

State Bar of Wisconsin | Group Health Insurance Plans



Your State Bar membership gives you buying power to get competitive, affordable health coverage to protect your health and your business. You get:

- Access to our WPS Statewide Network
- Telehealth services through Teladoc® for treatment of minor conditions 24/7¹
- Prescription drug coverage with a \$0 copay on select preventive drugs²

Visit <https://mypip.org/state-bar-group-health-plan> for more information!

COPAY PLAN OPTIONS						
Plan Designs	\$750 20%	\$1,500 20%	\$2,500 20%	\$5,000 20%	\$7,500 20%	\$9,200 0%
Deductible						
In-network	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$750	\$1,500	\$2,500	\$5,000	\$7,500	\$9,200
Family	\$1,500	\$3,000	\$5,000	\$10,000	\$15,000	\$18,400
Out-of-network						
Single	\$1,500	\$3,000	\$5,000	\$10,000	\$15,000	\$18,400
Family	\$3,000	\$6,000	\$10,000	\$20,000	\$30,000	\$36,800
Coinsurance						
In-network	20%	20%	20%	20%	20%	0%
Out-of-network	40%	40%	40%	40%	40%	30%
Annual Out-of-Pocket Amounts						
In-network	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$3,750	\$5,500	\$6,500	\$8,000	\$9,000	\$9,200
Family	\$7,500	\$11,000	\$13,000	\$16,000	\$18,000	\$18,400
Out-of-network						
Single	\$7,500	\$11,000	\$13,000	\$16,000	\$18,000	\$22,900
Family	\$15,000	\$22,000	\$26,000	\$32,000	\$36,000	\$45,800
Maximum OOP In-network						
Single	\$7,350	\$8,000	\$8,000	\$9,200	\$9,200	\$9,200
Family	\$14,700	\$16,000	\$16,000	\$18,400	\$18,400	\$18,400
Maximum OOP Out-of-network						
Single	\$14,700	\$16,000	\$16,000	\$18,400	\$18,400	\$18,400
Family	\$29,400	\$32,000	\$32,000	\$36,800	\$36,800	\$36,800
Teladoc® Health Visit	\$10	\$10	\$10	\$10	\$10	\$10
Primary Care Visit	\$25	\$35	\$35	\$50	\$50	\$50
Specialist Visit	\$50	\$70	\$70	\$100	\$100	\$100
Emergency Room Visit	\$300	\$500	\$500	\$500	\$500	\$500
Prescription Drugs						
Preferred Generic	\$10	\$10	\$10	\$10	\$10	\$10
Non-Preferred Generic	\$20	\$20	\$20	\$20	\$20	\$20
Preferred Brand	\$40	\$50	\$50	\$50	\$50	\$50
Non-Preferred Brand	\$80	\$100	\$100	\$100	\$100	\$100
Specialty	25%	25%	25%	25%	25%	25%

¹Health plans are underwritten by the Wisconsin Physicians Service Insurance Corporation. Fees billed by our approved telehealth provider or selected participating telehealth provider are subject to change. Please call the number on your WPS ID card to verify Teladoc Health benefits available. ²Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs rated A or B by the U.S. Preventive Services Task Force.

These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits. These plans feature an embedded out-of-pocket limit where the individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually. The Annual Out-of-Pocket includes deductible and coinsurance. The Annual Maximum Out-of-Pocket includes deductible, coinsurance, and copays. Copays include Prescription Drug copays. The Annual Maximum Out-of-Pocket listed is for in-network services only.

HSA-QUALIFIED HIGH-DEDUCTIBLE HEALTH PLAN OPTIONS ¹							
Plan Designs	\$2,500 0% ²	\$2,500 20% ³	\$3,500 0%	\$5,000 0%	\$6,550 0%	\$7,500 0%	\$8,050 0%
Deductible							
In-network	Non-Embedded	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$2,500	\$3,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$5,000	\$7,000	\$10,000	\$13,100	\$15,000	\$16,100
Out-of-network							
Single	\$2,500	\$2,500	\$3,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$5,000	\$7,000	\$10,000	\$13,100	\$15,000	\$16,100
Coinsurance							
In-network	0%	20%	0%	0%	0%	0%	0%
Out-of-network	30%	40%	30%	30%	30%	30%	30%
Annual Out-of-Pocket Amounts							
In-network	Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Single	\$2,500	\$5,500	\$3,500	\$5,000	\$6,550	\$7,500	\$8,050
Family	\$5,000	\$11,000	\$7,000	\$10,000	\$13,100	\$15,000	\$16,100
Out-of-network							
Single	\$7,000	\$8,500	\$8,000	\$9,500	\$11,050	\$15,000	\$15,550
Family	\$14,000	\$17,000	\$16,000	\$19,000	\$22,100	\$30,000	\$31,100
Teladoc® Health Visit	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Primary Care Visit	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Specialist Visit	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Emergency Room Visit	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Prescription Drugs							
Preferred Generic	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Non-Preferred Generic	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Preferred Brand	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Non-Preferred Brand	D/C	D/C	D/C	D/C	D/C	D/C	D/C
Specialty	D/C	D/C	D/C	D/C	D/C	D/C	D/C

D/C=Deductible and coinsurance

¹HSAs are administered and/or maintained by a participating financial institution. WPS does not operate or administer HSAs.

²Non-Embedded Deductible and Out-of-Pocket Limit: This plan features a non-embedded deductible and out-of-pocket limit. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. If an employee has family coverage, the family out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. One person can satisfy the family out-of-pocket limit. Deductibles and out-of-pocket maximums apply annually.

³Non-Embedded Deductible and Embedded Out-of-Pocket Limit: This plan features a non-embedded deductible. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. This plan features an embedded out-of-pocket limit. The individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.

Unless otherwise noted, plans have an Embedded Deductible and Embedded Out-of-Pocket Limit: These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits. These plans feature an embedded out-of-pocket limit where the out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.

A Member Benefit of



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