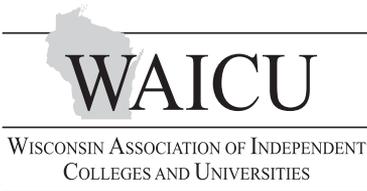


INTERNATIONAL STUDENT PLAN 2016–2017

Health insurance for students of colleges and universities in the Wisconsin Association of Independent Colleges and Universities (WAICU)



AFFORDABLE HEALTH INSURANCE SPECIALLY DESIGNED 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 money. 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 gives you the protection you need. Check out the rest of this brochure to answer your questions about this great plan and find out 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 a more serious illness or injury could actually lead you into bankruptcy if you don't have proper health coverage.

WHO IS WPS?

WPS Health Insurance is a not-for-profit corporation that provides high-quality health care coverage to the residents of Wisconsin. WPS has been recognized as one of the World's Most Ethical Companies® seven years in a row by the international Ethisphere® Institute. WPS stands ready to serve you with dependable coverage, expert service, and values you can count on. Call **1-800-221-5573** to talk with a friendly representative today.

AM I ELIGIBLE?

All international students, taking at least six credit hours (or the program equivalent, as defined by the college), are required to purchase this plan unless proof of other comparable coverage is provided. 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. (See policy for details.)

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.

WHAT DOCTORS CAN I SEE?

All services you receive at your Student Health Center are covered at 100% at no additional cost to you.

For services you receive outside the Student Health Center, you are free to see any doctor you choose. This plan uses a two-tier provider system, meaning that you will pay different deductible or coinsurance amounts depending on which tier your provider is in.

Tier 1 providers are all of the providers in our Statewide coverage network. Services obtained from a Tier 1 provider are covered by this plan at 80%, after a \$100 deductible is satisfied. For example, if you see a Tier 1 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 1 provider at a later date (or any Tier 1 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 for a complete listing of our Tier 1 providers.

All other providers are considered Tier 2. Services obtained from a Tier 2 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 toward 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, 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 can save you time and money by 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.

**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 per injury or illness**

Tier 1 Provider Annual Deductible (Individual/Family): **\$100/\$300**

Tier 2 Provider Annual Deductible (Individual/Family): **\$200/\$600**

Services	Student Health Center	(WPS Statewide Network)** Tier 1 Provider	(Out-of-Network) Tier 2 Provider
No Deductible Required for the Following Services, Plan Pays:			
Routine Office Visits [^]	100%	100% (\$20 Copay Applies)	60% (\$20 Copay Applies)
Physician Office Visits	100%	100% (\$20 Copay Applies)	60% (\$20 Copay Applies)
Emergency Room Visits	N/A	100% (\$150 Copay Applies)	100% (\$150 Copay Applies)
Emergency Room Services	N/A	80%	80%
Outpatient Services (Includes X-Rays and Labs)	100%	80%	60%
After Deductible, Plan Pays:			
Other Outpatient Services	100%	80%	60%
Travel Immunizations [^]	100%	80%	60%
Physical Therapy (Up to 40 Visits per Year)	100%	80%	60%
Routine Dental Services	Not Covered		
Dental Services Due to Injury (Up to \$200 per Injury)	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 Tier 1 Deductible, Up to \$1,000 per Trip		

Services	Student Health Center	(WPS Statewide Network)** Tier 1 Provider	(Out-of-Network) Tier 2 Provider
	After Deductible, Plan Pays:		
Injuries due to Intramural and Club Sports (Up to \$5,000 annually)	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	100%	80%	60%
<ul style="list-style-type: none"> ▪ Inpatient/Transitional ▪ Outpatient Visits (outpatient visits are not subject to deductible) 	100%	80% (\$20 Copay Applies to Outpatient Visits)	60% 60% (\$20 Copay Applies to Outpatient Visits)
Drug Coverage	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs
	You Pay:		
Covered Prescription Drugs *** (Plan pays up to \$750 annually)	\$15	\$35	\$60
Benefits are payable for: (1) expenses associated with medical evacuation of an international student to his/her home country up to a maximum of \$50,000; and (2) repatriation of remains up to a maximum amount of \$25,000. Contact WPS directly for additional information.			

* Precertification is recommended for all inpatient hospital confinements.

** Outside of Wisconsin, the Tier 1 network is First Health.

*** Mail order prescription drugs incur 2.5 copay for a three-month supply.

^ Total preventive care is limited to \$500/annually for Tier 1 and Tier 2.

WHAT SERVICES ARE EXCLUDED?

- Experimental/investigative in nature
- Not medically necessary, as determined by us
- For comfort, personal hygiene, or convenience
- For health education, marriage counseling, complementary, alternative or holistic medicine, or other programs with an objective to provide personal fulfillment
- Routine exams, except as stated in the policy
- Allergy testing, unless approved by The American Academy of Allergy, Asthma and Immunology (AAAAI)
- Genetic testing, except as stated in the policy
- Not specifically covered under the policy or connected with a non-covered service
- For sex transformation surgery and related sex hormones or for treatment of sexual dysfunction
- Health care services provided in connection with any injury or illness arising out of, or in the course of, any employment for wage or profit; any illness or injury covered by Medicare or local government agencies
- 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, unless associated with a medical diagnosis of peripheral vascular disease or peripheral neuropathy
- 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
- Services provided at any nursing facility, convalescent home, or any place primarily for rest or the aged, except as stated in the policy
- Artificial insemination or fertilization methods and services
- Abortion procedures, except as stated in the policy
- Sterilization or its 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 the maximum allowable fee
- Health care services for which the participant has no obligation to pay
- Health care services for which proof of claim isn't provided
- Outpatient speech, occupational, massage, and respiratory therapy
- Smoking deterrents
- Foot orthotics and special shoes or devices, except as stated in the policy
- Nutritional counseling, unless specifically covered under the policy
- Health care services provided for your convenience or the convenience of a physician, hospital, or other health care provider
- Health clubs, spas, aerobic and strength conditioning, work-hardening programs, and all related materials and products

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: 608-223-5861

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 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, including any of the following: (1) provision of services; (2) determination to reform or rescind a policy; (3) determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders; (4) claims practices. Please refer to the policy for a complete description.

**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 COPAYMENT 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 copayment, 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 website at 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.



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