

The Care Share Plan is a simple and straightforward comprehensive major medical plan.

- No networks
- No referrals
- Comprehensive benefits
- Freedom to choose health care providers

### EXCLUSIVE BENEFITS FOR WISCONSIN MEDICAL SOCIETY MEMBERS

- Lifetime coverage for retirees
- Extended coverage for life of widowed spouses
- Continuous coverage for spouses of WMS members with a Medicare supplement plan
- Early retiree coverage (50 years old/2+ WMS Membership)

*Exclusive benefits subject to health underwriting*

Summary of Services		All Health Care Providers
<b>Individual Deductible Options</b>	<b>Choose One:</b>	
• The family deductible is twice the individual		\$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000
<b>Coinsurance</b>		
• The percentage WPS will pay for covered services		80%
<b>Annual Coinsurance Limit</b>		
• The maximum amount of covered charges for which a participant pays coinsurance each year		\$2,500
• The family coinsurance is twice the individual		
<b>Participant Lifetime Maximum Benefit</b>		\$2,000,000
• Well-baby Care to Age 4 ( <i>office visits</i> )		Deductible & Coinsurance
• Mammograms and Pap Tests		Deductible & Coinsurance
• Blood Lead Tests to Age 5		Deductible & Coinsurance
• Immunizations ( <i>except for travel</i> )		Deductible, then 100%
<b>Hospital Services</b>		
• Room & Board, Miscellaneous Hospital Expenses, and Intensive Care Unit ( <i>*prior approval required</i> )		Deductible & Coinsurance
• Outpatient Facility Fees		Deductible & Coinsurance
• Outpatient Radiology, Pathology, and Lab Services		Deductible & Coinsurance
<b>Emergency Services</b>		
• Emergency Room Facility Fees		Deductible & Coinsurance
• Emergency Room Care ( <i>including physician charges and miscellaneous expenses</i> )		Deductible & Coinsurance
• Ambulance ( <i>up to \$2,000 ground/\$10,000 air; *prior approval required for non-emergency transport</i> )		Deductible & Coinsurance
<b>Transplants</b> ( <i>determined by WPS to be medically necessary; *prior approval required</i> ) Heart • Heart/Lung • Lung • Liver • Pancreas • Bone Marrow ( <i>as stated in the policy, up to a lifetime maximum benefit of \$500,000</i> )		Deductible & Coinsurance
<b>Kidney Transplants and Dialysis Treatments</b> ( <i>up to \$30,000 per year; *prior approval required</i> )		Deductible & Coinsurance
<b>Professional Services</b>		
• Office Visits ( <i>including chiropractors</i> )		Deductible & Coinsurance
• Maternity Services ( <i>prenatal, delivery, and postnatal care</i> )		Deductible & Coinsurance
• Medical and Surgical Services		Deductible & Coinsurance
• Corneal Transplants, Bone and Skin Grafts		Deductible & Coinsurance
• Rehabilitative Therapy ( <i>occupational/physical/speech/respiratory; up to 40 visits per calendar year</i> )		Deductible & Coinsurance
• Radiation and Chemotherapy Services		Deductible & Coinsurance
• Cardiac Rehabilitation Services ( <i>up to 48 sessions</i> )		Deductible & Coinsurance
• Oral Surgery and Dental Repair ( <i>due to an injury</i> )		Deductible & Coinsurance
• Independent Anesthesiologist, Pathologist, and Radiologist Services		Deductible & Coinsurance
• X-ray and Lab Services		Deductible & Coinsurance
<b>Home Health Care</b>		
• Home Health Services ( <i>up to 40 per year; *prior approval required</i> )		Deductible & Coinsurance
• Home IV Therapy and Supplies ( <i>*prior approval required</i> )		Deductible & Coinsurance

Summary of Services (Continued)	All Health Care Providers
<b>Health Care Services</b>	
• Breast Reconstruction <i>(following a mastectomy)</i>	Deductible & Coinsurance
• Durable Medical Equipment <i>(DME costing more than \$500 requires prior approval or benefits reduced to 50%)</i>	Deductible & Coinsurance
• Diabetic Equipment and Self-management Education Programs	Deductible & Coinsurance
• Temporomandibular Joint (TMJ) Disorders <i>(diagnosis and non-surgical treatment up to \$1,250 per year)</i>	Deductible & Coinsurance
• Skilled Nursing Care Facility <i>(up to 30 days per confinement)</i>	Deductible & Coinsurance
<b>Prescription Drugs*</b> <i>(including insulin and transplant drugs; *prior approval required for certain drugs)</i>	Deductible & Coinsurance
<b>Alcoholism, Drug Abuse, and Nervous or Mental Disorders</b> <i>(to a combined maximum of \$7,000 per participant, per year)</i>	<b>Inpatient Hospital Services:</b> 90% for the first 30 days or \$7,000 of covered charges, whichever is less <b>Outpatient Services:</b> 90% of the first \$2,000 in covered charges <b>Transitional Treatment Arrangements:</b> 90% of the first \$3,000 in covered charges

\*Prior approval is required to receive certain benefits; without prior approval, benefits may be denied or substantially limited.

Note: All benefits are subject to the applicable limitations and exclusions as defined in the policy. Annual benefit limitations apply per calendar year.

## Additional Plan Information

### Benefit Payment Information

Benefit payments are subject to the applicable: calendar year deductible and coinsurance options you select; annual out-of-pocket limits; applicable copays; participant lifetime maximum benefit; exclusions, limitations, and other policy terms and conditions.

### Dependent Children/Students

WPS group plans include coverage for unmarried dependent children to age 19 and full-time students to age 25.

### Waiting Periods for Pre-existing Conditions

After a waiting period of twelve months, we'll pay benefits under this plan for a pre-existing condition. (Late enrollees may be subject to a different waiting period, as detailed in the policy.)

We'll shorten the waiting period if the participant had previous qualifying coverage and no lapse in coverage of 63 days or more (not including probationary periods). Waiting periods don't apply to dependent children under age 18, provided the child didn't have a lapse in coverage of 63 days or more.

We define a pre-existing condition as a physical or mental condition for which medical advice, diagnosis, care, or treatment was recommended or received within six months before the first day of coverage or the first day of the probationary period, whichever is earlier. The waiting period applies to transplants. Pre-existing conditions don't include pregnancy, pre- or post-natal care, or any complications of pregnancy. Pre-existing conditions do include symptoms of an illness or injury that would cause an ordinarily prudent person to seek care.

### Premium and Renewal Terms

We determine your group's premium based on a number of factors, including your group's characteristics and the various benefit design options you select.

You submit the initial monthly premium, along with your completed application materials, to us. Then, you submit all subsequent premium payments to us along with a copy of the premium notice.

For coverage to continue, we need to receive the premium as required by the policy. A participant's coverage depends on his or her eligibility under the terms and conditions of your WPS group master policy.

### Small Employers' Right to Information

Upon request, employers with 2-50 employees can receive:

- Information on our right to change premium rates and the factors involved
- Additional information about renewability and pre-existing condition provisions
- Benefits and premiums available through other WPS Health Insurance plans for which you may qualify

If you're interested in receiving any of this information, please contact your WPS representative.

### Grievance Procedure

If a participant has a question or concern that can't be resolved by our Member Services staff, he or she can file a written grievance detailing the reason(s) for disagreeing with our benefit or claim payment decision.

At WPS, we define a "grievance" as meaning any dissatisfaction with the provision of services or claims practices of an insurer offering a health benefit plan or administration of a health plan by the insurer that is expressed in writing to the insurer by, or on behalf of, a member.

Written requests and copies of any supporting information (such as letters, medical records, clinical reports, or other relevant documents that show the medical reason(s) why we should change our decision) should be sent to:

**WPS Grievance/Appeal Committee**  
**1717 W. Broadway—P.O. Box 7062**  
**Madison, WI 53707-7062**  
**FAX: 608-223-3603**

## Exclusions

Treatment, services and supplies for any illness or injury arising out of, or in the course of, any activity for pay, profit or gain. This exclusion applies regardless of whether benefits under workers' compensation or similar laws have been claimed, paid, waived or compromised or whether you're covered under worker's compensation insurance • Health care services furnished by the U.S. Veterans Administration, except for such health care services for which under applicable federal law the policy is the primary payer and the U.S. Veterans Administration is the secondary payer • Health care services furnished by any federal or state agency or a local political subdivision when you are not liable for the costs in the absence of insurance, unless such coverage under the policy is required by any state or federal law • Health care services covered by Medicare, if you have or are eligible for Medicare, to the extent benefits are or would be available from Medicare, except for such health care services for which under applicable federal law the policy is the primary payer and Medicare is the secondary payer. Please also see Section XVII. Coverage with Medicare • Health care services for any injury or illness caused by: (1) atomic or thermonuclear explosion or resulting radiation; or (2) any type of military action, friendly or hostile • Cosmetic treatment or surgery • Reconstructive surgery, except for such surgery required: (1) to repair a significant defect caused by an injury; (2) to repair a defect caused by congenital anomaly causing a functional impairment of a dependent child; (3) incidental to a mastectomy; or (4) due to a physical illness • Health care services which aren't medically necessary for the treatment of an illness or injury, as determined by us. Please see Section IX. Preauthorization Procedure • Routine medical exams, including eye exams and hearing exams, and related services, unless specifically stated in the policy • Well baby care, except as specifically stated in the policy • Preparation, fitting, or purchase of eyeglasses or contact lenses, except as specifically stated in the policy; vision therapy, including orthoptic therapy and pleoptic therapy; or eye refractive surgery • Health care services provided at any nursing facility or convalescent home or expense in any place that's primarily for rest, for the aged or for drug abuse or alcoholism treatment, except as specifically stated in Section V. B. 4. Alcoholism, Drug Abuse or Nervous or Mental Disorders • Custodial care or rest care • Health care services which are experimental or investigative, except for the investigational drugs used to treat the HIV virus as described in Section 632.895 (9), Wisconsin Statutes, as amended • Medical supplies and durable medical equipment for your comfort, personal hygiene or convenience, including, but not limited to: air conditioners; air cleaners; humidifiers; physical fitness equipment; physician's equipment; disposable supplies, other than colostomy supplies; or self-help devices not medical in nature • Health care services for, or leading to, sex transformation surgery, the sex transformation surgery, and sex hormones related to such surgery • Reversal of sterilization • Therapy services such as recreational therapy, educational therapy, physical fitness, or exercise programs, except as specifically stated in Section V. B. 3. a. and l • Artificial insemination or fertilization methods, including, but not limited to, in vivo and in vitro fertilization, embryo transfer, gamete intra fallopian transfer (GIFT), and similar procedures and related hospital, professional and diagnostic services and medications that are incidental to such insemination or fertilization methods. In addition, infertility

diagnostic services or infertility evaluation and management services, and related services that are provided after the commencement of the enrollee's infertility treatment are not covered under the policy • Follicle-stimulating hormone (FSH), activity medications, or ovulatory stimulant medications, including, but not limited to, Menotropins, Chorionic Gonadotropins, Urofollitropins and Clomiphene Citrate • Health care services not specifically identified as being covered under the policy • Dental treatment, services, procedures, drugs, medicines, devices and supplies, except as specifically stated in Section V. B. 3. i • Professional services not provided by a physician or any of the health care providers listed in the definition of Professional Services in Section II. Definitions • Health care services provided: (1) in the examination, treatment or removal of all or part of corns, callosities, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; (2) in the cutting, trimming or other non-operative partial removal of toenails; (3) in connection with any of those specified in (1) and (2) • Abortion procedures for the termination of pregnancy, except as specifically stated in Section V. B. 1. d • Health care services provided when your coverage was not effective under the policy. This includes health care services provided either prior to your effective date of coverage or after your coverage terminated under the policy, except as stated in Section XII. Extension of Benefits. Please see Section XIV. When Coverage Ends • Health education; marriage counseling; complimentary, alternative or holistic medicine; or other programs with an objective to provide complete personal fulfillment • Health care services for, or used in connection with, transplants of human and non-human body parts, tissues or substances, implants of artificial or natural organs or any complications of such transplants or implants, except as specifically stated in Section V. B. 9. Certain Transplants • Health care services provided to or received by an enrollee as a collateral in connection with treatment of any person who is not an enrollee under this certificate • Housekeeping, shopping, or meal preparation services • Health care services provided during any waiting periods for pre-existing conditions, including any complications of such pre-existing conditions • Food received on an outpatient basis, food supplements, or vitamins, except as specifically stated in the policy • Health care services for obesity, weight reduction, dietetic control or morbid obesity, except as specifically stated in Section V. B. 3. s • Retin-A, Minoxidil, Rogaine, or their medical equivalent in the topical application form, unless medically necessary • Health care services used in educational or vocational training or testing • Health care services provided in connection with: (1) any illness or injury caused by your engaging in an illegal occupation; (2) any illness or injury caused by your commission of, or an attempt to commit, a felony; or (3) any intentionally self-inflicted illness or injury, except an injury that resulted from an act of domestic violence or an illness. For example, an exclusion for self-inflicted injuries or injuries incurred in connection with a suicide attempt can not be applied to someone who attempts suicide if the injury is attributable to a medical condition (such as depression) • Maintenance care or supportive care • Room, board, services and supplies that are furnished to you by a hospital on the Friday and Saturday of the weekend of hospital admission if you are admitted as a registered resident patient to the hospital on one of those days, unless your hospital admission is medically necessary or

*Continued on back*

## Exclusions (Continued)

such admission is required to provide you with emergency medical care of a covered illness or injury • Health care services provided in connection with the temporomandibular joint or TMJ syndrome, except as specifically stated in Section V. B. 12 • Oral surgical services, except as specifically stated in Section V. B. 1. g. and Section V. B. 12 • Motor vehicles; lifts for wheelchairs and scooters; and stair lifts • Health care services provided in connection with a health care service not covered under the policy. An example would be inpatient hospital services in connection with a health care service not covered under the policy • That portion of the amount billed for a health care service covered under the policy that exceeds our determination of the charge for such health care service • Health care services for which you have no obligation to pay • Contraceptive devices including, but not limited to: intrauterine devices (IUD); subdermal contraceptive implants (Norplant) and related health care services; oral contraceptives and contraceptive patch for birth control; or injections of medication for birth control • Health care services resulting or arising from complications of, or incidental to, any health care service not covered under the policy • Bone marrow transplants and related health care services, including high dose chemotherapy and component procedures such as, but not limited to, autologous and allogenic peripheral blood stem cell harvest, rescue and reinfusion, for any illness or injury, except for the following ten diagnoses: (1) acute and chronic leukemia; (2) aplastic anemia; (3) Albers-Schoenberg syndrome (infantile malignant osteopetrosis); (4) combined immunodeficiency; (5) Wiskott-Aldrich syndrome; (6) Hodgkin's and non-Hodgkin's lymphomas; (7) neuroblastoma; (8) multiple myeloma; (9) Ewing's sarcoma; and (10) myelodysplastic syndrome • Bone marrow transplants and related health care services, including high dose chemotherapy and component procedures such as but not limited to autologous and allogenic peripheral blood stem cell harvest, rescue and reinfusion, for the treatment of tumors of the breast or metastases thereof • Bone marrow transplants and related health care services, including high dose chemotherapy and component procedures such as but not limited to autologous and allogenic peripheral blood stem cell harvest, rescue and reinfusion, for the diagnoses of thalassemia, sickle cell anemia, polycythemia vera, and solid tumors • Health care services for which proof of claim isn't provided to us in accordance with Section XVIII. H. Proof of Claim • Foot orthotics, special shoes (other than diabetic shoes when such diabetic shoes are medically necessary) or devices, unless they are a permanent part of an orthopedic leg brace • Health care services and prescription legend drugs provided in the connection with alcoholism, drug abuse and nervous or mental disorders, except as specifically stated in Section V. B. 4. and Section V. B. 11 • Health care services not for or related to an illness or injury, other than as specifically stated in the policy • Wigs, prosthetic hair pieces, hair transplants, or hair implants • Sales tax or any other tax, levy, or assessment by any federal or state agency or a local political subdivision • Indirect services provided by health care providers for services such as, but are not limited to: creation of a laboratory's standards, procedures, and protocols; calibrating

equipment; supervising the testing; setting up parameters for test results; and reviewing quality assurance data • Dental repair of your sound natural teeth due to an accident caused by chewing resulting in damage to your sound natural teeth • Maintenance therapy for chronic conditions • Treatment of weak, strained, flat, unstable or unbalanced feet; arch supports; heel wedges; lifts; orthopedic shoes; or the fitting of orthotics to aid walking or running • Charges for health clubs or health spas, aerobic and strength conditioning, work-hardening programs and all related material and products for these programs • Medications, drugs, or hormones to stimulate human biological growth, unless there is a laboratory-confirmed physician's diagnosis of the enrollee's growth hormone deficiency • Sleep therapy, or services provided in a premenstrual syndrome clinic or holistic medicine clinic • Massage therapy • Therapy and testing for treatment of allergies, including, but not limited to services related to clinical ecology, environmental allergy, allergic immune system dysregulation, sublingual antigen(s), RAST test, extracts, neutralization tests and/or treatment unless such therapy or testing is approved by The American Academy of Allergy and Immunology • Treatment, services and supplies, including, but not limited to, surgical services, devices and drugs for, or used in connection with, sexual dysfunction, including, but not limited to, impotence, or for the purpose of enhancing or affecting sexual performance, regardless of whether the origin of the sexual dysfunction is organic or psychological in nature, including, but not limited to, Viagra, Caverject, MUSE, Yohimbine, Femprox or their generic equivalent, penile implants and sex therapy • Genetic testing, including, but not limited to any test using DNA to determine the presence of a genetic disease or disorder. This exclusion does not apply to amniocentesis or to chorionic villus sampling provided during an enrollee's pregnancy • Telephone, computer or internet consultations between an enrollee and any health care provider, completion of claim forms or forms necessary for an enrollee's return to work or school or for an appointment an enrollee did not attend • Smoking deterrents, such as, but not limited to, prescription legend drugs, patches, gum, hypnosis • Health care services not supported by information contained in your medical records from other relevant sources • Cochlear implants, and all health care services provided in connection with cochlear implants • Durable medical equipment or prosthetics that have special features • Health care services provided by members of a member's immediate family or anyone else living with him/her • Health care services provided while held, detained or imprisoned in a local, state or federal penal or correctional institution or while in the custody of law-enforcement officials, except as specifically stated in s. 609.65, Wisconsin Statutes. Persons on work release are not considered to be held, detained or imprisoned if they are otherwise eligible enrollees • Preparation, fitting or purchase of hearing aids and other internal or external hearing devices, including related services • Nutritional counseling, except as specifically stated in Section V. B. 3. s. and Section V. B. 4. b. (4) • Health care services provided for your convenience or for the convenience of a physician, hospital, or other health care provider.



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**IMPORTANT:** This plan summary provides only a general description of benefits and limitations. You can find a detailed description of coverage in the applicable group certificate. Coverage is subject to all the terms and conditions of the certificate and any endorsements. If there's ever a disagreement between the certificate and this plan summary, the certificate has final authority.