

# Independent Insurance Agents of Wisconsin

## Group Health Insurance Plans



Choose competitive, affordable health coverage to protect your health and your business. You get:

- Access to our WPS Statewide Network
- Telehealth services through Teladoc® for treatment of minor conditions 24/7
- Prescription drug coverage with a \$0 copay on select preventive drugs<sup>1</sup>

Visit [thebenefitworks.com](http://thebenefitworks.com)  
for more information and to easily enroll online!

### PPO Traditional Plan Options

Plan Designs	\$500 30%	\$1,000 30%	\$2,000 30%	\$5,000 30%	\$7,350 0%	\$7,350 0%
<b>Deductible</b>						
In-network	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$500	\$1,000	\$2,000	\$5,000	\$7,350	\$7,350
Family	\$1,000	\$2,000	\$4,000	\$10,000	\$14,700	\$14,700
Out-of-network						
Single	\$1,000	\$2,000	\$4,000	\$10,000	\$14,700	\$14,700
Family	\$2,000	\$4,000	\$8,000	\$20,000	\$29,400	\$29,400
<b>Coinsurance</b>						
In-network	30%	30%	30%	30%	0%	0%
Out-of-network	50%	50%	50%	50%	30%	30%
<b>Annual Out-of-Pocket Amounts<sup>2</sup></b>						
In-network	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$7,350	\$7,350	\$7,350	\$7,350	\$7,350	\$7,350
Family	\$14,700	\$14,700	\$14,700	\$14,700	\$14,700	\$14,700
Out-of-network						
Single	\$11,000	\$12,000	\$14,000	\$20,000	\$20,700	\$20,700
Family	\$22,000	\$24,000	\$28,000	\$40,000	\$41,400	\$41,400
<b>Copayments</b>						
Teladoc® Visit	\$0	\$0	\$0	\$0	D/C	\$0
Primary Care Visit	\$35	\$35	\$35	\$35	D/C	\$35
Specialist Visit	\$70	\$70	\$70	\$70	D/C	\$70
Emergency Room Visit	\$350	\$350	\$350	\$350	D/C	\$350
<b>Prescription Drugs</b>						
Generic	\$15	\$15	\$15	\$15	D/C	\$15
Preferred Brand	\$60	\$60	\$60	\$60	D/C	\$60
Non-Preferred Brand	\$100	\$100	\$100	\$100	D/C	\$100
Specialty	\$500 ded., then 30% coin.	\$500 ded., then 30% coin.	\$500 ded., then 30% coin.	\$500 ded., then 30% coin.	D/C	\$500 ded., then 30% coin.

D/C=Deductible and coinsurance

PPO High-Deductible Health Plan Options (HSA-Qualified <sup>3</sup> )			
Plan Designs	\$2,700 30%	\$5,000 30%	\$6,650 0%
<b>Deductible</b>			
In-network	Embedded	Embedded	Embedded
Single	\$2,700	\$5,000	\$6,650
Family	\$5,400	\$10,000	\$13,300
Out-of-network			
Single	\$5,400	\$10,000	\$13,300
Family	\$10,800	\$20,000	\$26,600
<b>Coinsurance</b>			
In-network	30%	30%	0%
Out-of-network	50%	50%	30%
<b>Annual Out-of-Pocket Amounts<sup>2</sup></b>			
In-network	Embedded	Embedded	Embedded
Single	\$6,650	\$6,650	\$6,650
Family	\$13,300	\$13,300	\$13,300
Out-of-network			
Single	\$15,400	\$20,000	\$19,300
Family	\$30,800	\$40,000	\$38,600
<b>Copayments</b>			
Teladoc <sup>®</sup> Visit	D/C	D/C	D/C
Primary Care Visit	D/C	D/C	D/C
Specialist Visit	D/C	D/C	D/C
Emergency Room Visit	D/C	D/C	D/C
<b>Prescription Drugs</b>			
Generic	D/C	D/C	D/C
Preferred Brand	D/C	D/C	D/C
Non-Preferred Brand	D/C	D/C	D/C
Specialty	D/C	D/C	D/C

D/C=Deductible and coinsurance

<sup>1</sup>Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force. Covered preventive services are provided at no cost to customers. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force.

<sup>2</sup>Annual Out-of-Pocket Limit includes deductible, coinsurance, and all copayments (if applicable).

<sup>3</sup>HSA's are administered and/or maintained by a participating financial institution. WPS Health Insurance does not operate or administer HSA's. These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits. These plans feature an embedded out-of-pocket limit where the individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.



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