

A Member Benefit of



STATE BAR
OF WISCONSIN



State Bar of Wisconsin Health Plan

Arise[™]
HEALTH PLAN
Choose It and Use It.

WPS | HEALTH
INSURANCE
Local. Honest. Independent.

Build your custom insurance package

When you team up with WPS and Arise, you're eligible for exclusive State Bar 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.

Contact us **today!**



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

Professional Insurance Programs

Call **800-637-4676**
Monday–Friday, 8 a.m.–4:30 p.m.

Visit insuranceformembers.com/wsb-group-health

A Member Benefit of



**STATE BAR
OF WISCONSIN**

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

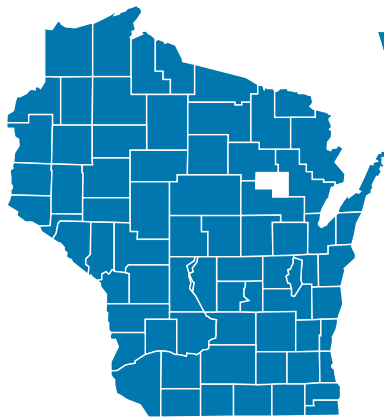


The right partner and the right plan for your business

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

The choice is yours!

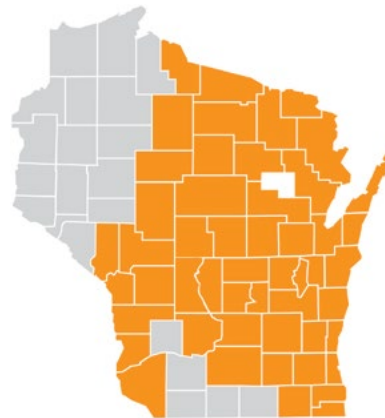
A wide variety of plan options to fit your unique needs



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

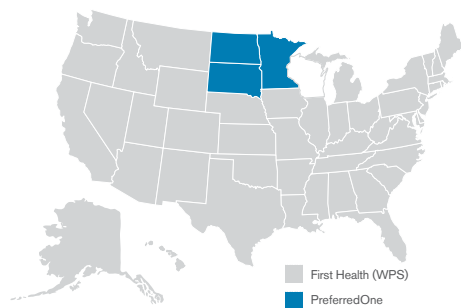
Take advantage of health care access throughout Wisconsin, including the following providers and systems:

- » 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 and click **Find a Doctor**.

For a complete list of Arise providers, visit 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.



■ First Health (WPS)
■ PreferredOne

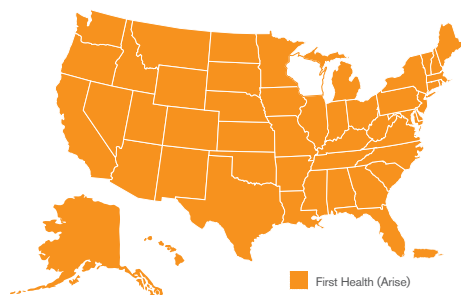
Coast-to-coast coverage

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, arisehealthplan.com, or 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.



■ First Health (Arise)

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 Discount¹

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

Hear In America Hearing Plans Discount¹

- » 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 and click on **Customers** or arisehealthplan.com and click **Customers** 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)²
- » Keep costs down: Lower-cost generic drugs and monitoring of specialty drug use
- » Home delivery service available
- » 90-day supply of medication is available at a retail pharmacy when paying 3x copay.

\$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[®]

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

Fitness Reimbursement³

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^{™4}

Discounted fitness center memberships:

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

¹Vision 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. ²Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force. ³The 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. ⁴The 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.

State Bar of Wisconsin

Group Health Insurance Plans



Your State Bar 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 drugs¹

Visit insuranceformembers.com/wsb-group-health for more information!

COPAY PLAN OPTIONS					
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 0%	\$5,000 20%
Deductible					
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
Coinsurance					
In-network	20%	20%	20%	0%	20%
Out-of-network	40%	40%	40%	30%	40%
Annual Out-of-Pocket Amounts					
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
Primary Care Visit	\$25	\$25	\$25	\$25	\$25
Teladoc Visit	\$10	\$10	\$10	\$10	\$10
Specialist Visit	\$50	\$50	\$50	\$50	\$50
Emergency Room Visit	\$300	\$300	\$300	\$300	\$300
Prescription Drugs					
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.

¹Preventive 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% ²	\$2,500 20% ³	\$5,000 0%	\$6,550 0%
Deductible				
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
Coinsurance				
In-network	0%	20%	0%	0%
Out-of-network	30%	40%	30%	30%
Annual Out-of-Pocket Amounts				
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
Primary Care Visit	D/C	D/C	D/C	D/C
Teladoc Visit	D/C	D/C	D/C	D/C
Specialist Visit	D/C	D/C	D/C	D/C
Emergency Room Visit	D/C	D/C	D/C	D/C
Prescription Drugs				
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.

²Non-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.

³Non-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.



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State Bar of Wisconsin

Group Health Insurance Plans

Your State Bar 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 drugs¹



Visit insuranceformembers.com/wsb-group-health for more information.

ARISE POS COPAY PLAN OPTIONS ³					
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 0%	\$5,000 20%
Deductible					
In-network	Embedded ²	Embedded ²	Embedded ²	Embedded ²	Embedded ²
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
Coinsurance					
In-network	20%	20%	20%	0%	20%
Out-of-network	40%	40%	40%	30%	40%
Annual Out-of-Pocket Amounts					
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
Primary Care Visit	\$25	\$25	\$25	\$25	\$25
Teladoc Visit	\$10	\$10	\$10	\$10	\$10
Specialist Visit	\$50	\$50	\$50	\$50	\$50
Emergency Room Visit	\$300	\$300	\$300	\$300	\$300
Prescription Drugs					
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.

¹Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

²These 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.

³Services 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 OPTIONS⁴

Plan Designs	\$2,500 0% ⁵	\$2,500 20% ⁶	\$5,000 0%	\$6,550 0%
Deductible				
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
Coinsurance				
In-network	0%	20%	0%	0%
Out-of-network	30%	40%	30%	30%
Annual Out-of-Pocket Amounts				
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
Primary Care Visit	D/C	D/C	D/C	D/C
Teladoc Visit	D/C	D/C	D/C	D/C
Specialist Visit	D/C	D/C	D/C	D/C
Emergency Room Visit	D/C	D/C	D/C	D/C
Prescription Drugs				
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

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

⁵Non-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.

⁶Non-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.

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ARISE HMO COPAY PLAN OPTIONS ⁷					
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 0%	\$5,000 20%
Deductible					
In-network	Embedded ²	Embedded ²	Embedded ²	Embedded ²	Embedded ²
Single	\$750	\$1,500	\$2,500	\$5,000	\$5,000
Family	\$1,500	\$3,000	\$5,000	\$10,000	\$10,000
Coinsurance					
In-network	20%	20%	20%	0%	20%
Annual Out-of-Pocket Amounts					
In-network					
Single	\$2,750*	\$4,500*	\$5,500*	\$5,000*	\$6,000*
Family	\$5,500*	\$9,000*	\$11,000*	\$10,000*	\$12,000*
Primary Care Visit	\$25	\$25	\$25	\$25	\$25
Teladoc Visit	\$10	\$10	\$10	\$10	\$10
Specialist Visit	\$50	\$50	\$50	\$50	\$50
Emergency Room Visit	\$300	\$300	\$300	\$300	\$300
Prescription Drugs					
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.					

²These 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.

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

ARISE HMO HSA-QUALIFIED HIGH-Deductible HEALTH PLAN OPTIONS⁴

Plan Designs	\$2,500 0% ⁵	\$2,500 20% ⁶	\$5,000 0%	\$6,550 0%
Deductible				
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
Coinsurance				
In-network	0%	20%	0%	0%
Annual Out-of-Pocket Amounts				
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
Primary Care Visit	D/C	D/C	D/C	D/C
Teladoc Visit	D/C	D/C	D/C	D/C
Specialist Visit	D/C	D/C	D/C	D/C
Emergency Room Visit	D/C	D/C	D/C	D/C
Prescription Drugs				
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

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