statewide Network)** Tier 1 Provider</b>	<b>(Non-Preferred) Tier 2 Provider</b>	
Chemotherapy and Radiation Therapy	100%	100%	80%	
<b>After Deductible, Plan Pays:</b>				
Ambulance Services***	100% After Tier 1 Deductible			
Injuries Due to Sports	100%	100%	80%	
Durable Medical Equipment***	100%	100%	80%	
Maternity and Complications of Pregnancy	100%	100%	80%	
Nervous and Mental, Drug and Alcohol				
▪ Inpatient/Transitional	100%	100%	80%	
▪ Outpatient Visits	100%	100%	80%	
Free Visits	Any Combination of 3 PCP, Chiropractic, and/or Behavioral Health Visits			
<b>Drug Coverage</b>	<b>Generic Drugs</b>	<b>Preferred Brand Drugs</b>	<b>Non-Preferred Brand Drugs</b>	<b>Specialty Drugs</b>
<b>You Pay:</b>				
Covered Prescription Drugs	\$10	\$35	\$60	25% to \$500

\* This is NOT an HSA-qualified plan.

\* Prior authorization is required for all inpatient hospital confinements.

\*\* Outside of Wisconsin, the Tier 1 network is First Health.

\*\*\* Please visit our website at [wpshealth.com](http://wpshealth.com) for prior authorization requirements.

# \$0 Deductible Health Plan Option

## WHAT SERVICES ARE COVERED?

### Plan Summary

Participant Annual Maximum Benefit: **None**

	Annual Deductible Individual/Family	Out-of-Pocket Limit Individual/Family
Student Health Center	\$0/\$0	\$0/\$0
Tier 1	\$0/\$0	\$6,350/\$12,700
Tier 2	\$1,000/\$2,000	\$11,000/\$22,000

Services	Student Health Center	(WPS Statewide Network)** Tier 1 Provider	(Non-Preferred) Tier 2 Provider
<b>No Deductible Required for the Following Services; Plan Pays:</b>			<b>After Deductible, Plan Pays:</b>
Routine Services (Excluding Immunizations)	100%	100%	80%
Immunizations	100%	100%	100% only payable up to age 6
Physician Office Visits	100%	\$25 copay then 100%	50%
Telehealth Visits (Through Teladoc®)	N/A	100%	Not Covered
Emergency Room Visits	N/A	80%	80%
Emergency Room Services	N/A	80%	80%
Outpatient Services (Includes X-Rays and Labs)	100%	80%	50%
Outpatient Physical, Speech, Occupational, Massage, and Respiratory Therapy. (Limited to 20 Visits Each per Year)	100%	80%	50%
Routine Dental Services	Not Covered		
Dental Services Due to Injury	100%	80%	50%
Hospital Expenses*	100%	80%	50%
Surgeon's Fees	100%	80%	50%

## \$0 Deductible Health Plan Option

<b>Services</b>	<b>Student Health Center</b>	<b>(WPS Statewide Network)** Tier 1 Provider</b>	<b>(Non-Preferred) Tier 2 Provider</b>	
Anesthesia Services	100%	80%	50%	
Chemotherapy and Radiation Therapy	100%	80%	50%	
<b>No Deductible Required for the Following Services; Plan Pays:</b>			<b>After Deductible, Plan Pays:</b>	
Ambulance Services***	80%			
Injuries Due to Sports	100%	80%	50%	
Durable Medical Equipment***	100%	80%	50%	
Maternity and Complications of Pregnancy	100%	80%	50%	
Nervous and Mental, Drug and Alcohol				
▪ Inpatient/Transitional	100%	80%	50%	
▪ Outpatient Visits	100%	\$25 copay, then 100%	50%	
<b>Drug Coverage</b>	<b>Generic Drugs</b>	<b>Preferred Brand Drugs</b>	<b>Non-preferred Brand Drugs</b>	<b>Specialty Drugs</b>
	<b>You Pay:</b>			
Covered Prescription Drugs	\$10	\$35	\$60	25% to \$500

\* Prior authorization is required for all inpatient hospital confinements.

\*\* Outside of Wisconsin, the Tier 1 network is First Health.

\*\*\* Please visit our website at [wpshealth.com](http://wpshealth.com) for prior approval requirements.

# HIGH-DEDUCTIBLE PLAN OPTION MONTHLY RATES

This plan features preferred and non-preferred benefits.

**Medical Benefits:** \$6,350 Deductible, 100% Coverage for Tier 1 Providers

- Broad statewide and national networks
- Meets ACA minimum essential benefit requirements
- No pre-existing condition exclusion
- First-dollar coverage at student health centers

Age	Student Rate	Spouse/ Child Rate	Age	Student Rate	Spouse/ Child Rate
<21	140.49	157.35	43	300.22	336.24
21	221.24	247.78	44	309.07	346.16
22	221.24	247.78	45	319.47	357.80
23	221.24	247.78	46	331.86	371.68
24	221.24	247.78	47	345.79	387.29
25	222.11	248.77	48	361.72	405.13
26	226.55	253.74	49	377.43	422.72
27	231.85	259.68	50	395.13	442.55
28	240.48	269.34	51	412.61	462.13
29	247.56	277.27	52	431.86	483.68
30	251.10	281.23	53	451.32	505.47
31	256.42	287.19	54	472.34	529.02
32	261.73	293.13	55	493.37	552.57
33	265.04	296.85	56	516.14	578.08
34	268.57	300.81	57	539.16	603.85
35	270.36	302.80	58	563.72	631.37
36	272.13	304.79	59	575.88	644.99
37	273.89	306.75	60	600.44	672.49
38	275.66	308.74	61	621.68	696.28
39	279.20	312.70	62	635.61	711.88
40	282.74	316.68	63	653.10	731.46
41	288.06	322.62	64+	663.71	743.35
42	293.14	328.32			

Premium payment for the entire coverage period selected is due at the beginning of the coverage period. Rates are not billed monthly.



# \$0 DEDUCTIBLE PLAN OPTION MONTHLY RATES

This plan features preferred and non-preferred benefits.

## Medical Benefits: \$0 Deductible, 80% Coverage for Tier 1 Providers

- Broad statewide and national networks
- Meets ACA minimum essential benefit requirements
- No pre-existing condition exclusion
- First-dollar coverage at student health centers

Age	Student Rate	Spouse/ Child Rate	Age	Student Rate	Spouse/ Child Rate
<21	274.60	307.56	43	586.82	657.24
21	432.44	484.34	44	604.13	676.63
22	432.44	484.34	45	624.46	699.40
23	432.44	484.34	46	648.68	726.53
24	432.44	484.34	47	675.92	757.03
25	434.17	486.27	48	707.05	791.90
26	442.82	495.97	49	737.76	826.29
27	453.20	507.59	50	772.35	865.04
28	470.06	526.47	51	806.52	903.31
29	483.90	541.98	52	844.14	945.43
30	490.82	549.71	53	882.19	988.05
31	501.22	561.36	54	923.26	1,034.06
32	511.60	572.98	55	964.36	1,080.10
33	518.08	580.24	56	1,008.89	1,129.96
34	524.99	587.98	57	1,053.87	1,180.33
35	528.45	591.87	58	1,101.89	1,234.12
36	531.92	595.75	59	1,125.65	1,260.74
37	535.37	599.61	60	1,173.67	1,314.51
38	538.83	603.49	61	1,215.18	1,361.01
39	545.75	611.23	62	1,242.42	1,391.50
40	552.68	619.00	63	1,276.58	1,429.78
41	563.06	630.62	64+	1,297.34	1,453.02
42	573.00	641.76			

Premium payment for the entire coverage period selected is due at the beginning of the coverage period. Rates are not billed monthly.

# WHAT SERVICES ARE EXCLUDED?

Health care services we determine are:

- Experimental/investigative in nature
- Not medically necessary, as determined by us
- For comfort, personal hygiene, or convenience
- For health education, marriage counseling, complementary, alternative or holistic medicine, or other programs with an objective to provide personal fulfillment
- Genetic testing, except as stated in the policy
- Not specifically covered under the policy or connected with a non-covered service
- For treatment of sexual dysfunction
- Health care services provided in connection with any injury or illness arising out of, or in the course of, any employment for wage or profit; any illness or injury covered by Medicare or local government agencies
- Furnished by the U.S. Veterans Administration or other federal, state, or local government agencies
- For any injury or illness caused by a military-related act or incident of declared or undeclared war, riots, or insurrection
- Cosmetic treatment or surgery
- Routine foot care, unless associated with a medical diagnosis of peripheral vascular disease or peripheral neuropathy
- Reconstructive surgery (except as stated in the policy)
- Wigs, hair pieces, or hair transplants/implants
- Educational or recreational therapy, physical fitness, or exercise programs
- Dental or oral surgery services, except as stated in the policy
- Services provided at any nursing facility, convalescent home, or any place primarily for rest or the aged, except as stated in the policy
- Artificial insemination or fertilization methods and services
- Abortion procedures, except as stated in the policy
- Reversal of sterilization
- Transplants or implants, unless specifically covered under the policy
- Food received on an outpatient basis, food supplements, or vitamins unless specifically covered under the policy
- In connection with obesity, weight reduction, or dietetic control, except as stated in the policy
- Retin-A, Monoxidil, Rogaine, or their medical equivalent in the topical application form, unless medically necessary
- Used in educational or vocational training
- Motor vehicles, scooters, or lifts
- Charges exceeding our determination of the maximum allowable fee
- Health care services for which the participant has no obligation to pay
- Health care services for which proof of claim isn't provided
- Foot orthotics and special shoes or devices, except as stated in the policy
- Health care services provided for your convenience or the convenience of a physician, hospital, or other health care provider
- Health clubs, spas, aerobic and strength conditioning, work-hardening programs, and all related materials and products

# GRIEVANCE PROCEDURES

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 Customer Service department. Our toll-free telephone number is **800-332-6421**. Our Customer Service address is:

WPS Health Insurance  
Attention: Customer Service  
1717 W. Broadway  
P.O. Box 8688  
Madison, WI 53708

If your question or concern can't be resolved by our Customer Service department, you or an authorized representative can file a written 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: 608-977-9920

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 **800-332-6421** 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 of our review 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.

**Definition:** Grievance means any dissatisfaction with an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by or on behalf of, a customer, including any of the following: (1) provision of services; (2) determination to reform or rescind a policy; (3) determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders; (4) claims practices. Please refer to the policy for a complete description.

**NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NON-PREFERRED PROVIDERS ARE USED.**

You should be aware that when you elect to utilize the services of a non-preferred provider for a covered service, benefit payments to such non-preferred provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy. **YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE, AND COPAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.** Non-preferred providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Preferred providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than copayment, coinsurance, and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll-free telephone number on your identification card or visiting the WPS Health Insurance website at [wpshealth.com](http://wpshealth.com).

**IMPORTANT:** This brochure 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.



1717 W. Broadway | P.O. Box 8190  
Madison, WI 53708-8190  
[wpshealth.com](http://wpshealth.com)