

# Wisconsin Institute of Certified Public Accountants | Group Health Insurance



Your Wisconsin Institute of Certified Public Accountants (WICPA) 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 Health® for treatment of minor conditions 24/7<sup>1</sup>
- Prescription drug coverage with a \$0 copay on select preventive drugs<sup>2</sup>

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
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
<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%

<sup>1</sup>Health plans are underwritten by the Wisconsin Physicians Service Insurance Corporation. Fees billed by our approved telehealth provider or selected participating telehealth provider are subject to change. Please call the number on your WPS ID card to verify Teladoc Health benefits available. <sup>2</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. 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. The Annual Out-of-Pocket includes deductible and coinsurance. The Annual Maximum Out-of-Pocket includes deductible, coinsurance and copays. Copays include Prescription Drug copays. The Annual Maximum Out-of-Pocket listed is for in-network services only.

HSA-QUALIFIED HIGH-Deductible Health Plan Options <sup>1</sup>							
Plan Designs	\$2,500 0% <sup>2</sup>	\$2,500 20% <sup>3</sup>	\$3,500 0%	\$5,000 0%	\$6,550 0%	\$7,500 0%	\$8,050 0%
<b>Deductible</b>							
<b>In-network</b>	Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$2,500	\$3,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$5,000	\$7,000	\$10,000	\$13,100	\$15,000	\$16,100
<b>Out-of-network</b>							
Single	\$2,500	\$2,500	\$3,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$5,000	\$7,000	\$10,000	\$13,100	\$15,000	\$16,100
<b>Coinsurance</b>							
<b>In-network</b>	0%	20%	0%	0%	0%	0%	0%
<b>Out-of-network</b>	30%	40%	30%	30%	30%	30%	30%
<b>Annual Out-of-Pocket Amounts</b>							
<b>In-network</b>	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$5,500	\$3,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$11,000	\$7,000	\$10,000	\$13,100	\$15,000	\$16,100
<b>Out-of-network</b>							
Single	\$7,000	\$8,500	\$8,000	\$9,500	\$11,050	\$15,000	\$15,550
Family	\$14,000	\$17,000	\$16,000	\$19,000	\$22,100	\$30,000	\$31,100
Teladoc Health <sup>®</sup> Visit	D/C	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	D/C
Specialist Visit	D/C	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	D/C
<b>Prescription Drugs</b>							
Preferred Generic	D/C	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	D/C
Preferred Brand	D/C	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	D/C
Specialty	D/C	D/C	D/C	D/C	D/C	D/C	D/C

D/C=Deductible and coinsurance

<sup>1</sup>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. 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.

A Member Benefit of



Professional Insurance Programs

Phone: 800-637-4676

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

