

HEALTH TRADITION HEALTH PLAN

1808 East Main Street
Onalaska, WI 54650
P.O. Box 188
La Crosse, WI 54602
(608) 781-9692 or (888) 459-3020

CONTRACT FOR POINT-OF-SERVICE (POS) BENEFIT PLAN

HEREINAFTER REFERRED TO AS "POS CONTRACT"

EMPLOYER:

EFFECTIVE DATE:

Health Tradition Health Plan ("**Plan**"), a Wisconsin health maintenance organization, and the **Employer** hereby agree to offer a group health plan providing benefits for **Covered Services** to **Eligible Employees** of the **Employer** who reside or are employed within the **Plan's Service Area**.

This **Benefit Plan** provides coverage for Covered Services received from In-Network Healthcare Providers or Out-of-Network Healthcare Providers, in accordance with the terms and conditions of the Certificate of Coverage. This **POS Contract** is executed jointly with the Master Contract.

The **Benefit Plan** is made in consideration of the **Employer's** payment of the required **Contract Charges** as specified in the **Master Contract**.

Coverage under the **Benefit Plan** shall begin at 12:01 a.m. and shall terminate at 12:00 midnight of the applicable effective and termination dates of coverage.

This **POS Contract** is delivered in and governed by the laws of the State of Wisconsin.

THIS POS CONTRACT IS GUARANTEED RENEWABLE UNLESS TERMINATED IN ACCORDANCE WITH SECTION V OF THE MASTER CONTRACT.

SECTION I

DEFINITIONS

This section defines terms used in this **POS Contract**. This **POS Contract** is executed jointly with the **Master Contract**. Please refer to *Section I-Definitions* of the **Master Contract** for a listing of all defined terms used in these two documents. These terms will be capitalized and boldfaced when referred to in the context defined. The **Plan** shall determine the interpretation and application of the definitions in each and every situation.

- 1.1 **In-Network Benefits** – the level of benefits providing lower **Cost Sharing Amounts** for Members as shown in the **Summary of Benefits**.
- 1.2 **In-Network Healthcare Provider** - any **Healthcare Provider** that has an agreement with the **Plan** to provide **Healthcare Services** to Members.
- 1.3 **Out-of-Network Benefits** – the level of benefits providing higher **Cost Sharing Amounts** for the **Member** as shown in the **Summary of Benefits**.
- 1.4 **Out-of-Network Healthcare Provider** – any **Healthcare Provider** that does not have a contract with the **Plan** to provide **Healthcare Services** to Members.
- 1.5 **POS Contract** – this document, including any schedules, exhibits, addenda, supplements, attachments, or amendments thereto.
- 1.6 **Referral** – a written form from an **In-Network Healthcare Provider** authorizing a specific scope of services to be provided by an **Out-of-Network Healthcare Provider** or a referral center. The **Plan** must approve **Referrals** before those services are provided for the **Member** to receive coverage at the **In-Network Benefits** level.

The following definition in the **Master Contract** is amended as follows:

Benefit Plan – the agreement with the **Plan**, including the **Master Contract**, the **POS Contract**, the **Subscribers’** Member enrollment forms, **Membership Card**, **Certificate of Coverage**, **Summary of Benefits**, and any schedules, supplements, exhibits, endorsements, attachments, addenda, riders or amendments.

SECTION II

IN-NETWORK BENEFITS/OUT-OF-NETWORK BENEFITS

This **Benefit Plan** provides coverage for **Covered Services** received from **In-Network Healthcare Providers** or **Out-of-Network Healthcare Providers**, in accordance with the terms and conditions of the **Certificate of Coverage**.

2.1 *Description of In-Network Benefits and Out-of-Network Benefits:*

A. **In-Network Benefits.** The Member will receive **In-Network Benefits** when he/she:

1. Receives **Covered Services** from any **In-Network Healthcare Provider**; or
2. Obtains a **Referral** for **Covered Services** provided by an **Out-of-Network Healthcare Provider**.

Covered Services that are not provided by or under the direction of an **In-Network Healthcare Provider** are not covered as **In-Network Benefits**, except for emergency care, urgent care received out of the **Service Area**, or **Covered Services** with an approved **Referral** from the **Plan**.

B. **Out-of-Network Benefits:** The Member will receive **Out-of-Network Benefits** when he/she receives **Covered Services** from an **Out-of-Network Healthcare Provider** without a **Referral**.

The **Summary of Benefits** shows the level for **In-Network Benefits** and **Out-of-Network Benefits**. The **In-Network Benefits** generally provide coverage for **Members** at a higher level than **Out-of-Network Benefits**. The **Certificate of Coverage** contains detailed information about **In-Network Benefits** and **Out-of-Network Benefits** in *Article IV – Cost Sharing/Access to Healthcare*, *Article V – Schedule of Benefits*, and *Article VI – Exclusions and Limitations*.

2.2. *Premium Allocation.* Under this **Benefit Plan**, the total **Contract Charge** is allocated separately for **In-Network Benefits** and **Out-of-Network Benefits** as outlined below:

- **In-Network Benefits** – [95-98] % of the total **Premium** covers all **Covered Services** received from **In-Network Healthcare Providers**, emergency care, urgent care received out of the **Service Area**, and **Covered Services** by **Out-of-Network Healthcare Providers** with an approved **Referral** from the **Plan**.
- **Out-of-Network Benefits** - [2-5]% of the total **Premium** covers all **Covered Services** received from **Out-of-Network Healthcare Providers** without a **Referral**.

SECTION III

SIGNATURES

IN WITNESS WHEREOF, each party hereto has caused this **POS Contract** to be signed by its duly authorized representatives and is effective on the date shown on the cover page of this **POS Contract**.

EMPLOYER:

HEALTH TRADITION HEALTH PLAN

By _____

By _____

Title _____

Title _____

Date _____

Date _____