



WPS Medicare Companion

The Right Medicare Supplement. Right Here for You!

Medicare Supplement Rates and Plan Information

Effective June 1, 2010

WPS
HEALTH INSURANCE®



To Be Eligible for WPS Medicare Companion You:

1. Have to be a Wisconsin resident when you enroll.
2. Have to be enrolled in Medicare Part A & Part B by the date the WPS Medicare Companion plan starts.
3. Can't be covered by Medicaid.

If you're eligible to apply for the WPS Medicare Companion, please read on. This brochure contains important information about policy benefits and limitations, and your rights and responsibilities under the plan.



WPS Medicare Companion

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WPS Health Insurance

Outline of Medicare Supplement Coverage

WPS MEDICARE COMPANION

Medicare Supplement Insurance

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards, and other important information, see the “Wisconsin Guide to Health Insurance for People with Medicare,” given to you when you applied for this policy. Do not buy this policy if you did not get this guide.

PREMIUM INFORMATION

We can only raise your premium if we raise the premium for all policies like yours in this state. Other circumstances under which we can raise your premium include: you enter a new age category, your residence changes such that you move to a new rating area, or if there is a change in Medicare benefits.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy’s most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you’re not satisfied with your policy, you may return it to WPS Health Insurance, P.O. Box 8190, Madison, WI 53708-8190. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

POLICY REPLACEMENT

If you’re replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs.

Neither WPS Health Insurance nor its agents are connected with the federal Medicare program.

The Right Medicare Supplement. Right Here for You!

Medicare provides basic coverage. But, as you probably already know, Medicare doesn't pay for everything. There are Medicare deductibles and coinsurance you have to pay before Medicare pays benefits. And, there's always a chance that a serious illness or injury could exhaust your Medicare benefits. It may seem impossible now, but it does happen. With Medicare coverage alone, you could be left owing a significant amount of money to your health care provider. That's where the WPS Medicare Companion comes in.

Comprehensive coverage that helps fill the gaps left by Medicare.

Every WPS Medicare Companion policy begins with an excellent core of benefits. Our Basic Plan covers your Medicare Part A (Hospitalization) and Part B (Medical) coinsurance—costs you would otherwise have to pay out of your own pocket. But that's just the beginning. Medicare Companion pays for a variety of important services, including:

- ✓ Hospitalization, skilled nursing care, and home health care services
- ✓ Medical and surgical services and supplies
- ✓ Chiropractic services
- ✓ X-rays, mammograms, and lab tests
- ✓ Licensed ambulance services
- ✓ Physical, radiation, and speech therapy
- ✓ Equipment and certain supplies to treat diabetes
- ✓ Dialysis and kidney transplant services
- ✓ Durable medical equipment and prosthetics

Preventive benefits to help keep you healthy.

We also help pay for preventive health services beyond standard Medicare coverage — up to \$1,000 annually for a routine physical, vision, and hearing exam and any related diagnostic X-ray and lab tests.

Flexibility to fit your needs.

You can enhance the WPS Medicare Companion Basic Plan by purchasing up to five optional benefit riders, each at an additional cost. Optional riders include:

- Medicare Part A Deductible
- Medicare Part B Deductible
- Medicare Part B Excess Charges
- Additional Home Health Care Visits
- Foreign Travel Emergency Medical Care

Please see page 5 for a description of the benefits provided by these riders.

Freedom to choose your own doctors and hospitals anywhere in the U.S.

With the WPS Medicare Companion, you can keep the same doctor you've been seeing for years. Or, you can select a new doctor at any time. You have complete freedom to choose your health care providers. And if you move, your WPS Medicare Companion coverage moves with you—anywhere in the U.S.

Keeps pace with Medicare.

Each time the Centers for Medicare and Medicaid Services (CMS) increases the Medicare deductibles, your WPS Medicare Companion benefits will adjust to cover the increase. You can feel secure in knowing your plan will always remain current with Medicare.

You can find a more detailed description of Medicare Companion benefits starting on page 6.

One-year rate guarantee.

To give you a little extra peace of mind, we guarantee your premium will not increase for the first year you own the policy.* See page 15 for details.

Save money with our household discount.

WPS offers a 2% discount when you and a second household member are enrolled in a WPS Medicare supplement plan.**

Guaranteed renewable for life.

We promise that your WPS Medicare supplement policy will never be canceled because of your health. As long as you pay your premium on time, the WPS Medicare Companion is guaranteed renewable for life.

No paperwork. No worries!

With our automatic claims service, you don't have to worry about filing claims or dealing with medical bills. That's because Medicare Part B sends your claims electronically right to WPS. We handle the claims, and you enjoy the convenience of no paperwork.

* Unless you move into a higher rating area or you enter a new age category.

** Household: Two or more individuals who reside together in the same dwelling. Dwelling is defined as a single home, condominium unit, or apartment unit within an apartment complex.

Insuring Wisconsin's Health Since 1946

WPS has been insuring Wisconsin's health since 1946, and serving people with Medicare since Medicare began. Providing our friends and neighbors with the excellent coverage they need, and the personal service they deserve, has helped us grow to become one of the largest not-for-profit insurers in the state. Today, WPS is a strong, stable company you can trust to be right here for you!

The Right Choice for Medicare Prescription Drug Coverage.

WPS also offers Medicare prescription drug plans featuring:

- Low monthly premiums, no deductible, and low copays
- Coverage for both brand name and generic drugs
- A network of nearly 1,000 Wisconsin pharmacies and more than 50,000 nationwide



Ask your WPS sales representative or agent to tell you more about how Medicare prescription drug plans from WPS can protect you against the high cost of prescription drugs.

MedicareRx
Prescription Drug Coverage

Wisconsin Physicians Service Insurance Corporation (WPS Health Insurance) contracts with the federal government to provide a Medicare prescription drug plan.

S5753_22285_021_0610 CMS Approved 10/2006



Open Enrollment Lets You Skip the Health Questions.

WPS offers a special ten-month open-enrollment period:

- The three calendar months before you enroll in Medicare Part B
- The calendar month in which you enroll in Medicare Part B
- The six calendar months immediately following the month you enroll in Medicare Part B

If you apply for the WPS Medicare Companion during this ten-month open-enrollment period, simply complete and submit a policy enrollment application. **You won't need to answer any health questions to be accepted.** Coverage begins the first of the month after we accept your application and premium or with an effective date you request up to 3 months in the future.

What if you're currently enrolled in Medicare Part B?

You have a six-month open-enrollment period beginning with the month of your 65th birthday.

Do you have other coverage that's terminating or changing?

If you have other coverage that's terminating, you may be eligible for guaranteed acceptance of this policy. In this instance, you must apply within 63 days of receiving your final coverage termination notice or within 63 days of the date your current coverage ends.

If your employer retiree plan premium increased by more than 25% you may be eligible for guaranteed acceptance of this policy.

To learn if you qualify for guaranteed acceptance, please call your agent or your WPS sales representative.



Customize WPS Medicare Companion to Fit Your Needs.

You can customize the WPS Medicare Companion Basic Plan by purchasing optional benefit riders. These optional benefit riders become part of your Medicare Companion policy. A description of each rider is listed below:

Medicare Part A Deductible

If you select this coverage, we'll pay your Medicare Part A deductible of \$1,100 during the first 60 days of a confinement.

Medicare Part B Deductible

If you select this coverage, we'll pay your Medicare Part B deductible of \$155 each calendar year.

Medicare Part B Excess Charges

If you select this coverage, we'll pay the difference between what Medicare approves for payment and the amount charged by the provider, if your provider does not accept Medicare assignment. The difference shall be no more than the actual charge or the limited charge allowed by Medicare, whichever is less.

Additional Home Health Care

If you select this coverage, we'll pay benefits for an additional 325 home health care visits each calendar year, up to a total of 365 visits per year, including those covered by Medicare.

Foreign Travel Emergency Medical Care

If you select this coverage, we'll pay 80% of expenses associated with emergency medical care you receive outside the U.S. that begins in the first 60 days of a trip, after you satisfy a deductible of \$250, up to a lifetime maximum benefit of \$50,000.

WPS Health Insurance Outline of Medicare Supplement Insurance

Medicare Supplement Part A — Hospital Services

Your benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	PER BENEFIT PERIOD	WHEN MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
Hospitalization Semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.	First 60 days	All but \$1,100	\$0 or <input type="checkbox"/> Optional Part A Deductible Rider*	\$1,100 or \$0
	61st to 90th days	All but \$275 per day	\$275 a day	\$0
	91st day and after while using 60 lifetime reserve days	All but \$550 per day	\$550 a day	\$0
	Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	\$0 \$0	100% of Medicare eligible expenses ¹ \$0	\$0 100%
Skilled Nursing Facility Care You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21st through 100th day	All but \$137.50 per day	Up to \$137.50 a day	\$0
	101st day and after	\$0	\$0	100%
<p>The WPS Medicare Companion also provides benefits for certain skilled nursing care and services that don't qualify for Medicare benefits. We'll pay benefits at the maximum daily rate established for the State of Wisconsin Medical Assistance Program, up to an additional 30 days for each confinement. You may request a policy for more details.</p>				
Inpatient Psychiatric Care Inpatient psychiatric care in a participating psychiatric hospital.		190 days per lifetime	175 days per lifetime	Expenses beyond 365 days per lifetime
Blood	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare Copayment/Coinsurance	\$0

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

* This is an optional rider. You may purchase this benefit by checking the box on the application and paying the premium.

¹ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

Medicare Supplement Part B – Medical Services

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	WHEN MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
Medical Expenses Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$155 of Medicare-approved amounts ² Remainder of Medicare-approved amounts	\$0 Generally 80%	\$0 or <input type="checkbox"/> Optional Part B Deductible Rider* Generally 20% or <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider*	\$155 or \$0 Charges exceeding eligible charges or \$0
Blood	First 3 pints Next \$155 of Medicare-approved amounts ² Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 or <input type="checkbox"/> Optional Part B Deductible Rider* 20%	\$0 \$155 or \$0 \$0
Clinical Laboratory Services Tests for diagnostic services.		100%	\$0	\$0
Home Health Care		100% of charges for visits considered medically necessary by Medicare	40 visits or <input type="checkbox"/> Optional Additional Home Health Care Rider*	All expenses beyond 40 visits per year or All expenses beyond 365 visits per year
Preventive Medical Care Benefit – Not Covered by Medicare Some annual physical & preventive tests and services administered or ordered by your doctor when not covered by Medicare. (See page 10 for details.)	First \$1,000 each calendar year Additional charges	\$0 \$0	\$1,000 \$0	\$0 All expenses beyond \$1,000

The dollar benefits shown are based on the amounts payable by Medicare for 2010. They will change in future years as Medicare benefits are changed.

² Once you have been billed \$155 of Medicare-approved amounts for covered services your Medicare Part B Deductible will have been met for the calendar year.

Foreign Travel Emergency Medical Care Benefits

SERVICES	WHEN MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
Foreign Travel Emergency Medical Care This benefit rider can be added at any time without answering medical questions. See page 12 for details.	\$0	\$0 or <input type="checkbox"/> Optional Foreign Travel Emergency Medical Care Rider*	All charges while traveling outside the U.S. or \$250 deductible and 20% of emergency medical charges that begin in the first 60 days of your trip up to the \$50,000 lifetime maximum

Other Wisconsin Mandated Benefits³

SERVICES	WHEN MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<ul style="list-style-type: none"> • Kidney Transplants • Dialysis Treatments • Kidney Disease Care • Diabetic Equipment • Certain Diabetic Supplies • Diabetes Self-Management Education Programs • Chiropractic Care • Breast Reconstruction after a Mastectomy • Hospital, Ambulatory Surgery Center, and Anesthesia Charges for Dental Care (limited to specific conditions and circumstances) 	80% of Medicare-eligible charges (after Part B deductible)	20% of Medicare-eligible charges (after Part B deductible) or <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider*	Charges exceeding 20% of the Medicare-eligible charges (Plus \$155 if you have not chosen the Medicare Part B Deductible Rider) or \$0
Wisconsin mandated benefits may apply for services denied by Medicare. Mandated benefits for kidney transplants, dialysis treatments, and kidney disease care are subject to a \$30,000 maximum per calendar year. All other benefits are payable at 100% of usual, customary, and reasonable charges.			

* This is an optional rider. You may purchase this benefit by checking the box on the application and paying the premium.

³ These benefits are required under Wisconsin law and are payable under the policy when the services are not covered by Medicare. When services are covered by Medicare Part B, Medicare Companion benefits will also apply.

DEFINITION:

A **usual, customary, or reasonable charge**, as used in this brochure, is an amount we determine to be reasonable. In determining what is a reasonable charge, we consider such factors as the amount providers charge for similar treatments, services, and supplies provided in the same general area under similar circumstances. This definition applies only to state-mandated benefits for chiropractic care; diabetic equipment, supplies and self-management education programs; home health care; breast reconstruction; and hospital, ambulatory surgery center, and anesthesia charges for dental care.

Preventive Health Care Benefits

Medicare covers services that are medically necessary as well as Medicare-covered routine services (below).

SERVICES	WHEN MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<ul style="list-style-type: none"> • Routine Office Visits, Labs, and X-Rays • Routine Eye Exams and Eye Refractions • Routine Hearing Exams 	\$0	Up to \$1,000 per calendar year	Charges exceeding \$1,000 per calendar year
<ul style="list-style-type: none"> • Cardiovascular Screening Blood Test • Diabetes Screening • Fecal Occult Blood Test • Flu Shot • Pap Lab Test • Pneumonia Vaccine • PSA Test 	100% of the Medicare-eligible charges (no Part B deductible)	\$0 or <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider*	Charges exceeding Medicare-eligible charges or \$0
<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Barium Enema • Colonoscopy and Flexible Sigmoidoscopy⁴ • Mammogram Screening and Clinical Breast Exam • Pap Test Collection • Pelvic Exam • Physical Exam⁵ 	80% of Medicare-eligible charges (no Part B deductible)	20% or 25% of Medicare-eligible charges ⁴ or <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider*	Charges exceeding Medicare-eligible charges or \$0
<ul style="list-style-type: none"> • Bone Mass Measurement • Diabetes Services and Supplies • Digital Rectal Exam • Glaucoma Screening • Hepatitis B Vaccine • Medical Nutritional Therapy • Smoking Cessation 	80% of Medicare-eligible charges (after Part B deductible)	20% of Medicare-eligible charges (after Part B deductible) or <input type="checkbox"/> Optional Medicare Part B Excess Charges Rider*	Charges exceeding 20% of Medicare-eligible charges (Plus \$155 if you have not chosen the Medicare Part B Deductible Rider) or \$0
Other immunizations not covered by Medicare	\$0	Up to \$25 per calendar year	Charges exceeding \$25 per calendar year

See page 10 for additional information on Preventive Care.

⁴ Medicare will cover 75% for a colonoscopy or flexible sigmoidoscopy if the procedure is done in an ambulatory surgical center or hospital outpatient department.

⁵ One-time “Welcome to Medicare” physical exam. Part B deductible applies if EKG is included in exam. See page 10 for more information.

DEFINITION:

A **charge**, as used in this brochure, means the reasonable charge for an item or service established by Medicare. Neither Medicare nor your WPS Medicare Companion policy will pay for charges Medicare determines are “unreasonable or unnecessary.”

Preventive Care.

Enjoy enhanced preventive benefits.

The WPS Medicare Companion helps pay for preventive health services beyond standard Medicare coverage—up to \$1,000 annually for a routine physical, vision, and hearing exam, and any related diagnostic X-ray and lab tests. The extra \$1,000 benefit is above and beyond preventive care benefits already payable under Medicare (as shown below) and any follow-up services covered under Part B.

Medicare-covered routine benefits are subject to change. Medicare determines the frequency and criteria for preventive benefits. Medicare may cover these services and tests more frequently if they are needed to diagnose or treat an illness of condition. More information is available in the Medicare & You handbook.

Preventive care covered under Medicare.

Medicare covers preventive care services when you have an on-going health care problem that requires that your doctor order these tests. You may be required to pay a portion of the costs for these services.

Bone mass measurement — Medicare provides coverage once every 24 months (more often if medically necessary) if you are at risk for losing bone mass. You are required to pay the annual Part B deductible before this benefit is payable.

Cardiovascular screening blood tests — Medicare provides coverage for a blood test screening for early detection of cardiovascular (heart) disease (one every five years). Medicare pays for this benefit whether or not you have met your Part B deductible.

Colorectal cancer screening — Medicare provides coverage for those tests that your doctor determines are appropriate based on limitations established by Medicare regarding frequency, age requirements, and the specific test involved. Medicare pays for this benefit whether or not you have met your Part B deductible.

Diabetes monitoring — Medicare provides coverage if you have diabetes, whether you use or do not use insulin. Medicare covers lancets, test strips, self-management training, and one blood glucose monitor based on the recommendation of your doctor. You are required to pay the annual Part B deductible before this benefit is payable.

Diabetes screening — Medicare provides coverage for screening if your doctor determines you are at risk for getting diabetes. Medicare pays for this benefit whether you have met your Part B deductible or not.

Flu shot — Medicare provides you with coverage for a flu shot once a year. Medicare pays for this benefit whether you have met your Part B deductible or not.

Glaucoma screening — Medicare provides coverage for glaucoma screening once every 12 months if you are at risk for glaucoma. You are required to pay the annual Part B deductible before this benefit is payable.

Hepatitis B vaccine — Medicare provides coverage when your doctor recommends vaccination based on an intermediate or high risk. You are required to pay the annual Part B deductible before this benefit is payable.

Mammogram screening — Medicare provides coverage for a mammogram once every 12 months for all women age 40 and over who are covered under Medicare. Medicare pays for this benefit whether or not you have met your Part B deductible.

Medical nutrition therapy — Medicare provides coverage based on your doctor's recommendation if you have diabetes or kidney disease. You are required to pay the annual Part B deductible before this benefit is payable.

Pap test, pelvic exam, and clinical breast exam — Medicare provides coverage for one exam every 24 months. If you are a high-risk woman, Medicare covers one exam every 12 months. Medicare pays for this benefit whether you have met your Part B deductible or not.

Pneumonia shot — Medicare provides coverage when your doctor recommends a shot that prevents pneumonia. Medicare pays for this benefit whether you have met your Part B deductible or not.

Prostate cancer screening — Medicare provides coverage for a screening once every 12 months for all men age 50 and over who are covered under Medicare. You are required to pay the annual Part B deductible before this benefit is payable; however, PSA tests are not subject to the deductible.

Welcome to Medicare physical exam — Medicare provides coverage for a one-time initial wellness physical exam within 12 months of the day you first enroll in the Medicare Part B program. You are not required to pay the annual Part B deductible unless an EKG is part of the exam.

Going the Extra Mile for Members.

When you call WPS, you reach people who care. Your questions are answered promptly and accurately by highly trained Member Services representatives supported by state-of-the-art technology. You can be sure our representatives will “go the extra mile” to assist you. Maybe that’s why outstanding member service has been our hallmark for more than 60 years.



WPS Member Services representatives are available at **1-888-253-2694**.
Mondays - Thursday, 7:00 a.m. - 7:00 p.m. Friday, 7:00 a.m. - 4:30 p.m.

Online Member Services — Just point and click to find what you need.

If you’re on the Internet, visit the WPS Web site at **www.wpsic.com**. It’s your place to quickly and easily:

www.wpsic.com



- Verify your benefits, eligibility, and claims status
- Request a replacement WPS ID card and Member Guide
- Access comprehensive health and wellness resources, including the Healthwise® Knowledgebase which contains thousands of topics on health conditions, medical tests and procedures, medications, and everyday health and wellness issues
- E-mail your questions to our Member Services staff via our secure Web site
- Locate addresses for various WPS departments, and much more



We’re proud that the Wisconsin Retired Educators’ Association (WREA), a nearly 12,000 member statewide organization, has endorsed the WPS Medicare Companion. The WREA trusts WPS to take care of its membership in retirement, and so can you.

Premium Rates Effective June 1, 2010.

AREA 1

(THE MILWAUKEE AREA AND SOUTHEASTERN WISCONSIN)

RATES FOR APPLICANTS LIVING IN AREA 1, INCLUDING THE FOLLOWING ZIP CODES:

530___: 02, 04, 05, 07, 08, 12, 17, 18, 21, 22, 24, 25, 27-30, 33, 37, 40, 41, 45, 46,
51-56, 58, 60, 64, 66-69, 71, 72, 74, 76, 77, 80, 86, 87, 89, 90, 92, 95-97

531___: 01-13, 16-19, 22-24, 26, 27, 29-36, 39-46, 49-55, 58-75, 77, 79-83, 85-89, 92-94, 96-99

532___: All ZIP codes

534___: All ZIP codes

and all out-of-state ZIP codes

MONTHLY PREMIUM		OPTIONAL RIDERS				
Age	Base	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel ⁶
Under 65	\$195.27	\$48.26	\$12.91	\$12.86	\$2.00	\$1.50
65-67	\$111.02	\$24.02	\$12.91	\$4.88	\$2.00	\$1.50
68-70	\$127.57	\$24.02	\$12.91	\$4.88	\$2.00	\$1.50
71-73	\$147.91	\$30.79	\$12.91	\$6.10	\$2.00	\$1.50
74-76	\$165.54	\$40.16	\$12.91	\$6.10	\$2.00	\$1.50
77+	\$189.89	\$49.41	\$12.91	\$6.86	\$2.00	\$1.50

ANNUAL PREMIUM		OPTIONAL RIDERS				
Age	Base	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel ⁶
Under 65	\$2,343.24	\$579.12	\$154.92	\$154.32	\$24.00	\$18.00
65-67	\$1,332.24	\$288.24	\$154.92	\$58.56	\$24.00	\$18.00
68-70	\$1,530.84	\$288.24	\$154.92	\$58.56	\$24.00	\$18.00
71-73	\$1,774.92	\$369.48	\$154.92	\$73.20	\$24.00	\$18.00
74-76	\$1,986.48	\$481.92	\$154.92	\$73.20	\$24.00	\$18.00
77+	\$2,278.68	\$592.92	\$154.92	\$82.32	\$24.00	\$18.00

To calculate rates:

- Quarterly: Divide annual rate by 4 • Semiannually: Divide annual rate by 2
- Rates include a discount for using one of our automated payment options (payment by debit card, credit card, automated bank draft, or annual billing by mail). If you prefer to receive a bill in the mail on a monthly, quarterly, or semiannual basis, the cost will be \$5.00 higher for each bill.

NOTE: These rates also apply if you move outside Wisconsin. If, in the future, you permanently relocate to another state, Area 1 rates will apply. If you relocate to another Wisconsin ZIP code, Area 1 or 2 rates will apply as appropriate.

Premium Rates Effective June 1, 2010.

AREA 2

**(ALL OTHER WISCONSIN LOCATIONS NOT INCLUDED IN AREA 1)
RATES FOR APPLICANTS LIVING IN AREA 2, INCLUDING THE FOLLOWING ZIP CODES:**

530___: 01, 03, 06, 09-11, 13-16, 19, 20, 23, 26, 31, 32, 34-36, 38, 39, 42-44, 47-50,
57, 59, 61-63, 65, 70, 73, 75, 78, 79, 81-85, 88, 91, 93, 94, 98, 99
531___: 14, 15, 20, 21, 25, 28, 37, 38, 47, 48, 56, 57, 76, 78, 84, 90, 91, 95
535___ thru 549___: All ZIP Codes

MONTHLY PREMIUM		OPTIONAL RIDERS				
Age	Base	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel ⁶
Under 65	\$177.52	\$43.87	\$12.91	\$12.86	\$2.00	\$1.50
65-67	\$100.93	\$21.84	\$12.91	\$4.88	\$2.00	\$1.50
68-70	\$115.97	\$21.84	\$12.91	\$4.88	\$2.00	\$1.50
71-73	\$134.46	\$27.99	\$12.91	\$6.10	\$2.00	\$1.50
74-76	\$150.49	\$36.51	\$12.91	\$6.10	\$2.00	\$1.50
77+	\$172.63	\$44.92	\$12.91	\$6.86	\$2.00	\$1.50

ANNUAL PREMIUM		OPTIONAL RIDERS				
Age	Base	Part A Deductible	Part B Deductible	Part B Excess Charges	Additional Home Health Care	Foreign Travel ⁶
Under 65	\$2,130.24	\$526.44	\$154.92	\$154.32	\$24.00	\$18.00
65-67	\$1,211.16	\$262.08	\$154.92	\$58.56	\$24.00	\$18.00
68-70	\$1,391.64	\$262.08	\$154.92	\$58.56	\$24.00	\$18.00
71-73	\$1,613.52	\$335.88	\$154.92	\$73.20	\$24.00	\$18.00
74-76	\$1,805.88	\$438.12	\$154.92	\$73.20	\$24.00	\$18.00
77+	\$2,071.56	\$539.04	\$154.92	\$82.32	\$24.00	\$18.00

- WPS offers a 2% household discount when both you and a second member of your household are enrolled in a current WPS Medicare supplement plan. To calculate, multiply your final rate by 0.98.

See page 14 to calculate your annual premium.

NOTE: This brochure contains rates and plan information for coverage effective June 1, 2010. If you need to enroll for 2011, please contact your agent or your WPS sales representative for updated information.

⁶The Foreign Travel Emergency Medical Care rider can be added at any time in the future without answering medical questions. However, if you add this rider after your original effective date, a \$25 administration fee will apply.

Medicare Supplement Premium Information

\$ _____ **WPS Medicare Companion — Basic Plan**

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

Each of these riders may be purchased separately.

\$ _____ **Medicare Part A Deductible**

If you select this coverage, we'll pay 100% of your \$1,100 Medicare Part A deductible during the first 60 days of a confinement.

\$ _____ **Medicare Part B Deductible**

If you select this coverage, we'll pay 100% of your \$155 Medicare Part B deductible each calendar year.

\$ _____ **Medicare Part B Excess Charges**

If you select this coverage, we'll pay the difference between what Medicare approves for payment and the amount charged by the provider, if your provider does not accept Medicare assignment. The difference shall be no more than the actual charge or the limited charge allowed by Medicare, whichever is less.

\$ _____ **Additional Home Health Care**

If you select this coverage, we'll pay benefits for an additional 325 home health care visits each calendar year, up to a total of 365 visits per year, including those covered by Medicare.

\$ _____ **Foreign Travel Emergency Medical Care**

If you select this coverage, we'll pay 80% of expenses associated with emergency medical care you receive outside the U.S. that begins in the first 60 days of a trip, after you satisfy a deductible of \$250. Coverage has a lifetime maximum benefit of \$50,000.

\$ _____ **Annual Total for Basic Policy and Selected Optional Benefits**

IN ADDITION TO THIS OUTLINE OF COVERAGE, WPS HEALTH INSURANCE WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.

See pages 12 and 13 for applicable discounts and additional information on calculating rates.

One-Year Rate Guarantee.

Your initial premium for this policy is guaranteed for the first 12 months that you have this policy unless:

1. You enter a new age category determined by your birthdate.
2. Your residence changes and you move into a new rating area.

Premium Payment Options.

Automatic premium payment.

With our Automatic Cash Handling (ACH) service, you can have your bank automatically transfer the exact amount of your premium payment to WPS each time it's due. It's a safe, easy, and convenient way to pay your premium. No checks to write. No envelopes to mail. Plus, you'll never have to worry about your coverage being canceled because your payment was lost in the mail. You even have the choice of paying your premium monthly, quarterly, semiannually, or annually.

To take advantage of ACH, just fill out the Automatic Withdrawal Payment Authorization section of your WPS Medicare Supplement Enrollment Application. Attach a voided check or a savings deposit slip to your application. Your bank will electronically transfer the exact amount of your premium on the day of the month that's most convenient for you.

Credit/Debit card payment.

If you choose to pay by credit/debit card, your initial premium amount will be charged to your card once your application has been approved. You can also pay your premium monthly, quarterly, semiannually, or annually. Simply complete the Credit/Debit Card Authorization section of your WPS Medicare Supplement Enrollment Application.

Direct billing.

This is the traditional method of paying premium. If you choose to pay through Direct Billing, WPS will mail subsequent premium notices to you according to the payment schedule you select—monthly, quarterly, semiannually, or annually.

Renewal Terms.

For your WPS Medicare Companion coverage to continue, we must receive your premium as required by the policy. We'll only send one bill to notify you when your premium is due. (If you're paying through our Automatic Cash Handling program, no bills are sent.) Your grace period for paying the premium is:

- 31 days after the premium due date when you pay quarterly, semiannually, or annually
- 10 days after the premium due date when you pay monthly

Your premium is subject to change at our option. Any change in your WPS Medicare Companion premium will apply to all policyholders with identical policies who live in the same ZIP code, and are the same age and gender as you.

You can terminate your coverage at any time simply by writing to us prior to your requested termination date.

Grievance Procedures.

Your policy provides complete details on these 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 by contacting our Member Services department.

Our toll-free telephone number is: **1-888-253-2694.**

Our Member Services address is: **WPS Health Insurance
Attention: Member Services
1717 West Broadway
P.O. Box 8688
Madison, WI 53708-8688**

If your question or concern can't be resolved by our Member Services department, you or an authorized representative can file a written grievance. You can designate a representative to act for you by sending us a signed letter of authorization with your written grievance. To file a grievance:

- 1) Write down your claim or benefit concern, including the reason you disagree with our payment or coverage decision.
- 2) 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/Appeals Committee
1717 West Broadway
P.O. Box 7062
Madison, WI 53707-7062
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 at one of the following telephone numbers and we can expedite the grievance process for you:

Toll Free **1-888-253-2694** or **608-221-1600** (Local to Madison)

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: Any dissatisfaction with our provision of services or our claims practices that is expressed in writing to us by, or on behalf of, you.

Limitations and Exclusions.

No insurance policy covers everything. Here's a list of things the WPS Medicare Companion doesn't cover:

- Personal comfort items
- Routine physical exams, eye exams, hearing exams, and related tests, **except as stated in the policy**. See pages 7, 9, and 10 for details.
- Orthopedic shoes or other supporting devices for the feet
- Routine foot care not covered by Medicare
- Custodial care, including maintenance care or supportive care
- Cosmetic surgery, except as stated in the policy
- Outpatient prescription drugs
- Professional services not provided by a physician, except as required by law
- Routine immunizations, except if eligible under Medicare
- Preparation, fitting, or purchase of eyeglasses or hearing aids, unless covered by Medicare
- Care, treatment, filling, removal, or replacement of teeth; dental X-rays, root canals, surgery for impacted teeth, or other surgical procedures to the teeth or supporting structures
- Nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing mandated by s. 632.895 (3), Stats
- If you terminate your Medicare coverage, expenses which would have been covered by Medicare
- Your Medicare Part A Deductible, unless you purchase the Medicare Part A Deductible Rider
- Your Medicare Part B Deductible, unless you purchase the Medicare Part B Deductible Rider
- Physician charges above Medicare's approved charge, unless you purchase the Medicare Part B Excess Charges Rider
- Home health care beyond 40 visits, unless you purchase the Additional Home Health Care Rider
- Any treatments, services, or supplies received outside the United States, unless you purchase the Foreign Travel Emergency Medical Care Rider
- **Any treatments, services, or supplies:**
 - Not covered by Medicare, unless specifically stated in the policy
 - You, or anyone on your behalf, aren't legally obligated to pay for
 - Paid for by Medicare or another government entity or program
 - For any injury, occurring on or after your effective date, caused by an act of war
 - Provided by immediate family members or by anyone else who lives with you
 - To the extent covered by worker's compensation or similar laws
 - Provided before the effective date of coverage or after coverage ends
 - Determined by Medicare to be unreasonable or unnecessary
 - For a military service-related condition treated at any military or veterans hospital, or at any hospital contracted by any national government or agency

General Information.

This outline of coverage provides only a general description of WPS Medicare Companion benefits, limitations, and exclusions. You can find a more detailed description of WPS Medicare Companion coverage in the policy. The policy will be issued to you upon approval for coverage under the WPS Medicare Companion. Coverage is subject to all terms and conditions of the policy and all riders.

We've added the subject headings in this outline of coverage for easier reading and quick reference. These headings aren't part of the description of coverage, and aren't to be used in determining applicable limitations and exclusions.

This outline of coverage doesn't give all the details of Medicare coverage.

Contact your local Social Security Office, or consult "**Medicare & You**" for more details.

To receive a copy of this handbook,  call 1-800-633-4227.

IMPORTANT:

If there's ever a discrepancy between the policy and this outline of coverage, the policy has final authority.



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