

Wisconsin Dental Association

Group Health Insurance Plans



Your WDA 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/wda-group-health/ for more information.

COPAY PLAN OPTIONS

Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 20%	\$7,500 20%	\$9,450 0%
Deductible						
In-network Single/Family	Embedded \$750/\$1,500	Embedded \$1,500/ \$3,000	Embedded \$2,500/ \$5,000	Embedded \$5,000/ \$10,000	Embedded \$7,500/ \$15,000	Embedded \$9,450/ \$18,900
Out-of-network Single/Family	\$1,500/ \$3,000	\$3,000/ \$6,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$15,000/ \$30,000	\$18,900/ \$37,800
Coinsurance						
In-network	20%	20%	20%	20%	20%	0%
Out-of-network	40%	40%	40%	40%	40%	30%
Annual Out-of-Pocket Amounts						
In-network Single/Family	\$3,750/\$7,500	\$5,500 /\$11,000	\$6,500/\$13,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,450/\$18,900
Out-of-network Single/Family	\$7,500/\$15,000	\$11,000/\$22,000	\$13,000/\$26,000	\$16,000/\$32,000	\$18,000/\$36,000	\$23,400/\$46,800
Maximum OOP In-network Single/Family	\$7,350/ \$14,700	\$8,000/\$16,000	\$8,000/\$16,000	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900
Maximum OOP Out-of-network Single/Family	\$14,700/\$29,400	\$16,000/\$32,000	\$16,000/\$32,000	\$18,900/\$37,800	\$18,900/\$37,800	\$18,900/\$37,800
Teladoc Health Visit	\$10	\$10	\$10	\$10	\$10	\$10
Primary Care Visit	\$25	\$35	\$35	\$50	\$50	\$50
Specialist Visit	\$50	\$70	\$70	\$100	\$100	\$100
Emergency Room Visit	\$300	\$500	\$500	\$500	\$500	\$500
Prescription Drugs						
Preferred Generic	\$10	\$10	\$10	\$10	\$10	\$10
Non-Preferred Generic	\$20	\$20	\$20	\$20	\$20	\$20
Preferred Brand	\$40	\$50	\$50	\$50	\$50	\$50
Non-Preferred Brand	\$80	\$100	\$100	\$100	\$100	\$100
Specialty	25%	25%	25%	25%	25%	25%
*Maximum out-of-pocket includes out of pocket AND all copays.						

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 for that individual. 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 for that individual. Deductibles and out-of-pocket maximums apply annually.

HSA-QUALIFIED¹ HIGH-DEDUCTIBLE HEALTH PLAN OPTIONS

Plan Designs	\$2,500 0% ²	\$2,500 20% ³	\$5,000 0%	\$6,550 0%	\$7,500 0%	\$8,050 0%
Deductible						
In-network Single/Family	Non-embedded \$2,500/\$5,000	Non-embedded \$2,500/\$5,000	Embedded \$5,000/\$10,000	Embedded \$6,550/\$13,100	Embedded \$7,500/\$15,000	Embedded \$8,050/\$16,100
Out-of-network Single/Family	\$2,500/\$5,000	\$2,500/\$5,000	\$5,000/\$10,000	\$6,550/\$13,100	\$7,500/\$15,000	\$8,050/\$16,100
Coinsurance						
In-network	0%	20%	0%	0%	0%	0%
Out-of-network	30%	40%	30%	30%	30%	30%
Annual Out-of-Pocket Amounts						
In-network Single/Family	Non-embedded \$2,500/\$5,000	Embedded \$5,500/\$11,000	Embedded \$5,000/\$10,000	Embedded \$6,550/\$13,100	Embedded \$7,500/\$15,000	Embedded \$8,050/\$16,100
Out-of-network Single/Family	\$7,000/\$14,000	\$8,500/\$17,000	\$9,500/\$19,000	\$11,050/\$22,100	\$15,000/\$30,000	\$15,550/\$31,100
Teledoc Health Visit	D/C	D/C	D/C	D/C	D/C	D/C
Primary Care Visit	D/C	D/C	D/C	D/C	D/C	D/C
Specialist Visit	D/C	D/C	D/C	D/C	D/C	D/C
Emergency Room Visit	D/C	D/C	D/C	D/C	D/C	D/C
Prescription Drugs						
Preferred Generic	D/C	D/C	D/C	D/C	D/C	D/C
Non-Preferred Generic	D/C	D/C	D/C	D/C	D/C	D/C
Preferred Brand	D/C	D/C	D/C	D/C	D/C	D/C
Non-Preferred Brand	D/C	D/C	D/C	D/C	D/C	D/C
Specialty	D/C	D/C	D/C	D/C	D/C	D/C

D/C=Deductible and coinsurance

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

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 for that individual. 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 for that individual. Deductibles and out-of-pocket maximums apply annually.

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



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