



WPS Medicare Companion

25% Cost-Sharing Plan / 50% Cost-Sharing Plan

Medicare Supplement Rates and Plan Information
Effective January 1, 2012

WPS
HEALTH INSURANCE®



To Be Eligible for WPS Medicare Companion Cost-Sharing Plans You:

1. **Have to be a Wisconsin resident when you enroll.**
2. **Have to be enrolled in Medicare Part A & Part B by the date the WPS Medicare Companion plan starts.**
3. **Can't be covered by Medicaid.**

If you're eligible to apply, please read on. This brochure contains important information about policy benefits and limitations, and your rights and responsibilities under the plan.

WPS Medicare Companion Cost-Sharing Plans

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IMPORTANT:



If there's ever a discrepancy between the policy and this outline of coverage, the policy has final authority.

General Information.

This outline of coverage provides only a general description of the WPS Medicare supplement benefits, limitations, and exclusions. You can find a more detailed description of the WPS Medicare supplement coverage in the policy. The policy will be issued to you upon approval for coverage under the WPS Medicare supplement plan. Coverage is subject to all terms and conditions of the policy and the Home Health Care Rider.

This outline of coverage doesn't give all the details of Medicare coverage. Contact your local Social Security Office, or consult "Medicare & You" for more details. To receive a copy of this handbook, call 1-800-633-4227.

WPS Health Insurance

Outline of Medicare Supplement Coverage

25% COST-SHARING PLAN

50% COST-SHARING PLAN

Medicare Supplement Insurance

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards, and other important information, see the “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this policy. Do not buy this policy if you did not get this guide.

PREMIUM INFORMATION

We can only raise your premium if we raise the premium for all policies like yours in this state. Rate changes that reflect an increase in your age will be effective on the first renewal after your birthday.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy’s most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you’re not satisfied with your policy, you may return it to WPS Health Insurance, P.O. Box 8190, Madison, WI 53708-8190. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

POLICY REPLACEMENT

If you’re replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither WPS Health Insurance nor its agents are connected with the federal Medicare program.

Outline of Medicare Supplement Coverage - 25% Cost-Sharing Plan

You will pay one quarter the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$2,330 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, the annual out-of-pocket limit does NOT include charges from your provider that exceed Medicare approved amounts (these are called “Excess Charges”). You will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE COST-SHARING PLAN PART A — HOSPITAL SERVICES-PER BENEFIT PERIOD

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
• Hospitalization Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.	First 60 days	All but \$1,156	\$867 (75% of Part A deductible)	◆\$289 (25% of Part A deductible)
	61st to 90th day	All but \$289 per day	\$289 per day	\$0
	91st day and after while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	Once lifetime reserve days are used: Additional 365 days	\$0	100% Medicare-eligible expenses**	\$0
• Skilled Nursing Facility Care You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	Beyond the additional 365 days	\$0	\$0	100%
	First 20 days	All approved amounts	\$0	\$0
	21st through 100th day	All but \$144.50 per day	Up to \$108.38 per day	◆Up to \$36.12 per day
• Inpatient Psychiatric Care Inpatient psychiatric care in a participating psychiatric hospital.	101st day and after	\$0	\$0	All costs
		190 days per lifetime	175 days per lifetime	Expenses beyond 365 days per lifetime
• Blood	First 3 pints	\$0	75%	◆25%
	Additional amounts	100%	\$0	\$0
• Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		Generally, most Medicare eligible expenses for outpatient drugs and inpatient respite care	75% of Medicare Copayments/Coinsurance	◆25% of Medicare Copayments/Coinsurance

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy’s “Core Benefits.”

MEDICARE COST-SHARING PLAN — PART B BENEFITS

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
• Medical Expenses Eligible expense for physician’s services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare approved amounts*	\$0	\$0	◆\$140 (Part B Deductible)
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
	Remainder of Medicare approved amounts	Generally 80%	Generally 15%	◆Generally 5%
• Blood	First 3 pints	\$0	75%	◆25%
	Next \$140 of Medicare-approved amounts*	\$0	\$0	◆\$140 (Part B Deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 15%	◆Generally 5%
• Clinical Laboratory Services Tests for diagnostic services.		100%	\$0	\$0
• Home Health Care		100% of charges for visits considered medically necessary by Medicare	40 visits <input type="checkbox"/> Optional Additional Home Health Care Rider**	Beyond 40 visits per calendar year or beyond 365 visits

- **This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare & You” for more details.**
- The dollar benefits shown are based on the amounts payable by Medicare for 2012. They will change in future years as Medicare benefits are changed.
- ★ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.
- ★★ This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

Outline of Medicare Supplement Coverage - 50% Cost-Sharing Plan

You will pay one half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$4,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the policy pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare approved amounts (these are called “Excess Charges”). You will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

MEDICARE COST-SHARING PLAN PART A — HOSPITAL SERVICES-PER BENEFIT PERIOD

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
Hospitalization* Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.	First 60 days	All but \$1,156	\$578 (50% of Part A deductible)	♦\$578 (50% of Part A deductible)
	61st to 90th day	All but \$289 per day	\$289 per day	\$0
	91st day and after while using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$0
	Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	\$0 \$0	100% Medicare-eligible expenses** \$0	\$0 100%
Skilled Nursing Facility Care You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21st through 100th day	All but \$144.50 per day	Up to \$72.25 per day	♦Up to \$72.25 per day
	101st day and after	\$0	\$0	All costs
Inpatient Psychiatric Care Inpatient psychiatric care in a participating psychiatric hospital.		190 days per lifetime	175 days per lifetime	Expenses beyond 365 days per lifetime
Blood	First 3 pints	\$0	50% of coinsurance or copayments	♦50% of coinsurance or copayments
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		Generally, most Medicare eligible expenses for outpatient drugs and inpatient respite care	50% of Medicare Copayments/ Coinsurance	♦50% of Medicare Copayments/ Coinsurance

✱✱ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy’s “Core Benefits.”

MEDICARE COST-SHARING PLAN — PART B BENEFITS

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
MEDICAL EXPENSES Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$140 of Medicare approved amounts*	\$0	\$0	♦\$140 (Part B Deductible)
	Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
	Remainder of Medicare approved amounts	Generally 80%	Generally 10%	♦Generally 10%
BLOOD	First 3 pints	\$0	50%	♦50%
	Next \$140 of Medicare-approved amounts*	\$0	\$0	♦\$140 (Part B Deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	♦Generally 10%
CLINICAL LABORATORY SERVICES Tests for diagnostic services.		100%	\$0	\$0
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits <input type="checkbox"/> Optional Additional Home Health Care Rider**	Beyond 40 visits per calendar year or beyond 365 visits

- **This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult “Medicare & You” for more details.**
- The dollar benefits shown are based on the amounts payable by Medicare for 2012. They will change in future years as Medicare benefits are changed.
- ★ Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.
- ★★ This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

Premium Rates

Effective January 1, 2012

AREA 1

(The Milwaukee area and Southeastern Wisconsin)

Rates for applicants living in Area 1, including the following ZIP codes:

530___: 02, 04, 05, 07, 08, 12, 17, 18, 21, 22, 24, 25, 27-30, 33, 37, 40, 41, 45, 46,
51-56, 58, 60, 64, 66-69, 71, 72, 74, 76, 77, 80, 86, 87, 89, 90, 92, 95-97

531___: 01-13, 16-19, 22-24, 26, 27, 29-36, 39-46, 49-55, 58-75, 77, 79-83, 85-89, 92-94, 96-99

532___ thru 534___: All ZIP Codes

MONTHLY PREMIUM				
Age	25% COST-SHARING PLAN		50% COST-SHARING PLAN	
	PREMIUM	HOME HEALTH CARE RIDER	PREMIUM	HOME HEALTH CARE RIDER
65-67	\$99.06	\$2.00	\$78.01	\$2.00
68-69	\$110.88	\$2.00	\$87.32	\$2.00
70-74	\$137.81	\$2.00	\$108.52	\$2.00
75+	\$153.97	\$2.00	\$121.23	\$2.00
Under 65	\$160.46	\$2.00	\$126.37	\$2.00

ANNUAL PREMIUM				
Age	25% COST-SHARING PLAN		50% COST-SHARING PLAN	
	PREMIUM	HOME HEALTH CARE RIDER	PREMIUM	HOME HEALTH CARE RIDER
65-67	\$1,188.72	\$24.00	\$936.12	\$24.00
68-69	\$1,330.56	\$24.00	\$1,047.84	\$24.00
70-74	\$1,653.72	\$24.00	\$1,302.24	\$24.00
75+	\$1,847.64	\$24.00	\$1,454.76	\$24.00
Under 65	\$1,925.52	\$24.00	\$1,516.44	\$24.00

Renewal Terms.

For your WPS Medicare supplement coverage to continue, we must receive your premium as required by the policy. We'll only send one bill to notify you when your premium is due. (If you're paying through our Automatic Cash Handling program, no bills are sent.) Your grace period for paying the premium is:

- 31 days after the premium due date when you pay quarterly, semiannually, or annually
- 10 days after the premium due date when you pay monthly

To calculate rates:

- Quarterly: Divide annual rate by 4
- Semiannually: Divide annual rate by 2
- Rates include a discount for using one of our automated payment options (payment by debit card, credit card, automated bank draft, or annual billing by mail). If you prefer to receive a bill in the mail on a monthly, quarterly, or semiannual basis, the cost will be \$5.00 higher for each bill.

Additional Notes: These rates also apply if you move outside Wisconsin. If, in the future, you permanently relocate to another state, Area 1 rates will apply. If you relocate to another Wisconsin ZIP code, Area 1 or 2 rates will apply as appropriate.

This brochure contains rates and plan information for coverage effective January 1, 2012. If you need to enroll for 2012, please contact your agent or your WPS sales representative for updated information.

Household Discount:

- WPS offers a 2% household discount when both you and a second member of your household (two or more individuals who reside together in a single home, condominium unit, or apartment unit within an apartment complex) are enrolled in a current WPS Medicare supplement plan. To calculate, multiply your final rate by 0.98.

Your premium is subject to change at our option. Any change in your WPS Medicare supplement premium will apply to all policyholders with identical policies who live in the same ZIP Code, and are the same age and gender as you.

You can terminate your coverage at any time simply by writing to us prior to your requested termination date.

Premium Rates

Effective January 1, 2012

AREA 2

(All other Wisconsin locations not included in Area 1)

Rates for applicants living in Area 2, including the following ZIP codes:

530___: 01, 03, 06, 09-11, 13-16, 19, 20, 23, 26, 31, 32, 34-36, 38, 39, 42-44, 47-50,
57, 59, 61-63, 65, 70, 73, 75, 78, 79, 81-85, 88, 91, 93, 94, 98, 99

531___: 14, 15, 20, 21, 25, 28, 37, 38, 47, 48, 56, 57, 76, 78, 84, 90, 91, 95

535___ thru 549___: All ZIP Codes

MONTHLY PREMIUM				
Age	25% COST-SHARING PLAN		50% COST-SHARING PLAN	
	PREMIUM	HOME HEALTH CARE RIDER	PREMIUM	HOME HEALTH CARE RIDER
65-67	\$90.05	\$2.00	\$70.92	\$2.00
68-69	\$100.80	\$2.00	\$79.38	\$2.00
70-74	\$125.28	\$2.00	\$98.65	\$2.00
75+	\$139.97	\$2.00	\$110.21	\$2.00
Under 65	\$145.87	\$2.00	\$114.88	\$2.00

ANNUAL PREMIUM				
Age	25% COST-SHARING PLAN		50% COST-SHARING PLAN	
	PREMIUM	HOME HEALTH CARE RIDER	PREMIUM	HOME HEALTH CARE RIDER
65-67	\$1,080.60	\$24.00	\$851.04	\$24.00
68-69	\$1,209.60	\$24.00	\$952.56	\$24.00
70-74	\$1,503.36	\$24.00	\$1,183.80	\$24.00
75+	\$1,679.64	\$24.00	\$1,322.52	\$24.00
Under 65	\$1,750.44	\$24.00	\$1,378.56	\$24.00

To calculate rates:

- Quarterly: Divide annual rate by 4
- Semiannually: Divide annual rate by 2
- Rates include a discount for using one of our automated payment options (payment by debit card, credit card, automated bank draft, or annual billing by mail). If you prefer to receive a bill in the mail on a monthly, quarterly, or semiannual basis, the cost will be \$5.00 higher for each bill.

Additional Notes: These rates also apply if you move outside Wisconsin. If, in the future, you permanently relocate to another state, Area 1 rates will apply. If you relocate to another Wisconsin ZIP code, Area 1 or 2 rates will apply as appropriate.

This brochure contains rates and plan information for coverage effective January 1, 2012. If you need to enroll for 2012, please contact your agent or your WPS sales representative for updated information.

Household Discount:

- WPS offers a 2% household discount when both you and a second member of your household (two or more individuals who reside together in a single home, condominium unit, or apartment unit within an apartment complex) are enrolled in a current WPS Medicare supplement plan. To calculate, multiply your final rate by 0.98.

Renewal Terms.

For your WPS Medicare supplement coverage to continue, we must receive your premium as required by the policy. We'll only send one bill to notify you when your premium is due. (If you're paying through our Automatic Cash Handling program, no bills are sent.) Your grace period for paying the premium is:

- 31 days after the premium due date when you pay quarterly, semiannually, or annually
- 10 days after the premium due date when you pay monthly

Your premium is subject to change at our option. Any change in your WPS Medicare supplement premium will apply to all policyholders with identical policies who live in the same ZIP Code, and are the same age and gender as you.

You can terminate your coverage at any time simply by writing to us prior to your requested termination date.

Preventive care covered under Medicare.

These Medicare-covered services are not subject to the coinsurance percentages of the cost-sharing plans.

Bone mass measurement — Medicare provides coverage once every 24 months (more often if medically necessary) if you are at risk for losing bone mass. You are required to pay the annual Part B deductible before this benefit is payable.

Cardiovascular screening blood tests — Medicare provides coverage for a blood test screening for early detection of cardiovascular (heart) disease (one every five years). Medicare pays for this benefit whether or not you have met your Part B deductible.

Colorectal cancer screening — Medicare provides coverage for those tests that your doctor determines are appropriate based on limitations established by Medicare regarding frequency, age requirements, and the specific test involved. Medicare pays for this benefit whether or not you have met your Part B deductible.

Diabetes monitoring — Medicare provides coverage if you have diabetes, whether you use or do not use insulin. Medicare covers lancets, test strips, self-management training, and one blood glucose monitor based on the recommendation of your doctor. You are required to pay the annual Part B deductible before this benefit is payable.

Diabetes screening — Medicare provides coverage for screening if your doctor determines you are at risk for getting diabetes. Medicare pays for this benefit whether you have met your Part B deductible or not.

Flu shot — Medicare provides you with coverage for a flu shot once a year. Medicare pays for this benefit whether you have met your Part B deductible or not.

Glaucoma screening — Medicare provides coverage for glaucoma screening once every 12 months if you are at risk for glaucoma. You are required to pay the annual Part B deductible before this benefit is payable.

Hepatitis B vaccine — Medicare provides coverage when your doctor recommends vaccination based on an intermediate or high risk. You are required to pay the annual Part B deductible before this benefit is payable.

Mammogram screening — Medicare provides coverage for a mammogram once every 12 months for all women age 40 and over who are covered under Medicare. Medicare pays for this benefit whether or not you have met your Part B deductible.

Medical nutrition therapy — Medicare provides coverage based on your doctor's recommendation if you have diabetes or kidney disease. You are required to pay the annual Part B deductible before this benefit is payable.

Pap test, pelvic exam, and clinical breast exam — Medicare provides coverage for one exam every 24 months. If you are a high-risk woman, Medicare covers one exam every 12 months. Medicare pays for this benefit whether you have met your Part B deductible or not.

Pneumonia shot — Medicare provides coverage when your doctor recommends a shot that prevents pneumonia. Medicare pays for this benefit whether you have met your Part B deductible or not.

Prostate cancer screening — Medicare provides coverage for a screening once every 12 months for all men age 50 and over who are covered under Medicare. You are required to pay the annual Part B deductible before this benefit is payable; however, PSA tests are not subject to the deductible.

Welcome to Medicare physical exam — Medicare provides coverage for a one-time initial wellness physical exam within 12 months of the day you first enroll in the Medicare Part B program. You are not required to pay the annual Part B deductible unless an EKG is part of the exam.

Limitations and Exclusions.

No insurance policy covers everything. Here's a list of things the WPS Medicare Supplement policy doesn't cover:

- Personal comfort items
- Routine physical exams, eye exams, hearing exams, and directly related tests, eye glasses or for the preparation or fitting of such things as eye glasses or hearing aids, except for those services covered by Medicare
- Orthopedic shoes or other supporting devices for the feet
- Routine foot care not covered by Medicare
- Custodial care, including maintenance care or supportive care
- Cosmetic surgery, except as stated in the policy
- Outpatient prescription drugs
- Professional services not provided by a physician, except as required by law

- Routine immunizations, except if eligible under Medicare
- Preparation, fitting, or purchase of eyeglasses or hearing aids, unless covered by Medicare
- Care, treatment, filling, removal, or replacement of teeth; dental X-rays, root canals, surgery for impacted teeth, or other surgical procedures to the teeth or supporting structures
- Nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing mandated by s. 632.895 (3), Stats
- If you terminate your Medicare coverage, expenses which would have been covered by Medicare
- Your Medicare Part A Deductible
- Your Medicare Part B Deductible
- Physician charges above Medicare's approved charge
- Home health care beyond 40 visits, unless you purchase the Additional Home Health Care Rider
- Any treatments, services, or supplies received outside the United States
- **Any treatments, services, or supplies:**
 - Not covered by Medicare, unless specifically stated in the policy
 - You, or anyone on your behalf, aren't legally obligated to pay for
 - Paid for by Medicare or another government entity or program
 - For any injury, occurring on or after your effective date, caused by an act of war
 - Provided by immediate family members or by anyone else who lives with you
 - To the extent covered by worker's compensation or similar laws
 - Provided before the effective date of coverage or after coverage ends
 - Determined by Medicare to be unreasonable or unnecessary
 - For a military service-related condition treated at any military or veterans hospital, or at any hospital contracted by any national government or agency

Grievance Procedures.

Your policy provides complete details on these procedures.

Situations might arise when you have a question or concern about your benefits or our claim payment decisions. Most benefit and claim questions or concerns can be resolved by contacting our WPS Member Services department. Our toll-free telephone number is: **1-888-253-2694**.

Our Member Services address is:

WPS Health Insurance
Attention: Member Services
1717 W. Broadway • P.O. Box 8688
Madison, WI 53708-8688

If your question or concern can't be resolved by our Member Services department, you or an authorized representative can file a written grievance. You can designate a representative to act for you by sending us a signed letter of authorization with your written grievance. To file a grievance:

- 1) Write down your claim or benefit concern, including the reason you disagree with our payment or coverage decision.
- 2) Mail, deliver, or fax your written grievance, along with copies of any related materials (such as letters or other supporting documents), to us at the following address:

WPS Health Insurance
Attention: Grievance/Appeals Committee
1717 W. Broadway • P.O. Box 7062
Madison, WI 53707-7062
Fax: 608-223-3603

If your life, health, or ability to regain maximum function is in serious jeopardy, or your pain can't be managed without the care or treatment being grieved, call us at one of the following telephone numbers and we can expedite the grievance process for you:

Toll Free **1-888-253-2694** or
608-221-1600 (Local to Madison)

We'll provide a prompt, complete, and unbiased review of your request and our decision. If you designate a representative, we'll send the results of our review to him or her instead of to you. The results will include our claim or benefit decision, the reason for our decision, and identify the policy provisions on which we based our decision.

DEFINITION:

Grievance — Any dissatisfaction with our provision of services or our claims practices that is expressed in writing to us by, or on behalf of, you.



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