

# Standard Plan

Administered by WPS Health Insurance



1717 West Broadway, PO Box 8190  
Madison, WI 53708  
1-800-634-6448  
[www.wpsic.com/state](http://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 5,700 employees, we're deeply committed to this state and its citizens.

## Standard Plan

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 WPS 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
- Surgery
- Extended Care Facility (except custodial)
- 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 **hearing aids** 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](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, 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

## Standard Plan

### Administered by WPS Health Insurance

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
<b>Physician &amp; Chiropractic Care</b>	In	100%	Subject to in-network deductible.
	Out	80%	Subject to out-of-network deductible and coinsurance.
<b>Hospital</b>	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.
<b>Lab and X-rays</b>	In & Out	100%	Subject to in-network deductible
<b>Behavioral Health</b> (Combined w/Alcohol & Drug Abuse)	In & Out	100%	<i>In 2006, 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 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>Annual combined benefit is \$7,000</i> 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
<b>Emergency Room</b>	In & Out	100%	Subject to in-network deductible.
<b>Extended Care Facility</b>	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.
<b>Vision Care</b>	In	100%	For illness/disease. Subject to deductible.
	Out	80%	For illness/disease. Subject to deductible.
<b>Prescribed Medical Services/Supplies</b>	In	100%	Subject to deductible.
	Out	80%	Subject to deductible.
<b>Transplants</b>	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.
<b>Ambulance</b>	In & Out	100%	Subject to in-network deductible.
<b>Prescription Drugs</b>			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.