

WPS Health Insurance: Preferred Provider Plan

Coverage Period: 1/1/17-12/31/17

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: **Individual & Family** | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.wpsic.com or by calling 1-800-223-6048.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	Preferred Provider: \$2,000 Single Coverage/\$4,000 Family Coverage Non-Preferred Provider: \$4,000 Single Coverage/\$8,000 Family Coverage Does not apply to preventive care provided by a preferred provider and preventive drugs purchased at a pharmacy.	You must pay all the costs up to the deductible amount before the policy begins to pay for covered services you use. Check your certificate to see when the deductible starts over (usually, but not always, January 1 st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services the policy covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For Preferred Providers: \$3,000 Single Coverage/\$6,000 Family Coverage. For Non-Preferred Providers: \$6,000 Single Coverage/\$12,000 Family Coverage.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Penalties, premiums, balance-billed charges, and health care the policy doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. see www.wpsic.com or call 1-800-223-6048 for a list of preferred providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a <u>specialist</u> ?	No, You don't need a referral to see a specialist	You can see the specialist you choose without permission from WPS.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

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If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.wpsic.com or call 1-800-223-6048 to request a copy.

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-preferred **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-preferred hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **preferred providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Non-Preferred Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	20% co-insurance	40% co-insurance	Includes telehealth services through Teladoc
	Specialist visit	20% co-insurance	40% co-insurance	None
	Other practitioner office visit	20% co-insurance	40% co-insurance	Includes telehealth services through Teladocs
	Preventive care/screening/immunization	0% co-insurance	40% co-insurance	You pay \$0 for immunizations
If you have a test	Diagnostic test (x-ray, blood work)	20% co-insurance	40% co-insurance	Certain genetic tests require prior authorization e
	Imaging (CT/PET scans, MRIs)	20% co-insurance	40% co-insurance	MRA, MRS and PET scans require prior authorization

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Common Medical Event	Services You May Need	Your Cost If You Use a Preferred Provider	Your Cost If You Use a Non-Preferred Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.wpsic.com .	Generic drugs	20% co-insurance	20% co-insurance	Limited to: Retail: 30-day supply; Home Delivery: 90-day supply. If brand is dispensed when generic available, you are responsible for dollar amount difference between brand and generic. Certain drugs require prior authorization.
	Preferred brand drugs	20% co-insurance	20% co-insurance	Limited to: Retail: 30-day supply; Home Delivery: 90-day supply. If brand is dispensed when generic available, you are responsible for dollar amount difference between brand and generic. Certain drugs require prior authorization.
	Non-preferred brand drugs	20% co-insurance	20% co-insurance	Limited to: Retail: 30-day supply; Home Delivery: 90-day supply. If brand is dispensed when generic available, you are responsible for dollar amount difference between brand and generic. Certain drugs require prior authorization.
	Specialty drugs	20% co-insurance	20% co-insurance	Limited to a 30-day supply. If brand is dispensed when generic available, you are responsible for dollar amount difference between brand and generic. Certain drugs require prior authorization.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance	40% co-insurance	None
	Physician/surgeon fees	20% co-insurance	40% co-insurance	None
If you need immediate medical attention	Emergency room services	20% co-insurance	20% co-insurance	None
	Emergency medical transportation	20% co-insurance	20% co-insurance	None
	Urgent care	20% co-insurance	20% co-insurance	None

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If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance	40% co-insurance	Non-emergency admissions require prior authorization
	Physician/surgeon fee	20% co-insurance	40% co-insurance	None
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% co-insurance	40% co-insurance	None
	Mental/Behavioral health inpatient services	20% co-insurance	40% co-insurance	Non-emergency admissions require prior authorization
	Substance use disorder outpatient services	20% co-insurance	40% co-insurance	None
	Substance use disorder inpatient services	20% co-insurance	40% co-insurance	Non-emergency admissions require prior authorization
If you are pregnant	Prenatal and postnatal care	20% co-insurance	40% co-insurance	None
	Delivery and all inpatient services	20% co-insurance	40% co-insurance	None
If you need help recovering or have other special health needs	Home health care	20% co-insurance	40% co-insurance	Limited to 40 visits per year
	Rehabilitation services	20% co-insurance	40% co-insurance	None
	Habilitation services	20% co-insurance	40% co-insurance	None
	Skilled nursing care	20% co-insurance	40% co-insurance	Limited to 30 days confinement in a skilled nursing facility. Non-emergency admissions require prior authorization
	Durable medical equipment	20% co-insurance	40% co-insurance	Prior authorization required for: All CPAP purchases and rentals Purchases over \$1,000 All other rentals as stated on our website
	Hospice service	20% co-insurance	40% co-insurance	Hospice services require prior authorization
If your child needs dental or eye care	Eye exam	0% co-insurance	40% co-insurance	None
	Glasses	100%	100%	Not Covered
	Dental check-up	100%	100%	Not Covered

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Bariatric Surgery
- Cosmetic Surgery
- Dental Check-Up
- Eyeglasses
- Infertility treatment
- Long-term care
- Private Duty Nursing
- Non-emergency care when traveling outside U.S.
- Routine foot care, unless associated with a specific medical diagnosis
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture - limited to adults over age 18 for postoperative nausea and vomiting, nausea and vomiting due to anti-neoplastic agents, and postoperative dental pain
- Chiropractic Care
- Dental Care (adult), limited to certain oral surgical procedures, treatment of an injury, and extraction of teeth and sealants on existing teeth related to treatment of neoplastic disease
- Hearing aids, limited to the cost of one hearing aid, per ear, for each member under age 18 every three years
- Routine eye care (adult), limited to eye exams

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Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact WPS at 1-800-223-6048. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

For group health coverage subject to ERISA, contact WPS at 1-800-223-6048 or www.wpsic.com. You may also contact your state insurance department at 1-800-236-8517. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

For non-federal governmental group health plans and church plans that are group health plans, contact WPS at 1-800-223-6048. You may also contact your state insurance department at 1-800-236-8517.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The Minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————To see examples of how this plan might cover costs for a sample medical situation, see the next page

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$4,540
- Patient pays \$3,000

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$2,000
Copays	\$0
Coinsurance	\$1,000
Limits or exclusions	\$0
Total	\$3,000

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$2,740
- Patient pays \$2,660

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$2,000
Copays	\$0
Coinsurance	\$660
Limits or exclusions	\$0
Total	\$2,660

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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Non-Discrimination and Language Access Policy

Wisconsin Physicians Service Insurance Corporation/WPS Health Plan Inc. d/b/a Arise Health Plan/The EPIC Life Insurance Company (WPS/Arise/EPIC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WPS/Arise/EPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WPS/Arise/EPIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call us at the phone number on the attached correspondence, your ID card, or the number listed on wpsic.com, arisehealthplan.com, or epiclifec.com.

If you believe that WPS/Arise/EPIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

WPS/Arise/EPIC
Nondiscrimination Grievance Coordinator
P.O. Box 7458
Madison, WI 53708
Email: WPSNondiscrimination@wpsic.com

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

29792-054-1608

Albanian VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Na telefononi në numrin e telefonit që gjendet në korrespondencën e **bashkëngjitur**, në pjesën e **përparme të kartës suaj ID** ose në **numrin** e renditur në adresën www.wpsic.com, www.arisehealthplan.com ose www.epiclife.com (TTY: 711).

العربية: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بنا على رقم الهاتف الموجود بالرسالة المرفقة أو بالجهة الأمامية لطاقة تعريف الهوية الخاصة بك أو على الرقم المدرج بالمواقع الإلكترونية التالية. www.wpsic.com أو www.arisehealthplan.com أو www.epiclife.com (الهاتف النسي: 711).

French À NOTER : Si vous parlez le français, des services d'assistance linguistique gratuits sont à votre disposition.

Appelez-nous au numéro de téléphone indiqué sur le courrier joint, au recto de votre carte d'identité ou au numéro indiqué sur le site Internet www.wpsic.com, www.arisehealthplan.com ou www.epiclife.com (ATS : 711).

German HINWEIS: Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Rufen Sie uns an. Sie finden die Telefonnummer auf dem beigefügten Schreiben, auf der Vorderseite Ihrer ID-Karte oder unter www.wpsic.com, www.arisehealthplan.com oder www.epiclife.com (TTY: 711).

Hindi ध्यान दें: अगर आप हिन्दी बोलते हैं तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। हमें **संलग्न** पत्राचार पता, **आपके पहचान पत्र (आईडी कार्ड) के सामने के पृष्ठ पर दिए गए फ़ोन नंबर** या www.wpsic.com, www.arisehealthplan.com या www.epiclife.com पर दिए गए नंबर पर कॉल करें (TTY: 711)।

Hmong TSHWJ XEEB: Yog hais tias koj hais lus Hmoob, peb muaj cov kev pab cuam hais ua koj hom lus pub rau koj yam tsis xam tus nqi hlo li. Hu rau peb tus nab npawb xov tooj **nyob rau ntawm** daim ntawv, sab hauv ntej ntawm koj daim id lossis nab npawb xov tooj nyob rau hauv www.wpsic.com, www.arisehealthplan.com lossis www.epiclife.com (TTY: 711).

Korean 주목해 주세요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **첨부된 서신, ID 카드 앞면 또는** www.wpsic.com, www.arisehealthplan.com이나 www.epiclife.com에 나와 있는 전화번호로 연락해 주십시오 (TTY: 711).

Polish UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany w załączonej korespondencji, z przodu karty identyfikacyjnej lub numer podany na stronie www.wpsic.com, www.arisehealthplan.com lub www.epiclife.com (TTY: 711).

Russian ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по любому номеру, указанному: в **прикрепленном письме, на лицевой стороне Вашей идентификационной карты** или на сайтах www.wpsic.com, www.arisehealthplan.com и www.epiclife.com (телефайп: 711).

Spanish ATENCIÓN: Si habla español, los servicios de asistencia de idioma están disponibles para usted, sin ningún costo para usted. Llámenos al número de teléfono que se encuentra en la correspondencia adjunta, en la parte de adelante de su tarjeta de identificación o en el número indicado en www.wpsic.com, www.arisehealthplan.com o www.epiclife.com (TTY: 711).

Tagalog BIGYANG-PANSIN: Kung Tagalog ang ginagamit mong wika, may mga serbisyong tulong sa wika na makukuha mo nang walang babayaran. Tawagan kami sa numero ng telepono na nasa **nakalalip** na sulat, **nasa harapang bahagi ng iyong id card** o **nakalintang numero** sa www.wpsic.com, www.arisehealthplan.com o www.epiclife.com (TTY: 711).

Traditional Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打隨附之通訊上、ID 卡正面或以下網址：www.wpsic.com, www.arisehealthplan.com 或 www.epiclife.com 列出的電話號碼與我們聯絡 (TTY: 711)。

Vietnamese CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi cho chúng tôi theo số điện thoại có trên thư từ **đính kèm, mặt trước thẻ id của quý vị** hoặc số **điện thoại** được niêm yết trên www.wpsic.com, www.arisehealthplan.com hoặc www.epiclife.com (TTY: 711).

Pennsylvania Dutch GEB ACHT: Wann du Deitsch schwetzst, du kannst Schprooch Services griege, mitaus Koschd. Ruf uns mit der Nummer uff die **attached** correspondence, **die vonne Seide vun dei ID Kaarde** odder **die** Nummer uff www.wpsic.com, www.arisehealthplan.com or www.epiclife.com (TTY: 711).

Lao ສຳລັບທ່ານທີ່ລິມໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສຳລັບທ່ານ. ທ່ານສາມາດໂທຫາພວກເຮົາໄດ້ທີ່ໝາຍເລກຢູ່ເທິງຈົດໝາຍຕິດຕໍ່ທີ່ຕິດຕັ້ງມາ, **ດ້ານໜ້າບັດປະຈຳຕົວຂອງທ່ານ** ຫຼື ໝາຍເລກທີ່ລະບຸໃນ www.wpsic.com, www.arisehealthplan.com or www.epiclife.com (TTY: 711).