

# WPS Health Plan – Statewide PPO

Medical PPO Plan – WPS Health Insurance	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Individual	\$1,500 Individual	\$3,000 Individual
Family	\$3,000 Family	\$6,000 Family
<b>Coinsurance</b>		
Plan Pays	90%	70%
Employee Pays	10%	30%
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$2,500 Individual	\$4,500 Individual
Family	\$5,000 Family	\$9,000 Family
<b>Preventive Care</b>	100%	30% member cost after deductible
<b>Primary Care Office Visit</b>	\$20 copay	30% member cost after deductible
<b>Specialist Office Visit</b>	\$20 copay	30% member cost after deductible
<b>Telehealth</b>	100%	100%
<b>Emergency Room</b>	\$250 copay	\$250 copay
<b>Hospitalization</b>	10% member cost after deductible	30% member cost after deductible
<b>Prescription Drugs</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Generic	\$10 copay	\$10 copay
Preferred Brand	\$20 copay	\$20 copay
Non-Preferred Brand	\$40 copay	\$40 copay
Specialty	\$70 copay	\$70 copay
<b>Employee Contributions</b>		
Employee	\$148.16 per month / \$74.08 per payroll	
Employee + Spouse	\$296.32 per month / \$148.16 per payroll	
Employee + Child(ren)	\$266.68 per month / \$133.34 per payroll	
Family	\$355.57 per month / \$177.79 per payroll	

Rates are based on employee (and spouse) participation in the Personal Health Assessment.

*The information described herein is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your certificate of coverage for a complete explanation of your benefits. If the benefits above conflict in any way with the certificate of coverage, the certificate of coverage will prevail.*

# Arise Health Plan – AboutHealth HMO

Medical HMO Plan – Arise Health Plan		In-Network Only
<b>Calendar Year Deductible</b>		
Individual		\$1,500 Individual
Family		\$3,000 Family
<b>Coinsurance</b>		
Plan Pays		90%
Employee Pays		10%
<b>Annual Out-of-Pocket Maximum</b>		
Individual		\$2,500 Individual
Family		\$5,000 Family
<b>Preventive Care</b>		100%
<b>Primary Care Office Visit</b>		\$20 copay
<b>Specialist Office Visit</b>		\$20 copay
<b>Telehealth</b>		100%
<b>Emergency Room</b>		\$250 copay
<b>Hospitalization</b>		10% member cost after deductible
<b>Prescription Drugs</b>		<b>In-Network Only</b>
<b>Generic</b>		\$10 copay
<b>Preferred Brand</b>		\$20 copay
<b>Non-Preferred Brand</b>		\$40 copay
<b>Specialty</b>		\$70 copay
<b>Employee Contributions</b>		
<b>Employee</b>		\$62.13 per month / \$31.07 per payroll
<b>Employee + Spouse</b>		\$124.27 per month / \$62.14 per payroll
<b>Employee + Child(ren)</b>		\$111.84 per month / \$55.92 per payroll
<b>Family</b>		\$149.12 per month / \$74.56 per payroll

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