

# Wisconsin Funeral Directors Association

## Group Health Insurance Plans



Your WFDA membership gives you buying power to get competitive, affordable health coverage to help 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/wfda-group-health](https://insuranceformembers.com/wfda-group-health) for more information!

COPAY PLAN OPTIONS						
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 20%	\$7,500 20%	\$9,200 0%
<b>Deductible</b>						
In-network	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$750	\$1,500	\$2,500	\$5,000	\$7,500	\$9,200
Family	\$1,500	\$3,000	\$5,000	\$10,000	\$15,000	\$18,400
Out-of-network						
Single	\$1,500	\$3,000	\$5,000	\$10,000	\$15,000	\$18,400
Family	\$3,000	\$6,000	\$10,000	\$20,000	\$30,000	\$36,800
<b>Coinsurance</b>						
In-network	20%	20%	20%	20%	20%	0%
Out-of-network	40%	40%	40%	40%	40%	30%
<b>Annual Out-of-Pocket Amounts</b>						
In-network	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$3,750	\$5,500	\$6,500	\$8,000	\$9,000	\$9,200
Family	\$7,500	\$11,000	\$13,000	\$16,000	\$18,000	\$18,400
Out-of-network						
Single	\$7,500	\$11,000	\$13,000	\$16,000	\$18,000	\$22,900
Family	\$15,000	\$22,000	\$26,000	\$32,000	\$36,000	\$45,800
Maximum OOP In-network						
Single	\$7,350	\$8,000	\$8,000	\$9,200	\$9,200	\$9,200
Family	\$14,700	\$16,000	\$16,000	\$18,400	\$18,400	\$18,400
Maximum OOP Out-of-network						
Single	\$14,700	\$16,000	\$16,000	\$18,400	\$18,400	\$18,400
Family	\$29,400	\$32,000	\$32,000	\$36,800	\$36,800	\$36,800
Teledoc® 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
<b>Prescription Drugs</b>						
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.

<sup>1</sup>Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs rated 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-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%	\$7,500 0%	\$8,050 0%
<b>Deductible</b>						
In-network	Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$2,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$5,000	\$10,000	\$13,100	\$15,000	\$16,100
Out-of-network						
Single	\$2,500	\$2,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$5,000	\$10,000	\$13,100	\$15,000	\$16,100
<b>Coinsurance</b>						
In-network	0%	20%	0%	0%	0%	0%
Out-of-network	30%	40%	30%	30%	30%	30%
<b>Annual Out-of-Pocket Amounts</b>						
In-network	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$5,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$11,000	\$10,000	\$13,100	\$15,000	\$16,100
Out-of-network						
Single	\$7,000	\$8,500	\$9,500	\$11,050	\$15,000	\$15,550
Family	\$14,000	\$17,000	\$19,000	\$22,100	\$30,000	\$31,100
Teladoc® 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
<b>Prescription Drugs</b>						
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

HSA's are administered and/or maintained by a participating financial institution. WPS 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 for that individual. 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 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.



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