

A Member Benefit of



STATE BAR
OF WISCONSIN



State Bar of Wisconsin Health Plan

WPS

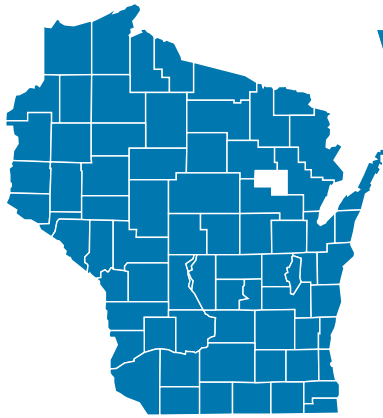
HEALTH INSURANCE • HEALTH PLAN

The right partner and the right plan for your business

Together with WPS Health Insurance and WPS 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!

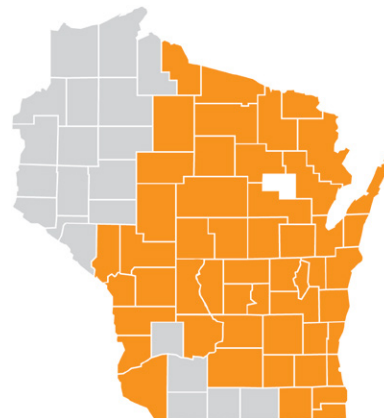
A wide variety of plan options to fit your unique needs



WPS HEALTH INSURANCE

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

OR



WPS HEALTH PLAN

LOWER PREMIUM costs with a narrower WPS Select Plus 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.
- » Ascension Wisconsin
- » Aurora Health Care
- » Bellin Health
- » Children's Health System
- » Gundersen Health System
- » ProHealth
- » ThedaCare
- » UW Health
- » and many more

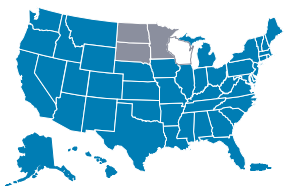
For a complete list of WPS Statewide Network providers, visit wpshealth.com, click **Find a Doctor**, and select **WPS Health Insurance**.

For a complete list of WPS Select Plus Network providers, visit wpshealth.com/healthplan, click **Find a Doctor**, and select **WPS Health Plan**.

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 WPS Health Plan customers enjoy in-network benefits across the U.S.



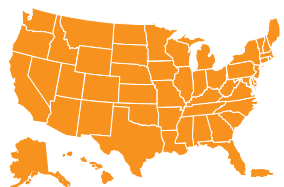
WPS Health Insurance

In addition to **First Health**, WPS plans add a **PreferredOne Wrap** that covers Minnesota, North Dakota, and South Dakota.

Visit wpshealth.com and click **Find a Doctor**

For **PreferredOne**, visit preferredone.com

For **First Health**, visit providerlocator.firsthealth.com/LocateProvider/SelectNetworkType



WPS Health Plan

The **First Health** network covers all 49 states outside Wisconsin, including Puerto Rico.

Visit wpshealth.com/healthplan and click **Find a Doctor**

For **First Health**, visit myfirsthealth.com

Build your custom insurance package

When you team up with WPS, you're eligible for exclusive State Bar member pricing on additional services administered by our trusted independent partners, which are not affiliated with WPS.

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.



Contact us **today!**

A Member Benefit of



Professional Insurance Programs

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

Visit insuranceformembers.com/wsb-group-health



**STATE BAR
OF WISCONSIN**

Since 1946, WPS has been serving the people of Wisconsin—and beyond. Today, WPS Health Insurance and WPS 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

WPS

HEALTH INSURANCE • HEALTH PLAN

* Independent partners are not affiliated with WPS.

Benefits for your health

Preventive Care

100% covered when care given by an in-network provider:

- » Preventive screenings and drugs
- » Routine immunizations and medical exams
- » Well-child care
- » Mammograms
- » Smoking cessation
- » 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

- » Save on eye care and eyewear
- » Thousands of locations nationwide

Hear In America Discount¹

- » FREE annual hearing screening at participating hearing centers
- » Discounts on hearing aid purchases

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
- » Manage your account
- » Learn about your benefits
- » Check your claims processing status
- » Find answers to common questions

Visit wpshealth.com and click **Customers** to get started.

Delta Dental Insurance

The most in-network providers in the state and nation:

- » **Delta Dental PPO network:** Lowest agreed-upon fees; more locations offer care than any other PPO network²
- » **Delta Dental Premier:** More than 90% of Wisconsin dentists belong to this network—the largest in the state²

More options available: orthodontic services; coverage and treatment for endodontic and non-surgical periodontic services; and maximum allowable charge reimbursement plan. Plan underwritten by Delta Dental of Wisconsin. Available to groups of 2 employees or more. Standard underwriting rules apply.

¹Vision and hearing programs are not part of the insurance policy and are offered at no additional charge for membership. Enrollment in these programs is subject to contract renewal.

²Delta Dental of Wisconsin, 2020.

³The Active&Fit Direct and ExerciseRewards programs are provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Incorporated (ASH). Active&Fit Direct and ExerciseRewards and the Active&Fit Direct logo are trademarks of ASH and used with permission herein. 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.

Prescription Drug Coverage

We provide you with top-tier pharmacy benefits and services.

- » **\$0 copay** on select preventive drugs for common conditions (e.g., high blood pressure, high cholesterol, heart conditions, diabetes, and asthma)
- » Keep costs down with lower-cost generic drugs
- » Convenient home delivery service is available
- » Visit wpshealth.com and click **Customers**, then **Pharmacy Information**

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 also available.

- » Phone: 800-Teladoc (800-835-3262)
- » Computer: teladoc.com
- » Mobile device: Teladoc app
- » Find information at wpshealth.com/telehealth

It's easy to set up your account by phone, website, or mobile app. Once your account is set up, provide your medical history so Teladoc doctors have the information they need to make an accurate diagnosis. Then, you're ready to request a consult anytime you need care.

ExerciseRewards™ program³

- » Work out at least 10 times per month at a qualified fitness center and receive a \$30 reward!
- » Online fitness center search lets you find a participating facility near you
- » Track your visits and redeem your rewards online
- » From the wpshealth.com homepage, click on the **Customers** link and then log in to your customer account for information
- » For a list of participating fitness centers, please visit exerciserewards.com and click on **Find A Fitness Center**

Active&Fit Direct™ Program³

This program lets you choose from 10,000+ participating fitness centers for a small monthly fee. You can locate fitness centers online and use online fitness tracking.

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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Email: info@profinsprog.com

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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 Select Plus 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.

WPS HEALTH PLAN 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.

WPS HEALTH PLAN POS HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN OPTIONS ⁴				
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. WPS 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.

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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.

WPS HEALTH PLAN HMO COPAY PLAN OPTIONS⁷

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.

WPS HEALTH PLAN 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

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



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