

How to Voice a Complaint or File a Grievance

We want to make sure the plan is working for you and welcome your feedback. If you have a complaint or want to file a grievance on a decision that affects you, please contact our Member Services unit at (920) 490-6900 (local) or call 1-888-711-1444 (toll-free).

We strive to resolve all complaints verbally. However, you have the option to submit a formal grievance in writing if your complaint is not handled to your satisfaction. The Grievance Procedure is used to resolve all complaints regarding plan administration or benefit denials.

Your grievance will be considered by a Review Panel consisting of Arise Health Plan representatives, a clinical medical representative, and a member representative.

Exclusions and Limitations

Pre-existing Conditions

There is a waiting period if within 12 months prior to the Covered Person's effective date, the Covered Person:

- Had an Illness or Injury diagnosed,
- Received care, medical services or, treatment of an Illness or Injury,
- Had symptoms of an Illness or Injury which would cause a person to seek diagnosis, care, medical services, or treatment; or
- Had Illness or injury for which a kidney transplant procedure is being considered.

Benefits are not payable for expenses incurred as a result of that Illness or Injury and any complications of any such Illness or Injury until:

- The Covered Person has no treatment, services, supplies, or other expenses incurred for that Illness or Injury for a period of 12 months in a row after the effective date of coverage; or
- The Covered Person has been insured under this Policy for 18 months in a row; whichever, happens first.

We will not pay benefits for charges for treatment, services, supplies, or other expenses incurred during the Waiting Period for any such Illness or Injury and complications of any such Illness or Injury.

If a Dependent child is born or is legally adopted by the Policyholder while covered under this Policy, the child does not have a waiting period for such Illness or Injury.

Transplants

The waiting period for a covered transplant, other than kidney, is 24-months starting on the effective date of the policy.

The plan does not cover the following services. Please see the policy for specifics.

Services, supplies, facilities, or equipment that are not medically necessary or are experimental or investigational.

Services furnished by a Federal, state, county, municipal, or other governmental agency.

An illness or injury caused by any military related act or incident of declared or undeclared war, riots, or insurrection.

An illness or injury as a result of the armed services of any country that occurred while on active duty.

Custodial or maintenance care.

Charges in excess of the usual and customary charge.

Services performed by a close relative.

Services for pervasive developmental disorders.

General fitness programs, exercise programs, exercise equipment, and

health club memberships.

Drugs, medicines, procedures, services, and supplies for sex transformation surgery.

Treatment or therapy that is court ordered, ordered as a condition of parole, probation, or custody evaluation.

Services provided during any waiting periods.

Telemedicine, except teleradiology.

Services, supplies, facilities, or equipment for complications resulting from an elective surgery.

Service or treatment requested by a third party.

Cranial banding.

Private duty nursing.

Personal comfort or convenience items.

Marriage counseling.

Sterilization procedures and reversal of voluntary sterilization.

Services for smoking cessation program, treatment, or supply.

Travel and transportation for a consultation or to receive treatment.

Bereavement counseling.

Services provided before the effective date.

Services provided after the termination date.

Services and/or supplies provided without a required authorization or if authorization was denied.

