



# Wisconsin Veterinary Medical Association Health Plan

*Arise*  
HEALTH PLAN  
*Choose It and Use It.*

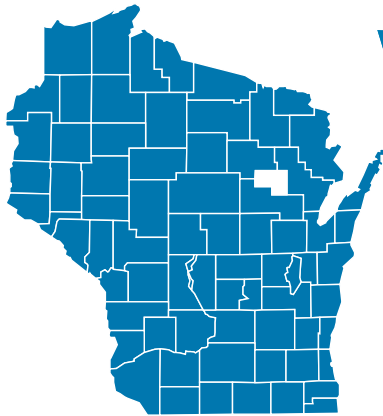
**WPS** | HEALTH  
INSURANCE  
*Local. Honest. Independent.*

## The right partner and the right plan for your business

Together with WPS Health Insurance and Arise Health Plan, Wisconsin Veterinary Medical Association members can offer employees high-quality coverage and networks, affordable plans, and a wide range of benefit choices.

**The choice is yours!**

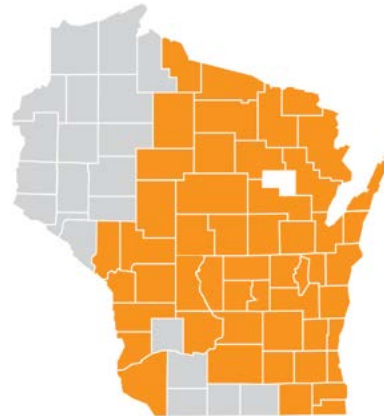
## A wide variety of plan options to fit your unique needs



**WPS** HEALTH INSURANCE

Opt for a WPS plan that offers a **ROBUST NETWORK**

OR



**Arise** HEALTH PLAN

**LOWER PREMIUM** costs with a narrower Arise network

### In Wisconsin

Convenient access to thousands of health care providers, professional service locations, and hospitals throughout the state.

### Top health care providers

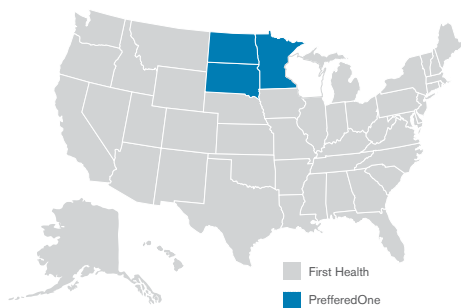
Take advantage of health care access throughout Wisconsin, including the following providers and systems:

- » Aspirus Network, Inc.
- » Aurora Health Care
- » Bellin Health
- » Children's Health System
- » Gundersen Health System
- » ProHealth
- » ThedaCare
- » UW Health
- » and many more

For a complete list of WPS Statewide Network providers, visit [wpshealth.com](http://wpshealth.com) and click **Find a Doctor**.

For a complete list of Arise providers, visit [arisehealthplan.com](http://arisehealthplan.com) and click **Find a Doctor**.

Providers can leave or enter the network at any time. It is recommended that you check the network status of your provider on a regular basis.



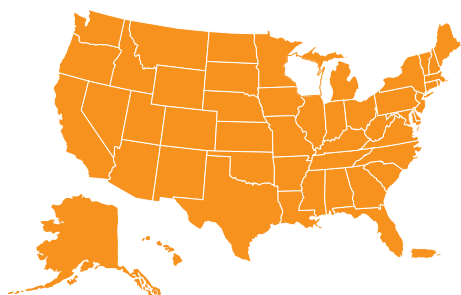
### Coast-to-coast coverage

No matter which plan you choose, WPS Health Insurance and Arise Health Plan customers enjoy in-network benefits across the U.S.

The WPS **First Health/PreferredOne Wrap** and Arise **First Health Wrap** cover all 49 states outside Wisconsin plus Puerto Rico.

Visit [wpshealth.com](http://wpshealth.com), [arisehealthplan.com](http://arisehealthplan.com), or [myfirsthealth.com](http://myfirsthealth.com).

Providers can leave or enter the network at any time. It is recommended that you check the network status of your provider on a regular basis.



# Benefits for your health

## Preventive Care

100% covered when care given by preferred provider:

- » Routine immunizations
- » Routine medical exams
- » Well-child care
- » Mammograms
- » Preventive screenings
- » Preventive drugs
- » And more

The preventive services listed are covered subject to the terms and conditions set forth in your certificate. Age-appropriate screenings are set by the United States Preventive Services Task Force and are subject to change.

## EyeMed Vision Care Discount<sup>1</sup>

- » No additional premiums or membership fees
- » Save on eye care and eyewear
- » Thousands of locations nationwide

## Hear in America Hearing Plans Discount<sup>1</sup>

- » Annual hearing screening at no additional cost
- » Discounts on nine top hearing aid brands
- » Three-year warranties covering repairs, loss, and damage

## Customer Resources

Convenient access to tools and resources for your best health.

- » Access health and wellness information
- » Locate in-network doctors and facilities
- » Order prescriptions through Express Scripts
- » Manage your account
- » Learn about your benefits

Visit [wpshealth.com](http://wpshealth.com) and click on **Customers** or [arisehealthplan.com](http://arisehealthplan.com) and click **Members** to get started.

## Prescription Drug Coverage

- » \$0 copay on select preventive drugs for common conditions (e.g., high blood pressure, cholesterol, heart conditions, and asthma)<sup>2</sup>
- » Keep costs down: Lower-cost generic drugs and monitoring of specialty drug use
- » Home delivery service available

\$0 Copay Drugs
Amlodipine besylate
Atenolol
Atenolol/chlorthalidone
Atorvastatin calcium
Benazepril hcl
Bisoprolol fumarate/hctz
Carvedilol
Chlorthalidone
Clonidine hcl
Diltiazem 24hr cd
Enalapril maleate
Enalapril/hydrochlorothiazide
Gemfibrozil
Glimepiride
Glipizide
Glyburide
Glyburide, micronized
Hydrochlorothiazide
Indapamide
Irbesartan

\$0 Copay Drugs
Lisinopril
Lisinopril/hydrochlorothiazide
Losartan potassium
Losartan/hydrochlorothiazide
Lovastatin
Metformin hcl
Metolazone
Metoprolol tartrate
Montelukast sodium
Pravastatin sodium
Propranolol hcl
Quinapril hcl
Ramipril
Simvastatin
Spironolactone
Triamterene/hydrochlorothiazide
Verapamil hcl
Warfarin sodium

## Telehealth Services from Teladoc<sup>®</sup>

- » Connect with a licensed physician over the phone or via video consult 24/7/365
- » Behavioral health and dermatology services will be available; check your policy for details

## Fitness Reimbursement<sup>3</sup>

Encourage employees to stay active:

- » \$30 reward each month for visiting a fitness club 10 or more times that month
- » Includes large fitness chains, independently owned clubs, and YMCA/YWCA
- » Track through automated reporting, smartphone app, or paper log

## Active & Fit<sup>™4</sup>

Discounted fitness center memberships:

- » \$25 per month (plus a \$25 enrollment fee and applicable taxes)
- » 9,000+ participating fitness centers and YMCAs nationwide

<sup>1</sup>Vision and hearing discount programs are not part of the insurance policy and are offered at no additional charge. Enrollment in these programs is subject to contract renewal. <sup>2</sup>Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force. <sup>3</sup>The ExerciseRewards program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). ExerciseRewards is a federally registered trademark of ASH. The ExerciseRewards program is a health improvement and education program and is not insurance. Fitness discount program is not part of the insurance policy and is offered at no additional charge. Enrollment in this program is subject to contract renewal. If you think an employee might be unable to meet a standard for a reward under this wellness program, the employee might qualify for an opportunity to earn the same reward by different means. <sup>4</sup>The Active&Fit Direct and ExerciseRewards programs are provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct and ExerciseRewards and the Active&Fit Direct logo are trademarks of ASH and used with permission herein.



## Build your custom insurance package

When you team up with WPS and Arise, you're eligible for exclusive WVMA member pricing on additional services administered by our trusted partners.

### Benefit Management Solutions

Establish a Section 125 plan (premium-only plans or flex spending accounts), health savings accounts, or health reimbursement arrangements, and receive assistance with ERISA compliance.



#### ThinkHR

ThinkHR offers an integrated suite of human resource knowledge, compliance tools, and training solutions supported by live HR experts.



**Professional Insurance Programs**  
A division of WDA Insurance & Services Corp.

Contact us **today!**

**Professional Insurance Programs**

Call **800-637-4676**

Monday–Friday, 8 a.m.–4:30 p.m.

Visit [insuranceformembers.com/wvma-group-health/](https://insuranceformembers.com/wvma-group-health/)



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For more than 70 years, WPS Health Insurance has been serving the people of Wisconsin—and beyond. Today WPS and Arise Health Plan offer:

- » Comprehensive, cost-effective networks locally and nationwide
- » Help managing your health care
- » Local service
- » Ethical business practices
- » The flexibility of independent insurers



# Wisconsin Veterinary Medical Association

## Group Health Insurance Plans



Your WVMA membership gives you buying power to get 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 [insuranceformembers.com/wvma-group-health/](https://insuranceformembers.com/wvma-group-health/) for more information!

COPAY PLAN OPTIONS					
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 0%	\$5,000 20%
<b>Deductible</b>					
In-network	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$750	\$1,500	\$2,500	\$5,000	\$5,000
Family	\$1,500	\$3,000	\$5,000	\$10,000	\$10,000
Out-of-network					
Single	\$1,500	\$3,000	\$5,000	\$10,000	\$10,000
Family	\$3,000	\$6,000	\$10,000	\$20,000	\$20,000
<b>Coinsurance</b>					
In-network	20%	20%	20%	0%	20%
Out-of-network	40%	40%	40%	30%	40%
<b>Annual Out-of-Pocket Amounts</b>					
In-network					
Single	\$2,750*	\$4,500*	\$5,500*	\$5,000*	\$6,000*
Family	\$5,500*	\$9,000*	\$11,000*	\$10,000*	\$12,000*
Out-of-network					
Single	\$5,500	\$9,000	\$11,000	\$14,500	\$12,000
Family	\$11,000	\$18,000	\$22,000	\$29,000	\$24,000
<b>Primary Care Visit</b>	\$25	\$25	\$25	\$25	\$25
<b>Teladoc Visit</b>	\$10	\$10	\$10	\$10	\$10
<b>Specialist Visit</b>	\$50	\$50	\$50	\$50	\$50
<b>Emergency Room Visit</b>	\$300	\$300	\$300	\$300	\$300
<b>Prescription Drugs</b>					
Generic	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$35	\$35	\$35	\$35	\$35
Non-Preferred Brand	\$60	\$60	\$60	\$60	\$60
Specialty	25% to \$250	25% to \$250	25% to \$250	25% to \$250	25% to \$250

\*Annual out-of-pocket does not include copays; copays accumulate in-network to \$7,350 and \$14,700.

<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. 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.

## HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN OPTIONS

Plan Designs	\$2,500 0% <sup>2</sup>	\$2,500 20% <sup>3</sup>	\$5,000 0%	\$6,550 0%
<b>Deductible</b>				
In-network	Non-Embedded	Non-Embedded	Embedded	Embedded
Single	\$2,500	\$2,500	\$5,000	\$6,550
Family	\$5,000	\$5,000	\$10,000	\$13,100
Out-of-network				
Single	\$2,500	\$2,500	\$5,000	\$6,550
Family	\$5,000	\$5,000	\$10,000	\$13,100
<b>Coinsurance</b>				
In-network	0%	20%	0%	0%
Out-of-network	30%	40%	30%	30%
<b>Annual Out-of-Pocket Amounts</b>				
In-network	Non-Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$5,500	\$5,000	\$6,550
Family	\$5,000	\$11,000	\$10,000	\$13,100
Out-of-network				
Single	\$7,000	\$8,500	\$9,500	\$11,050
Family	\$14,000	\$17,000	\$19,000	\$22,100
<b>Primary Care Visit</b>	D/C	D/C	D/C	D/C
<b>Teladoc Visit</b>	D/C	D/C	D/C	D/C
<b>Specialist Visit</b>	D/C	D/C	D/C	D/C
<b>Emergency Room Visit</b>	D/C	D/C	D/C	D/C
<b>Prescription Drugs</b>				
Generic	D/C	D/C	D/C	D/C
Preferred Brand	D/C	D/C	D/C	D/C
Non-Preferred Brand	D/C	D/C	D/C	D/C
Specialty	D/C	D/C	D/C	D/C

D/C=Deductible and coinsurance

HSA's are administered and/or maintained by a participating financial institution. WPS Health Insurance does not operate or administer HSA's.

<sup>2</sup>Non-Embedded Deductible and Out-of-Pocket Limit: This plan features a non-embedded deductible and out-of-pocket limit. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. If an employee has family coverage, the family out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. One person can satisfy the family out-of-pocket limit. Deductibles and out-of-pocket maximums apply annually.

<sup>3</sup>Non-Embedded Deductible and Embedded Out-of-Pocket Limit: This plan features a non-embedded deductible. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. This plan features an embedded out-of-pocket limit. 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.

Unless otherwise noted, plans have an Embedded Deductible and Embedded Out-of-Pocket Limit: 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 out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.



**Professional Insurance Programs**

Phone: 800-637-4676

Email: [info@profinsprog.com](mailto:info@profinsprog.com)



Visit [insuranceformembers.com/wvma-group-health/](https://insuranceformembers.com/wvma-group-health/) for more information.

# Wisconsin Veterinary Medical Association

## Group Health Insurance Plans



Your WVMA membership gives you buying power to get competitive, affordable health coverage to protect your health and your business. You get:

- » Access to our Arise Premier 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 [insuranceformembers.com/wvma-group-health](https://insuranceformembers.com/wvma-group-health) for more information!

ARISE POS COPAY PLAN OPTIONS <sup>3</sup>					
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 0%	\$5,000 20%
<b>Deductible</b>					
In-network	Embedded <sup>2</sup>	Embedded <sup>2</sup>	Embedded <sup>2</sup>	Embedded <sup>2</sup>	Embedded <sup>2</sup>
Single	\$750	\$1,500	\$2,500	\$5,000	\$5,000
Family	\$1,500	\$3,000	\$5,000	\$10,000	\$10,000
Out-of-network					
Single	\$1,500	\$3,000	\$5,000	\$10,000	\$10,000
Family	\$3,000	\$6,000	\$10,000	\$20,000	\$20,000
<b>Coinsurance</b>					
In-network	20%	20%	20%	0%	20%
Out-of-network	40%	40%	40%	30%	40%
<b>Annual Out-of-Pocket Amounts</b>					
In-network					
Single	\$2,750*	\$4,500*	\$5,500*	\$5,000*	\$6,000*
Family	\$5,500*	\$9,000*	\$11,000*	\$10,000*	\$12,000*
Out-of-network					
Single	\$5,500	\$9,000	\$11,000	\$14,500	\$12,000
Family	\$11,000	\$18,000	\$22,000	\$29,000	\$24,000
<b>Primary Care Visit</b>	\$25	\$25	\$25	\$25	\$25
<b>Teladoc Visit</b>	\$10	\$10	\$10	\$10	\$10
<b>Specialist Visit</b>	\$50	\$50	\$50	\$50	\$50
<b>Emergency Room Visit</b>	\$300	\$300	\$300	\$300	\$300
<b>Prescription Drugs</b>					
Generic	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$35	\$35	\$35	\$35	\$35
Non-Preferred Brand	\$60	\$60	\$60	\$60	\$60
Specialty	25% to \$250	25% to \$250	25% to \$250	25% to \$250	25% to \$250

\*Annual out-of-pocket does not include copays; copays accumulate in-network to \$7,350 and \$14,700.

<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.

<sup>2</sup>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.

<sup>3</sup>Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except some emergency services. See policy for details.

**ARISE POS HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN OPTIONS<sup>4</sup>**

Plan Designs	\$2,500 0% <sup>5</sup>	\$2,500 20% <sup>6</sup>	\$5,000 0%	\$6,550 0%
<b>Deductible</b>				
In-network	Non-Embedded	Non-Embedded	Embedded	Embedded
Single	\$2,500	\$2,500	\$5,000	\$6,550
Family	\$5,000	\$5,000	\$10,000	\$13,100
Out-of-network				
Single	\$2,500	\$2,500	\$5,000	\$6,550
Family	\$5,000	\$5,000	\$10,000	\$13,100
<b>Coinsurance</b>				
In-network	0%	20%	0%	0%
Out-of-network	30%	40%	30%	30%
<b>Annual Out-of-Pocket Amounts</b>				
In-network	Non-Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$5,500	\$5,000	\$6,550
Family	\$5,000	\$11,000	\$10,000	\$13,100
Out-of-network				
Single	\$7,000	\$8,500	\$9,500	\$11,050
Family	\$14,000	\$17,000	\$19,000	\$22,100
<b>Primary Care Visit</b>	D/C	D/C	D/C	D/C
<b>Teladoc Visit</b>	D/C	D/C	D/C	D/C
<b>Specialist Visit</b>	D/C	D/C	D/C	D/C
<b>Emergency Room Visit</b>	D/C	D/C	D/C	D/C
<b>Prescription Drugs</b>				
Generic	D/C	D/C	D/C	D/C
Preferred Brand	D/C	D/C	D/C	D/C
Non-Preferred Brand	D/C	D/C	D/C	D/C
Specialty	D/C	D/C	D/C	D/C

D/C=Deductible and coinsurance

<sup>4</sup>HSA's are administered and/or maintained by a participating financial institution. Arise Health Plan does not operate or administer HSA's

<sup>5</sup>Non-Embedded Deductible and Out-of-Pocket Limit: This plan features a non-embedded deductible and out-of-pocket limit. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. If an employee has family coverage, the family out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. One person can satisfy the family out-of-pocket limit. Deductibles and out-of-pocket maximums apply annually.

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ARISE HMO COPAY PLAN OPTIONS <sup>7</sup>					
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 0%	\$5,000 20%
<b>Deductible</b>					
In-network	Embedded <sup>2</sup>	Embedded <sup>2</sup>	Embedded <sup>2</sup>	Embedded <sup>2</sup>	Embedded <sup>2</sup>
Single	\$750	\$1,500	\$2,500	\$5,000	\$5,000
Family	\$1,500	\$3,000	\$5,000	\$10,000	\$10,000
<b>Coinsurance</b>					
In-network	20%	20%	20%	0%	20%
<b>Annual Out-of-Pocket Amounts</b>					
In-network					
Single	\$2,750*	\$4,500*	\$5,500*	\$5,000*	\$6,000*
Family	\$5,500*	\$9,000*	\$11,000*	\$10,000*	\$12,000*
<b>Primary Care Visit</b>	\$25	\$25	\$25	\$25	\$25
<b>Teladoc Visit</b>	\$10	\$10	\$10	\$10	\$10
<b>Specialist Visit</b>	\$50	\$50	\$50	\$50	\$50
<b>Emergency Room Visit</b>	\$300	\$300	\$300	\$300	\$300
<b>Prescription Drugs</b>					
Generic	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$35	\$35	\$35	\$35	\$35
Non-Preferred Brand	\$60	\$60	\$60	\$60	\$60
Specialty	25% to \$250	25% to \$250	25% to \$250	25% to \$250	25% to \$250
*Annual out-of-pocket does not include copays; copays accumulate in-network to \$7,350 and \$14,700.					

<sup>2</sup>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.

<sup>7</sup>Out-of-network services are not covered under HMO plan options, except in emergency situations.

**ARISE HMO HSA-QUALIFIED HIGH-Deductible HEALTH PLAN OPTIONS<sup>4</sup>**

Plan Designs	\$2,500 0% <sup>5</sup>	\$2,500 20% <sup>6</sup>	\$5,000 0%	\$6,550 0%
<b>Deductible</b>				
In-network	Non-Embedded	Non-Embedded	Embedded	Embedded
Single	\$2,500	\$2,500	\$5,000	\$6,550
Family	\$5,000	\$5,000	\$10,000	\$13,100
<b>Coinsurance</b>				
In-network	0%	20%	0%	0%
<b>Annual Out-of-Pocket Amounts</b>				
In-network	Non-Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$5,500	\$5,000	\$6,550
Family	\$5,000	\$11,000	\$10,000	\$13,100
<b>Primary Care Visit</b>	D/C	D/C	D/C	D/C
<b>Teladoc Visit</b>	D/C	D/C	D/C	D/C
<b>Specialist Visit</b>	D/C	D/C	D/C	D/C
<b>Emergency Room Visit</b>	D/C	D/C	D/C	D/C
<b>Prescription Drugs</b>				
Generic	D/C	D/C	D/C	D/C
Preferred Brand	D/C	D/C	D/C	D/C
Non-Preferred Brand	D/C	D/C	D/C	D/C
Specialty	D/C	D/C	D/C	D/C

» Visit [insuranceformembers.com/wvma-group-health](https://insuranceformembers.com/wvma-group-health) for more information and to easily enroll online!



**Professional Insurance Programs**  
 Phone: 800-637-4676  
 Email: [info@profinsprog.com](mailto:info@profinsprog.com)



D/C=Deductible and coinsurance

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