

PROVISION/BENEFIT	PREFERRED PROVIDERS What you pay	NON-PREFERRED PROVIDERS What you pay
Deductible		
Per Covered Person	\$2,000	\$16,000
Per Family	\$4,000	\$32,000
Coinsurance		
Coinsurance	0%	50%
Maximum Annual Out-of-Pocket Limit (includes deductible, coinsurance & all copayments)		
Per Covered Person	\$6,000	\$24,000
Per Family	\$12,000	\$48,000
Covered Expenses		
PROVISION/BENEFIT	PREFERRED PROVIDERS What you pay	NON-PREFERRED PROVIDERS What you pay
Primary Care	\$25 Copay	Deductible and Coinsurance
Specialist	\$50 Copay	Deductible and Coinsurance
Urgent Care	\$100 Copay	Deductible and Coinsurance
Emergency Room	\$500 Copay	Deductible and Coinsurance
Hospital inpatient services**	\$1,500 Copay	Deductible and Coinsurance
Outpatient Hospital Non-surgical services	Office Visit – No Charge, deductible does not apply Facility - \$900 Copay after deductible	Deductible and Coinsurance
Lab / Diagnostic	\$50 copay for x-ray and bloodwork \$500 for Imaging (CT/PET scans, MRIs)	Deductible and Coinsurance
Immunizations	0%	Deductible and Coinsurance
Preventive care services* (includes routine eye exams for children and adults)	0%	Deductible and Coinsurance
Surgical services**	Deductible and Coinsurance	Deductible and Coinsurance
Prescription Drugs	\$10/\$40/\$80	Not Covered

This is a brief summary of benefits created from a sales quote presentation. Finalized benefits will take precedence over any benefit information presented in this outline.

* Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)

** Some services may require prior authorization. Please go to our website [wpshealth.com](https://www.wpshealth.com) for further information.

Preferred Provider Networks

HPS Network: onlineaccess.hps.md

Select Find a Provider, Enter the type of provider, the provider’s name and/or specialty, and location/distance, then select Search

WPS Statewide Networks: visit <https://www.wpshealth.com>

Find a Doctor, Open Enrollee or Visitor, Select Statewide as the network and enter a zip code.

First Health Network: visit myfirsthealth.com (for residence or travel outside of WI)