

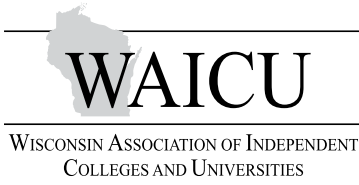


**2011-2012**

*A health insurance plan specifically designed for students of Colleges and Universities in the Wisconsin Association of Independent Colleges and Universities (WAICU)*



Hard Waiver Plan



# Affordable Health Insurance Designed Specially for You

As a college student, health insurance is probably the last thing on your mind. But not having health coverage when you need it is something that could cost you big time. That's why the Wisconsin Association of Independent Colleges and Universities (WAICU) has teamed up with WPS Health Insurance to offer students convenient, affordable, individual short-term health insurance coverage that will give you the protection you need. Check out the rest of this brochure to answer some of your burning questions about this great plan and how to sign up.

## Why is health insurance important?

Many college students risk going without health coverage because they believe it is an unnecessary investment. Some students reason that because they are young and in good health, they are relatively safe from illness. But having access to health care when you need it is important at any age. Unforeseen medical expenses, even those related to treating a simple cough or sore throat, can cost hundreds of dollars. Medical bills for more serious illness or injury could actually lead you into bankruptcy if you don't have proper health coverage.

## Who is WPS?

WPS is not your average health insurance company. They are a non-profit corporation that has been providing quality health care coverage to the residents of Wisconsin since 1946 – that's 65 years! And in 2010, Ethisphere Institute named WPS on its annual list of the World's Most Ethical Companies - the only health insurance company in the world to receive this prestigious award. They also have a dedicated customer service team that can answer all of your plan-related questions. Simply call 1-800-221-5573 to speak to a friendly representative.

## Am I eligible?

All domestic, full-time undergraduate students and international students (as defined by the college or university) are required to purchase this plan unless proof of comparable coverage is provided.

Part-time, graduate, or accelerated students taking at least 6 credit hours (or program equivalent) are eligible to enroll in the plan on a voluntary basis by submitting an application. Once enrolled, you must actively attend classes for at least 31 days after coverage begins or you will become ineligible and lose your coverage. Participation in home study, correspondence, Internet, and television courses is not considered active class attendance.

Your dependents are also eligible for this coverage. Dependents include spouses, Domestic Partners, and eligible children and grandchildren. Coverage for dependents can only be continued as long as you remain an eligible student. However, all dependents are subject to pre-existing conditions. A pre-existing condition is an illness or injury you've been diagnosed with or received medical treatment for in the last six months. Your dependents are still eligible for the plan if they have pre-existing conditions. However, they may not be covered unless the dependent had creditable

coverage prior to joining WPS. (See policy for details.)

## What doctors can I see?

You are free to see any doctor you choose. This plan uses a three tier provider system, meaning that you will pay different copay and coinsurance amounts depending on which tier your provider is in. Your Student Health Center is a Tier 1, so all services provided by your Student Health Center are covered at 100% with no copay – in other words, at no additional cost to you.

Tier 2 providers are all of the providers in our Statewide coverage network. Services obtained from a Tier 2 provider are covered by this plan at 80%, after a \$100 deductible is satisfied. For example, if you see a Tier 2 provider and are charged \$300, you will be required to pay the \$100 deductible, plus \$40 (20% of the remaining \$200). If you see that same Tier 2 provider at a later date (or any Tier 2 provider), and are charged another \$300, you will be required to pay \$60 (20% of \$300). You are only required to pay the deductible one time during each 12-month plan year. Visit [www.wpsic.com/waicu](http://www.wpsic.com/waicu) for a complete listing of our Tier 2 providers.

All other providers are considered Tier 3. Services obtained from a Tier 3 provider are covered by this plan at 60% after a \$200 deductible is satisfied.

## Does this plan pay for medications?

This plan pays up to \$750 each year towards prescription drugs\* including medically necessary ADD/ADHD medication, allergy medication, acne medication, and prescription birth control. You will be required to pay a copay on all medications, depending on the drug tier. Tier 1 drugs (most generics) require a \$15 copay, Tier 2 drugs (preferred brand) require a \$35 copay, and Tier 3 drugs (brand) require a \$60 copay. See our formulary for a complete listing of covered drugs.

## Does the plan include any online health tools?

The WPS Health Center ([www.wpsic.com/healthcenter](http://www.wpsic.com/healthcenter)) connects you with powerful resources designed to help you make good health decisions. Explore health quizzes and calculators, check symptoms, and find content created to help you take action to improve your health. These easy-to-use tools will save you time and money by and answering simple health questions instantly and reducing unnecessary provider and emergency room visits. As a WPS member, you will also have access to HealthSense Rewards™, a free program that provides discounted access to a variety of health clubs and other wellness services.

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*\*Some restrictions apply and not all medications are covered. See the formulary for complete details.*

# What services are covered?

## Plan Summary

Participant Annual Maximum Benefit: **\$100,000**

Tier 1 Provider Annual Deductible (Individual/Family): **None**

Tier 2 Provider Annual Deductible (Individual/Family): **\$100/\$300**

Tier 3 Provider Annual Deductible (Individual/Family): **\$200/\$600**

Services	<i>(Student Health Center)</i>	<i>(WPS Statewide Network) **</i>	<i>(Out-of-Network)</i>
	<b>Tier 1 Provider</b>	<b>Tier 2 Provider</b>	<b>Tier 3 Provider</b>
	<b>No Deductible Required for the Following Services, Plan Pays:</b>		
Routine Preventive Care <i>(Up to \$500 annually)</i>	100%	100% (\$20 Copay Applies)	60% (\$20 Copay Applies)
Physician Office Visits	100%	100% (\$20 Copay Applies)	60% (\$20 Copay Applies)
Routine Newborn Care	100%	100% (\$20 Copay Applies)	60% (\$20 Copay Applies)
Nervous and Mental, Drug and Alcohol <i>(Office Visits)</i>	100%	100% (\$20 Copay Applies)	60% (\$20 Copay Applies)
Emergency Room Visits	N/A	100% (\$150 Copay Applies)	60% (\$150 Copay Applies)
Emergency Room Services	N/A	80%	60%
Outpatient X-Rays and Labs	100%	80%	60%
	<b>After Deductible, Plan Pays:</b>		
Other Outpatient Services	100%	80%	60%
Travel Immunizations	100%	Not Covered	Not Covered
Physical Therapy <i>(Up to 40 visits per year)</i>	100%	80%	60%

\*\* Outside of Wisconsin, the Tier 2 network is First Health

<b>Services</b>	<i>(Student Health Center)</i>	<i>(WPS Statewide Network) **</i>	<i>(Out-of-Network)</i>
	<b>Tier 1 Provider</b>	<b>Tier 2 Provider</b>	<b>Tier 3 Provider</b>
Routine Dental Services	Not Covered		
Dental Services due to Injury <i>(Up to \$200 per injury)</i>	100%	80%	60%
Hospital Expenses*	100%	80%	60%
Surgeon's Fees	100%	80%	60%
Anesthesia Services	100%	80%	60%
Chemotherapy and Radiation Therapy	100%	80%	60%
Ambulance Services	80% after deductible, up to \$1,000 per trip		
Injuries due to Intramural and Club Sports <i>(Up to \$5,000 annually)</i>	100%	80%	60%
Injuries due to Intercollegiate Sports	Not Covered		
Durable Medical Equipment	100%	80%	60%
Maternity and Complications of Pregnancy	100%	80%	60%
Nervous and Mental, Drug and Alcohol <i>(Transitional treatment and Inpatient Services)</i>	100%	80%	60%
<b>Drug Coverage:</b>	<b>Generic Drugs</b>	<b>Preferred Brand Drugs</b>	<b>Non-preferred Brand Drugs</b>
	You Pay:		
Covered Prescription Drugs <i>(Plan pays up to \$750 annually)</i>	\$15	\$35	\$60

\*Precertification is recommended for all inpatient hospital confinements.

## What services are excluded?

- Provided by immediate family members or anyone else living with you
- Experimental/investigative in nature
- Not medically necessary or appropriate as determined by us
- For comfort, personal hygiene, or convenience
- For health education, marriage counseling, holistic medicine, health clubs, spas, sleep or massage therapy, or other similar programs
- Routine exams, or those requested by a third party (except as stated in the policy)
- Allergy testing
- Genetic testing
- Not specifically covered under this policy or connected with a non-covered service
- For sex transformation surgery and related sex hormones or for treatment of sexual dysfunction
- For any injury or illness covered by Workers' Compensation, Medicare, or similar laws
- Furnished by the U.S. Veterans Administration or other federal, state, or local government agencies
- For any injury or illness caused by atomic or thermonuclear explosion, resulting radiation, or any type of military action
- Cosmetic treatment or surgery
- Routine foot care
- Reconstructive surgery (except as stated in the policy)
- Wigs, hair pieces, or hair transplants/implants
- Educational or recreational therapy, physical fitness, or exercise programs
- Dental or oral surgery services except as stated in the policy
- Provided at any nursing facility, convalescent home, or any place primarily for rest or the aged
- Artificial insemination or fertilization methods and services
- Abortion procedures
- Sterilization or reversal
- Transplants or implants, unless specifically covered under the policy
- Food received on an outpatient basis, food supplements, or vitamins unless specifically covered under the policy
- In connection with obesity, weight reduction, or dietetic control, except as stated in the policy
- Retin-A, Monoxidil, Rogaine, or their medical equivalent in the topical application form, unless medically necessary
- Used in educational or vocational training
- Motor vehicles, scooters, or lifts
- Charges exceeding our determination of reasonable charge
- Health care services for which the participant has no obligation to pay
- Health care services for which proof of claim isn't provided
- Outpatient physical, speech, occupational, and respiratory therapy, except as stated in the policy
- Smoking deterrents
- Foot orthotics and special shoes or devices except as stated in this policy
- Nutritional counseling, unless specifically covered under this policy
- Health care services provided for your convenience or the convenience of a physician, hospital, or other health care provider

# Grievance 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 informally by contacting our WPS Member Services department. Our toll-free telephone number is 1-800-765-4977. Our Member Services address is:

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

If your question or concern can't be resolved by our Member Services Department, you or an authorized representative can file a written grievance as follows:

- Write down your claim or benefit concern including the reason you disagree with our payment or coverage decision
- 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/Appeal Committee  
1717 W. Broadway • P.O. Box 7062  
Madison, WI 53707  
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 toll-free at 1-800-765-4977 and we can expedite the grievance process for you:

You can designate a representative to act for you by sending us a signed letter of authorization with your written grievance. 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 means any dissatisfaction with the provision of services or claims practices of an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, a member.

**NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING (OUT-OF-NETWORK) PROVIDERS ARE USED.**

You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered service, benefit payments to such nonparticipating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy. **YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND CO-PAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION.** Nonparticipating providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than co-payment, coinsurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll free telephone number on your identification card or visiting the WPS Health Insurance web site at [www.wpsic.com](http://www.wpsic.com).

**IMPORTANT:** This brochure provides only a general description of benefits, limitations, and exclusions. You can find a detailed description of coverage in the applicable policy issued to you. Coverage is subject to all the terms and conditions of the policy and any endorsements. If there's ever discrepancy between the policy and this brochure, the policy has final authority.

*Administered by:*



1717 W. Broadway | P.O. Box 8190  
Madison, WI 53708-8190  
[www.wpsic.com](http://www.wpsic.com)