

INTERNATIONAL STUDENT PLAN

2022–2023

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





WAICU

WISCONSIN ASSOCIATION OF INDEPENDENT
COLLEGES AND UNIVERSITIES

WPS®

HEALTH
INSURANCE

Local. Honest. Independent.

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 stands ready to serve you with dependable coverage, expert service, and values you can count on. Call **800-332-6421** 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, 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 preferred providers are all of the providers in our WPS Statewide Network. Services obtained from a Tier 1 preferred provider are generally covered by this plan at 80%, after a \$100 deductible is satisfied. For example, if you see a Tier 1 preferred 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 preferred provider at a later date (or any Tier 1 preferred 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 wpshealth.com/waicu for a complete listing of our Tier 1 preferred providers.

All other providers are considered Tier 2 non-preferred providers. Services obtained from a Tier 2 non-preferred provider are generally covered by this plan at 60% after a \$200 deductible is satisfied. You are only required to pay the deductible one time during each 12-month plan year.

DOES THE PLAN INCLUDE ONLINE HEALTH TOOLS?

The WPS Wellness page, wpshealth.com/resources/wellness/healthwise.shtml, 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 customer, you will have access to telehealth services from Teladoc®. You can talk to board-certified doctors by phone or video 24/7. You can request a visit on demand or schedule it for the time that works best for you. Use it at home, school, or while traveling. Doctors can even prescribe medication when necessary.

	Student	Spouse	Child
Monthly Rates	\$228.72	\$514.77	\$400.37

Mail your claims to:

WPS Health Insurance
P.O. Box 21341
Eagan, MN 55121

WHAT SERVICES ARE COVERED?

Plan Summary

	Annual Deductible Individual/Family	Out-of-Pocket Limit Individual/Family
Student Health Center	\$0/\$0	\$0/\$0
Tier 1	\$100/\$300	\$6,350/\$12,700
Tier 2	\$200/\$600	Unlimited

Evacuation and Repatriation Benefits:

- Expenses associated with medical evacuation of an international student to his/her home country up to a maximum of \$50,000.
- Repatriation of remains of an international student to his/her home country up to a maximum amount of \$25,000.

Services	Student Health Center ⁺	(WPS Statewide Network)** Tier 1 Provider	(Non-Preferred) Tier 2 Provider
No Deductible Required for the Following Services, Plan Pays:			
Routine Services (Excluding immunizations)	100%	100%	60% ⁺⁺
Immunizations (Including travel immunizations)	100%	100%	100% (only payable up to age 6)
Nervous and Mental, Drug, and Alcohol* ▪ Outpatient Visits	100%	\$20 Copay Applies, then 100%	\$20 Copay Applies, then 100%
Physician Office Visits	100%	\$20 Copay Applies, then 100%	\$20 Copay Applies, then 100%
Telehealth Visits (Through Teladoc®)	N/A	100%	Not Covered
Emergency Room Visits	N/A	\$150 Copay Applies, then 100%	\$150 Copay Applies, then 100%
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%

Services	Student Health Center⁺	(WPS Statewide Network)** Tier 1 Provider	(Non-Preferred) Tier 2 Provider
	After Deductible, Plan Pays:		
Outpatient Physical, Speech, and Occupational Therapy*** (Limited to 20 visits each per year)	100%	80%	60%
Routine Dental Services	Not Covered		
Dental Services Due to Injury	100%	80%	60%
Inpatient Hospital Services*	N/A	80%	60%
Nervous and Mental, Drug, and Alcohol ▪ Inpatient*/Transitional Services	N/A	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		
Durable Medical Equipment***	100%	80%	60%
Maternity and Complications of Pregnancy	100%	80%	60%
Drug Coverage	Generic Drugs	Preferred Brand Drugs	Non-preferred Brand Drugs
	You Pay:		
Covered Prescription Drugs***	\$15	\$35	\$60
<p>* Prior authorization is required for all inpatient hospital confinements.</p> <p>** Outside of Wisconsin, the Tier 1 network is First Health.</p> <p>*** Please visit our website at wpshealth.com for prior authorization requirements.</p> <p>+ Student Health Center offers limited services. Please contact your Student Health Center for information on the services they can provide to you.</p> <p>++ Deductible applies.</p>			

WHAT SERVICES ARE EXCLUDED?

Health care services we determine are:

- Experimental/investigative
- Not medically necessary
- 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
- Genetic testing, except as stated in the policy
- Not specifically covered under the policy or connected with a non-covered service
- 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 a military-related act or incident of declared or undeclared war, riots, or insurrection
- 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
- Reversal of sterilization
- Transplants or implants, except as stated in the policy
- Food received on an outpatient basis, food supplements, or vitamins, except as stated in 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 except as stated in the policy
- Health care services for which the participant has no obligation to pay
- Health care services for which proof of claim isn't provided
- Foot orthotics and special shoes or devices, except as stated in 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 Customer Service department.

Call Customer Service toll-free at **800-332-6421** or use this address:

WPS Health Insurance
Attention: Customer Service
1717 W. Broadway
P.O. Box 8688
Madison, WI 53708

If your question or concern can't be resolved by Customer Service, 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 the address below:

WPS Health Insurance
Attention: Grievance/Appeal Committee
1717 W. Broadway
P.O. Box 7062
Madison, WI 53707

Fax: 608-327-6319

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 **800-332-6421** 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. If you designate a representative, we'll send the results of our review to him or her as well as 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 customer, 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 NON-PREFERRED (OUT-OF-NETWORK) PROVIDERS ARE USED

You should be aware that when you elect to utilize the services of a non-preferred providers for a covered service, benefit payments to such non-preferred providers are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, maximum out-of-network allowable fee based on a percentage of the published rate allowed for Wisconsin by the Centers for Medicare & Medicaid Services (CMS) for the same or similar health care service, 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.** Non-preferred providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Preferred 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 wpshealth.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 a discrepancy between the policy and this brochure, the policy has final authority.



1717 W. Broadway | P.O. Box 8190
Madison, WI 53708-8190
wpshealth.com