

# Arise and Arise Metro Health Plans Individual HMO/POS Plans

Effective January 1, 2015



*Arise*  
HEALTH PLAN



Health Insurance Partner  
of the Green Bay Packers

A member of the **WPS** family.  
HEALTH INSURANCE





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We hold a Commendable accreditation status by the National Committee for Quality Assurance (NCQA), a private not-for-profit organization dedicated to improving health care quality. In fact, Arise Health Plan was ranked in the top 200 among national health insurance plans in NCQA's Private Health Insurance Plan Rankings 2013-2014 for its commercial HMO/POS product lines.



# Refreshing choice in health coverage

Arise Health Plan offers high-quality health plans and coverage with care that matters

- **We CARE for Wisconsin.**

We share your Midwestern values. When you think of value, you consider all parts of your coverage like access to a broad network, choice of providers, and affordability. Arise provides service without compromise and we value the same things you do. We truly CARE for Wisconsin.

- **We CARE about true value from the start.**

We begin by giving you fair and competitive prices and carry it through with stellar service, excellent provider networks, and the flexibility and responsiveness you and your family deserve.

- **We CARE about your specific needs.**

From providing price quotes to helping you choose the right plan and coordinating your benefits, we are responsive, flexible, and exceptional. We'll work alongside you to create a plan that's just right for you and your family. The choice is yours.

- **We CARE about service.**

Arise Health Plan is not only your health plan provider, but as a Wisconsin-based business, we're your neighbor, too. Arise employees are a part of the community. You may see us at the grocery store or the kids' baseball games. We want to look you in the eye and know that we're doing right by you and your family.



**We know your time is valuable, so we make it easy to get started!**

Call your local agent or contact Arise at the number below!

— **CALL** —

920-490-6900

or toll free 1-888-711-1444

Visit our website at  
[www.Arise2015.com](http://www.Arise2015.com).

**We take it to heart when we say  
We Care for Wisconsin.**



For information on how your Protected Health Information may be collected, used, or disclosed please go to:  
[http://www.wecareforwisconsin.com/members/member\\_handbooks](http://www.wecareforwisconsin.com/members/member_handbooks).



## All of our plans offer the following basics:

### Plan Features

You and your family want value. That's why we've created an extensive selection of qualified health plans (QHP) that are compliant with the Affordable Care Act in all metal levels, from bronze to platinum.

Some plan choices include **three FREE PCP office visits per member per year** or a **\$10 copay at convenient care clinics**.

### Additional Benefits

- **FREE preventive care**  
Arise health plans include first-dollar, 100% coverage for preventive services, such as annual exams, well-child visits, screenings, and immunizations, when performed by a participating provider.
- **\$0 copay preventive drugs**  
Arise provides \$0 copay on select preventive drugs that target common conditions such as high blood pressure, cholesterol, heart conditions, and asthma. These popular drugs go above and beyond preventive care specific drugs outlined by the ACA.
- **Fitness program reimbursement**  
Arise members have full access to a robust network of fitness locations with a wide range of amenities through our partnership with Healthways. Go to [reimbursement.healthways.com](https://reimbursement.healthways.com) for a list of participating fitness locations.
- **Telehealth**  
This great new benefit provides you with high-quality, safe, cost effective, and convenient access to doctors straight from your phone or tablet. Telehealth uses technology to reduce costs and improve access to doctors and prescription drugs without the wait.
- **Primary care physician driven**  
To build doctor relationships, trust, and loyalty, both HMO and POS plans encourage each member to choose a primary care physician (PCP). The PCP will help coordinate your overall medical care.







## HMO Plans

### Great value for your health care dollar

#### Highlights

- **Full access to in-network providers.**  
With an individual HMO, you can effectively manage your health care costs AND have access to the extensive Arise network of providers. That's more than 5,000 medical, hospital, and specialty providers across Wisconsin.
- **No referral necessary for in-network specialists.**  
You will never need a referral for you or a family member to see an in-network specialist.

## POS Plans

### It's all about choice

#### Highlights

- **In-network provider options.**  
With Point of Service (POS) plans, you have access to quality providers with a full range of health care services.
- **Out-of-network coverage.**  
If necessary, you can seek treatment from an out-of-network provider. Benefits for covered services received from out-of-network providers are usually lower than benefits for services received from in-network providers. Some services will require review and pre-authorization.

## Individual HDHP HMO/POS Plans (HSA Qualified)

Our HSA-Qualified High Deductible Health Plans combine the cost savings of a High Deductible Health Plan (HDHP) with the ability to add a Health Savings Account (HSA) that you own and control. With an HDHP, you save money on your premium and take responsibility for initial health care costs until you meet your deductible. After that, your health plan starts to pay for covered expenses. HSA options are available for both HMO and POS plans

Take the money you saved on your premium and invest in your HSA—a tax-favored personal and savings account you can use to pay for current qualified medical expenses (e.g., deductible and coinsurance) and to save for future medical expenses.



## Our Service Area: Coverage where it counts

Throughout Eastern and North-Central Wisconsin, Arise offers comprehensive and affordable health plans. We understand how important it is for you to have access to great doctors. So you get access to quality providers with a full range of health care services, striking a balance between choice and cost.

### Arise Metro

To ensure you get the best quality and value, we've selected providers with a strong record of commitment to health and wellness. Arise Metro, including Milwaukee, Ozaukee, Washington, and Waukesha counties, includes Aurora Medical Group and ProHealth, along with other provider networks in Eastern and North-Central Wisconsin. You also have access to the rest of the Arise Health Plan network.

### Arise Health Plan

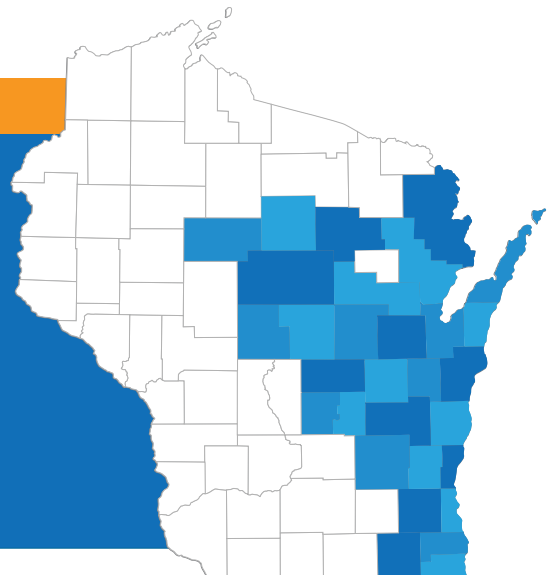
We also include major providers throughout 30 Wisconsin counties, such as Bellin Health, Prevea Health, ThedaCare, Agnesian HealthCare, Aspirus Network, Community Health Network, Aurora Medical Group, United Hospital Services, and BayCare Clinic. Not all providers in our service area are participating.

To see what networks and providers are included, please search our online provider directory.

Visit [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com) and click on **Visitors**, then select **Find a Doctor**. Our goal is to help you find a provider that you trust.

#### Counties in the Arise service area:

Brown	Manitowoc	Shawano
Calumet	Marathon	Sheboygan
Dodge	Marinette	Taylor
Door	Marquette	Walworth
Fond du Lac	Milwaukee	Washington
Green Lake	Oconto	Waukesha
Kenosha	Outagamie	Waupaca
Kewaunee	Ozaukee	Waushara
Langlade	Portage	Winnebago
Lincoln	Racine	Wood



# Frequently Asked Questions

**Q: What does “PPACA compliant” mean?**

**A:** All of our Arise Health Plans comply with the requirements of the Patient Protection and Affordable Care Act (PPACA). This means our plans include all essential health benefits, such as ambulatory patient services, emergency services, maternity and newborn care, and mental health and substance use disorder services. Arise continues to provide FREE preventive care services, and allows everyone to get coverage regardless of their health.

**Q: Is “free” preventive care really free?**

**A:** Yes! Arise covers 100% of the costs for routine preventive care services according to accepted medical standards, such as annual exams, well-child visits, screenings, and immunizations when you see an in-network doctor. You won’t pay a penny toward your deductible or coinsurance.

**Q: Are pediatric dental services covered?**

**A:** No, this policy does not include pediatric dental services. Dental coverage is available in the insurance Marketplace and can be purchased separately. Please contact your agent or the Federally Facilitated Marketplace at [www.Healthcare.gov](http://www.Healthcare.gov) if you wish to purchase pediatric dental coverage or a separate dental services product.

**Q: What are “metal levels”?**

**A:** PPACA categorizes coverage levels as Bronze, Silver, Gold, and Platinum.

Bronze	With these levels, premiums are less while deductibles and out-of-pocket are higher.	Gold	With these levels, you pay less when you receive care while premiums are higher.
Silver		Platinum	

**Q: What are premium tax credits?**

**A:** You may be eligible for tax credits if your household income falls between 100% and 400% of the Federal Poverty Level. These tax credits can be used to reduce your monthly premium for your health insurance coverage purchased through the Marketplace. If you qualify, the most you pay toward your health insurance premium will range from 2% of your income at the 100% of the poverty level to 9.5% of income at the 400% of poverty level. These tax credits can be claimed in advance, which means your tax credit will be paid directly to Arise Health Plan to lower the cost of your premiums. For more information, contact your local insurance agent or visit [www.Healthcare.gov](http://www.Healthcare.gov).

**Q: What are cost share reductions?**

**A:** If your income falls between 100-250% of the Federal Poverty Level, you may be eligible for an additional cost-sharing subsidy. These government subsidies can reduce your deductibles, coinsurance, and copayments, which means less out-of-pocket expenses for you. To be eligible for a cost-sharing subsidy, you must enroll in a silver plan in the Marketplace. For more information, contact your local insurance agent or visit [www.Healthcare.gov](http://www.Healthcare.gov).





## Our Mission, Our Pledge to You

Arise Health Plan is a local health plan dedicated to:

- Providing exceptional personalized service
- Partnering with the area's best health care providers
- Delivering competitive rates and the most value for our members

## Need coverage? Give us a shout!

Contact your agent or call us at 920-490-6900 or toll free at 1-888-711-1444.

Visit our website at [www.Arise2015.com](http://www.Arise2015.com).



P.O. Box 11625 • Green Bay, WI 54307-1625 Phone: 920-490-6900 • Toll free: 1-888-711-1444

[www.Arise2015.com](http://www.Arise2015.com)



Health Insurance Marketplace

Arise Health Plan is a Qualified Health Plan Issuer in The Health Insurance Marketplace.

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# Arise Individual HMO Plan Summary

Arise HMO (health maintenance organization) plans are one of the most effective ways to manage your health care costs. You'll enjoy convenient care access to the services and programs of more than 5,000 medical, hospital, and specialty providers across Wisconsin, all at an affordable rate made possible by our focused networks. To request a quote, please see an agent, visit the Arise Health Plan website at [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com), or call one of our licensed agents at 1-888-711-1444.

- Routine care covered, with no calendar year maximum
- Dependent children: to age 26 (see policy for eligibility requirements)

## Plan Options

Metal Tier	In-Network Options								Prescription Plan Preventive/Generic/ Preferred Brand/Brand/Specialty
	Individual Deductible <sup>1</sup>	Coinsurance	Out-of-Pocket Limit	Convenient Care Clinic or Telehealth Visit	PCP Visit	Specialist Visit	ER Visit	Free PCP Visit	
Platinum	250	100%	1,250	10	20	40	150	0	\$0/\$10/\$35/\$60/25% to \$500
Platinum	500	80%	1,250	D/C	D/C	D/C	D/C	3	\$0/\$10/\$35/\$60/25% to \$500
Platinum	0	90%	6,600	D/C	D/C	D/C	D/C	3	\$0/\$10/\$35/\$60/25% to \$500
Gold	1,000	80%	2,500	10	25	50	150	0	\$0/\$15/\$40/\$65/25% to \$500
Gold	2,000	100%	3,000	10	25	50	150	0	\$0/\$15/\$40/\$65/25% to \$500
Gold	1,500	100%	2,500	D/C	D/C	D/C	D/C	3	\$0/\$15/\$40/\$65/25% to \$500
Silver	2,000	80%	6,600	10	30	60	200	0	\$0/\$20/\$50/\$75/25% to \$500
Silver	3,000	90%	6,600	10	30	60	200	0	\$0/\$20/\$50/\$75/25% to \$500
Silver	4,000	70%	6,600	10	30	60	200	0	\$0/\$20/\$50/\$75/25% to \$500
Silver	1,500	70%	6,600	D/C	D/C	D/C	D/C	3	\$0/\$20/\$50/\$75/25% to \$500
Silver	2,000	80%	5,000	D/C	D/C	D/C	D/C	3	\$0/\$20/\$50/\$75/25% to \$500
Silver	2,500	70%	5,000	D/C	D/C	D/C	D/C	3	\$0/\$20/\$50/\$75/25% to \$500
Bronze	4,500	70%	6,600	D/C	D/C	D/C	D/C	3	\$0 preventive, D/C all others
Bronze	5,000	80%	6,600	D/C	D/C	D/C	D/C	3	\$0 preventive, D/C all others
Bronze	6,600	100%	6,600	D/C	D/C	D/C	D/C	3	\$0 preventive, D/C all others
Catastrophic*	6,600	100%	6,600	D/C	D/C	D/C	D/C	3	\$0 preventive, D/C all others

D/C = Deductible and Coinsurance  
PCP= Primary Care Physician

\*Applies only to persons under age 30 or have hardship exemption from the Federally Facilitated Marketplace (FFM).

<sup>1</sup>Family deductible is 2x the individual.

**Convenient Care Clinic:** a medical clinic that is located in a retail store, super-market or pharmacy. The convenient care clinic must provide covered health care services by: (1) nurse practitioners; (2) physician assistants; or (3) physicians. They must provide those services within the scope of their respective licenses.

**Primary Care Physician:** non-specialized physicians whose primary practice is one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Specialty Physician:** any physician whose primary practice is other than one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Telehealth:** the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using the Internet, interactive audio, video, or data communications, to include all types of telephonic communication and electronic mail.

All services are subject to terms and conditions of the policy.  
Certain drug limitations may apply, please review the full policy.

*Please see plan policy for a complete list of exclusions and other covered services*



Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exclusions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care office visit	Copay or Deductible/Coinsurance	Not Covered	If you have a copay plan, for participating providers, you pay a \$10 copay/visit to a convenient care clinic or for a telehealth visit
	Specialist office visit	Copay or Deductible/Coinsurance	Not Covered	None
	Other practitioner office visit	Copay or Deductible/Coinsurance	Not Covered	If you have a copay plan, for participating providers, you pay a \$10 copay/visit to a convenient care clinic or for a telehealth visit
	Preventive care/screening	\$0	Not Covered	None
	Immunizations	\$0	Not Covered	Immunizations for travel are not covered
If you have a test	Diagnostic test (x-ray/blood work) in an office or outpatient department of a hospital	Coinsurance; If no copay: Deductible/Coinsurance	Not Covered	None
	Imaging (CT/PET scans, MRI's)	Coinsurance; If no copay: Deductible/Coinsurance	Not Covered	Pre-service authorization is required for PET scans, MRIs, MRA, MRVs and CT Scans
If you need drugs to treat your illness	Preventive drugs	\$0	Not Covered	None
	Generic drugs	Copay or Deductible/Coinsurance	Not Covered	30- day supply limit for retail and all specialty drugs; home delivery 90-day supply for 2.5X retail copay; drugs may require pre-authorization; several drugs to treat common illnesses will be available at no cost to you
	Preferred brand-name drugs			
	Brand name drugs			
	Specialty drugs			
If you have outpatient surgery	Outpatient hospital - facility and physician/surgeon fees	Deductible/Coinsurance	Not Covered	None
If you need immediate medical attention	Emergency room services	Copay or Participating Provider Deductible/Coinsurance		None
	Related emergency room services	Participating Provider Coinsurance or Participating Provider Deductible/Coinsurance		None
	Emergency medical transportation	Participating Provider Deductible/Coinsurance		Pre-service authorization is required for non-emergency transport*
If you have a hospital stay	Inpatient hospital -Facility and physician/surgeon fees	Deductible/Coinsurance	Not Covered	Pre-service authorization is required for elective inpatient stays*
If you have mental health, or substance abuse needs	Mental health/substance abuse outpatient office visits	Copay or Deductible/Coinsurance	Not Covered	None
	Mental health/substance abuse inpatient services	Deductible/Coinsurance	Not Covered	Pre-service authorization is required for elective inpatient stays*
	Mental health/substance abuse transitional treatment	Deductible/Coinsurance	Not Covered	None
If you are pregnant	Maternity services, including prenatal and postnatal care, delivery and all inpatient services	Deductible/Coinsurance	Not Covered	None
If you need help recovering or have other special health needs	Home health care	Deductible/Coinsurance	Not Covered	Up to 60 visits per year
	Habilitative services (therapy): Office setting Outpatient hospital setting	Copay or Deductible/Coinsurance Deductible/Coinsurance	Not Covered	Limited to 20 visits per year as stated in the policy
	Rehabilitative services (therapy): Office setting Outpatient hospital setting	Copay or Deductible/Coinsurance Deductible/Coinsurance	Not Covered	Limited to 20 visits per year as stated in the policy
	Skilled nursing in a skilled nursing facility	Deductible/Coinsurance	Not Covered	Up to 30 days per confinement; Pre-service authorization is required*
	Durable medical equipment	Deductible/Coinsurance	Not Covered	Rental or purchase require pre-service authorization if the equipment is over \$1,000 or rental is more than \$750 per month*; limited to a single purchase of each type every three years
	Prosthetics	Deductible/Coinsurance	Not Covered	Prosthetics over \$5,000 require pre-service authorization*; limited to a single purchase of each type every three years
If your child needs dental or eye care	Routine eye exam	\$0	Not Covered	None
	Glasses	\$0	Not Covered	Limited selection of frames and lenses
	Dental check-up	Not Covered	Not Covered	Not Covered

\* - If a pre-service authorization is required and one is not obtained, a 50% penalty reduction in benefits may be applied.



# Arise Individual HSA Qualified HMO Plan Summary

Arise HSA-qualified high-deductible health plan (HDHP) for individuals and families features a wide range of plan design options. You'll enjoy convenient access to the services and programs of more than 5,000 medical, hospital, and specialty providers across Wisconsin, all at an affordable rate made possible by our focused networks. To request a quote, please see an agent, visit the Arise Health Plan website at [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com), or call one of our licensed agents at 1-888-711-1444.

- Routine care covered, with no calendar year maximum
- Dependent children: to age 26 (see policy for eligibility requirements)

Plan Options	In-Network Options								
Metal Tier	Individual Deductible <sup>1</sup>	Coinsurance	Out-of-Pocket Limit	Convenient Care Clinic or Telehealth Visit	PCP Visit	Specialist Visit	ER Visit	Free PCP Visit	Prescription Plan Preventive/Generic/ Preferred Brand/Brand/Specialty
Gold	2,000	100%	2,000	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	1,400	70%	6,450	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	2,000	80%	4,000	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	2,500	80%	4,500	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	3,000	100%	3,000	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	3,000	90%	4,000	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	3,500	100%	3,500	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Bronze	3,500	70%	6,450	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Bronze	5,500	80%	6,450	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Bronze	6,000	100%	6,000	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others

D/C = Deductible and Coinsurance  
PCP= Primary Care Physician

<sup>1</sup>Family deductible is 2x the individual.

**Non-embedded deductible:** This plan features a non-embedded deductible. Family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. Deductibles and out-of-pocket maximums apply annually. HSA is administered and/or maintained by a participating financial institution. Arise does not operate or administer HSAs.

**Convenient Care Clinic:** a medical clinic that is located in a retail store, super-market or pharmacy. The convenient care clinic must provide covered health care services by: (1) nurse practitioners; (2) physician assistants; or (3) physicians. They must provide those services within the scope of their respective licenses.

**Primary Care Physician:** non-specialized physicians whose primary practice is one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Specialty Physician:** any physician whose primary practice is other than one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Telehealth:** the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using the Internet, interactive audio, video, or data communications, to include all types of telephonic communication and electronic mail.

All services are subject to terms and conditions of the policy.  
Certain drug limitations may apply, please review the full policy.

*Please see plan policy for a complete list of exclusions and other covered services*



Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exclusions
		Participating Provider	Non-Participating Provider	
<b>If you visit a health care provider's office or clinic</b>	Primary care office visit	Deductible/Coinsurance	Not Covered	Telehealth visits with a participating provider are covered
	Specialist office visit	Deductible/Coinsurance	Not Covered	None
	Other practitioner office visit	Deductible/Coinsurance	Not Covered	Telehealth visits with a participating provider are covered
	Preventive care/screening	\$0	Not Covered	None
	Immunizations	\$0	Not Covered	Immunizations for travel are not covered
<b>If you have a test</b>	Diagnostic test (x-ray/blood work) in an office or outpatient department of a hospital	Deductible/Coinsurance	Not Covered	None
	Imaging (CT/PET scans, MRI's)	Deductible/Coinsurance	Not Covered	Pre-service authorization is required for PET scans, MRIs, MRAs, MRVs and CT Scans
<b>If you need drugs to treat your illness or condition**</b>	Preventive drugs	\$0	Not Covered	None
	Generic drugs	Deductible/Coinsurance	Not Covered	30- day supply limit for retail and all specialty drugs; home delivery 90-day supply; specialty drugs may require pre-authorization; several drugs to treat common illnesses will be available at no cost to you
	Preferred brand-name drugs			
	Brand name drugs			
	Specialty drugs			
<b>If you have outpatient surgery</b>	Outpatient hospital - facility and physician/surgeon fees	Deductible/Coinsurance	Not Covered	None
<b>If you need immediate medical attention</b>	Emergency room services	Participating Provider Deductible/Coinsurance		None
	Emergency medical transportation	Participating Provider Deductible/Coinsurance		Pre-service authorization is required for non-emergency transport*
<b>If you have a hospital stay</b>	Inpatient hospital -Facility and physician/surgeon fees	Deductible/Coinsurance	Not Covered	Pre-service authorization is required for elective inpatient stays*
<b>If you have mental health, or substance abuse needs</b>	Mental health/substance abuse outpatient office visits	Deductible/Coinsurance	Not Covered	None
	Mental health/substance abuse inpatient services	Deductible/Coinsurance	Not Covered	Pre-service authorization is required for elective inpatient stays*
	Mental health/substance abuse transitional treatment	Deductible/Coinsurance	Not Covered	None
<b>If you are pregnant</b>	Maternity services, including prenatal and postnatal care, delivery and all inpatient services	Deductible/Coinsurance	Not Covered	None
<b>If you need help recovering or have other special health needs</b>	Home health care	Deductible/Coinsurance	Not Covered	Up to 60 visits per year
	Habilitative services (therapy): Office setting, Outpatient hospital setting	Deductible/Coinsurance	Not Covered	Limited to 20 visits per year as stated in the policy
	Rehabilitative services (therapy): Office setting, Outpatient hospital setting	Deductible/Coinsurance	Not Covered	Limited to 20 visits per year as stated in the policy
	Skilled nursing in a skilled nursing facility	Deductible/Coinsurance	Not Covered	Up to 30 days per confinement; pre-service authorization is required*
	Durable medical equipment	Deductible/Coinsurance	Not Covered	Rental or purchase require pre-service authorization if the equipment is over \$1,000 or rental is more than \$750 per month*; limited to a single purchase of each type every three years
	Prosthetics	Deductible/Coinsurance	Not Covered	Prosthetics over \$5,000 require pre-service authorization*; limited to a single purchase of each type every three years
<b>If your child needs dental or eye care</b>	Routine eye exam	\$0	Not Covered	None
	Glasses	Deductible/Coinsurance	Not Covered	Limited selection of frames and lenses
	Dental check-up	Not Covered	Not Covered	Not Covered

\* - If a pre-service authorization is required and one is not obtained, a 50% penalty reduction in benefits may be applied.



# Arise Individual POS Plan Summary

Arise Point of Service (POS) plans offer the best of both worlds. To maximize cost effectiveness, health care costs are managed through a primary care physician (PCP) within your network. However, you are free to see in-network and out-of-network providers without referral. The plan will pay a greater share of your costs when care is provided in-network. To request a quote, please see an agent, visit the Arise Health Plan website at [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com), or call one of our licensed agents at 1-888-711-1444.

- Routine care covered, with no calendar year maximum
- Dependent children: to age 26 (see policy for eligibility requirements)

Metal Tier	In-Network Options								Prescription Plan Preventive/Generic/ Preferred Brand/Brand/Specialty
	Individual Deductible <sup>1</sup>	Coinsurance <sup>2</sup>	Out-of-Pocket Limit	Convenient Care Clinic or Telehealth Visit	PCP Visit	Specialist Visit	ER Visit	Free PCP Visit	
Platinum	250	100%	1,250	10	20	40	150	0	\$0/\$10/\$35/\$60/25% to \$500
Gold	1,000	80%	2,500	10	25	50	150	0	\$0/\$15/\$40/\$65/25% to \$500
Silver	2,000	80%	6,600	10	30	60	200	0	\$0/\$20/\$50/\$75/25% to \$500
Silver	4,000	70%	6,600	10	30	60	200	0	\$0/\$20/\$50/\$75/25% to \$500
Silver	2,500	70%	5,000	D/C	D/C	D/C	D/C	3	\$0/\$20/\$50/\$75/25% to \$500
Bronze	5,000	80%	6,600	D/C	D/C	D/C	D/C	3	\$0 preventive, D/C all others
Catastrophic*	6,600	100%	6,600	D/C	D/C	D/C	D/C	3	\$0 preventive, D/C all others

D/C = Deductible and Coinsurance

PCP = Primary Care Physician

\*Applies only to persons under age 30 or have hardship exemption from the Federally Facilitated Marketplace (FFM).

<sup>1</sup>Family deductible is 2x the individual.

Out-of-Network deductible is 2x the applicable In-Network deductible.

<sup>2</sup>Out-of-network coinsurance is 20 percentage points lower than in-network.

For example, if you choose a plan with 100% in-network coinsurance, your out-of-network coinsurance is 80% (100-20=80).

**Convenient Care Clinic:** a medical clinic that is located in a retail store, supermarket or pharmacy. The convenient care clinic must provide covered health care services by: (1) nurse practitioners; (2) physician assistants; or (3) physicians. They must provide those services within the scope of their respective licenses.

**Primary Care Physician:** non-specialized physicians whose primary practice is one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Specialty Physician:** any physician whose primary practice is other than one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Telehealth:** the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using the Internet, interactive audio, video, or data communications, to include all types of telephonic communication and electronic mail.

All services are subject to terms and conditions of the policy.  
Certain drug limitations may apply, please review the full policy.

*Please see plan policy for a complete list of exclusions and other covered services*



Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exclusions
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	Primary care office visit	Copay or Deductible/Coinsurance	Deductible/Coinsurance	If you have a copay plan, for participating providers, you pay a \$10 copay/visit to a convenient care clinic or for a telehealth visit
	Specialist office visit	Copay or Deductible/Coinsurance	Deductible/Coinsurance	None
	Other practitioner office visit	Copay or Deductible/Coinsurance	Deductible/Coinsurance	If you have a copay plan, for participating providers, you pay a \$10 copay/visit to a convenient care clinic or for a telehealth visit
	Preventive care/screening	\$0	Not Covered	None
	Immunizations	\$0	\$0 up to age 6 Age 6 & over not covered	Immunizations for travel are not covered
If you have a test	Diagnostic test (x-ray/blood work) in an office or outpatient department of a hospital	Coinsurance; If no copay: Deductible/Coinsurance	Deductible/Coinsurance	None
	Imaging (CT/PET scans, MRI's)	Coinsurance; If no copay: Deductible/Coinsurance	Deductible/Coinsurance	Pre-service authorization is required for PET scans, MRAs, MRIs, MRVs and CT Scans
If you need drugs to treat your illness	Preventive drugs	\$0	Not Covered	None
	Generic drugs	Copay or Deductible/Coinsurance	Not Covered	30- day supply limit for retail and all specialty drugs; home delivery 90-day supply for 2.5X retail copay; drugs may require pre-authorization; several drugs to treat common illnesses will be available at no cost to you
	Preferred brand-name drugs			
	Brand name drugs			
	Specialty drugs			
If you have outpatient surgery	Outpatient hospital - facility and physician/surgeon fees	Deductible/Coinsurance	Deductible/Coinsurance	None
If you need immediate medical attention	Emergency room services	Copay or Participating Provider Deductible/Coinsurance		None
	Related emergency room services	Participating Provider Coinsurance or Participating Provider Deductible/Coinsurance		None
	Emergency medical transportation	Participating Provider Deductible/Coinsurance		Pre-service authorization is required for non-emergency transport*
If you have a hospital stay	Inpatient hospital -Facility and physician/surgeon fees	Deductible/Coinsurance	Deductible/Coinsurance	Pre-service authorization is required for elective inpatient stays*
If you have mental health, or substance abuse needs	Mental health/substance abuse outpatient office visits	Copay or Deductible/Coinsurance	Deductible/Coinsurance	None
	Mental health/substance abuse inpatient services	Deductible/Coinsurance	Deductible/Coinsurance	Pre-service authorization is required for elective inpatient stays*
	Mental health/substance abuse transitional treatment	Deductible/Coinsurance	Deductible/Coinsurance	None
If you are pregnant	Maternity services, including prenatal and postnatal care, delivery and all inpatient services	Deductible/Coinsurance	Deductible/Coinsurance	None
If you need help recovering or have other special health needs	Home health care	Deductible/Coinsurance	Deductible/Coinsurance	Up to 60 visits per year
	Habilitative services (therapy): Office setting Outpatient hospital setting	Copay or Deductible/Coinsurance Deductible/Coinsurance	Deductible/Coinsurance	Limited to 20 visits per year as stated in the policy
	Rehabilitative services (therapy): Office setting Outpatient hospital setting	Copay or Deductible/Coinsurance Deductible/Coinsurance	Deductible/Coinsurance	Limited to 20 visits per year as stated in the policy
	Skilled nursing in a skilled nursing facility	Deductible/Coinsurance	Deductible/Coinsurance	Up to 30 days per confinement; Pre-service authorization*
	Durable medical equipment	Deductible/Coinsurance	Deductible/Coinsurance	Rental or purchase require pre-service authorization if the equipment is over \$1,000 or rental is more than \$750 per month*; limited to a single purchase of each type every three years
	Prosthetics	Deductible/Coinsurance	Deductible/Coinsurance	Prosthetics over \$5,000 require pre-service authorization*; limited to a single purchase of each type every three years
If your child needs dental or eye care	Routine eye exam	\$0	Not Covered	None
	Glasses	\$0	Not Covered	Limited selection of frames and lenses
	Dental check-up	Not Covered	Not Covered	Not Covered

\* - If a pre-service authorization is required and one is not obtained, a 50% penalty reduction in benefits may be applied.



# Arise Individual HSA Qualified POS Plan Summary

Arise HSA-qualified high-deductible health plan (HDHP) for individuals and families features a wide range of plan design options. You'll enjoy convenient access to the services and programs of more than 5,000 medical, hospital, and specialty providers across Wisconsin, all at an affordable rate made possible by our focused networks. To request a quote, please see an agent, visit the Arise Health Plan website at [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com), or call one of our licensed agents at 1-888-711-1444.

- Routine care covered, with no calendar year maximum
- Dependent children: to age 26 (see policy for eligibility requirements)

Plan Options		In-Network Options							Prescription Plan Preventive/Generic/ Preferred Brand/Brand/Specialty
Metal Tier	Individual Deductible <sup>1</sup>	Coinsurance <sup>2</sup>	Out-of-Pocket Limit	Convenient Care Clinic or Telehealth Visit	PCP Visit	Specialist Visit	ER Visit	Free PCP Visit	
Gold	2,000	100%	2,000	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	1,400	70%	6,450	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Silver	2,500	80%	4,500	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others
Bronze	5,500	80%	6,450	D/C	D/C	D/C	D/C	0	\$0 preventive, D/C all others

D/C = Deductible and Coinsurance  
PCP = Primary Care Physician

<sup>1</sup>Family deductible is 2x the individual.  
Out-of-Network deductible is 2x the applicable In-Network deductible.

<sup>2</sup>Out-of-network coinsurance is 20 percentage points lower than in-network.  
For example, if you choose a plan with 100% in-network coinsurance, your out-of-network coinsurance is 80% (100-20=80).

**Non-embedded deductible:** This plan features a non-embedded deductible. Family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. An out-of-network deductible of an equivalent amount to the in-network deductible applies. Deductibles and out-of-pocket maximums apply annually. In-network and out-of-network deductible and coinsurance amounts must be satisfied separately. HSA is administered and/or maintained by a participating financial institution. Arise does not operate or administer HSAs.

**Convenient Care Clinic:** a medical clinic that is located in a retail store, super-market or pharmacy. The convenient care clinic must provide covered health care services by: (1) nurse practitioners; (2) physician assistants; or (3) physicians. They must provide those services within the scope of their respective licenses.

**Primary Care Physician:** non-specialized physicians whose primary practice is one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Specialty Physician:** any physician whose primary practice is other than one of the following: Family Practice, Internal Medicine, General Practice, Obstetrics/Gynecology and Pediatrics.

**Telehealth:** the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using the Internet, interactive audio, video, or data communications, to include all types of telephonic communication and electronic mail.



All services are subject to terms and conditions of the policy.  
Certain drug limitations may apply, please review the full policy.

*Please see plan policy for a complete list of exclusions and other covered services*

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exclusions
		Participating Provider	Non-Participating Provider	
<b>If you visit a health care provider's office or clinic</b>	Primary care office visit	Deductible/Coinsurance	Deductible/Coinsurance	Telehealth visits with a participating provider are covered
	Specialist office visit	Deductible/Coinsurance	Deductible/Coinsurance	None
	Other practitioner office visit	Deductible/Coinsurance	Deductible/Coinsurance	Telehealth visits with a participating provider are covered
	Preventive care/screening	\$0	Not Covered	None
	Immunizations	\$0	\$0 up to age 6 Age 6 & over not covered	Immunizations for travel are not covered
<b>If you have a test</b>	Diagnostic test (x-ray/blood work) in an office or outpatient department of a hospital	Deductible/Coinsurance	Deductible/Coinsurance	None
	Imaging (CT/PET scans, MRI's)	Deductible/Coinsurance	Deductible/Coinsurance	Pre-service authorization is required for PET scans, MRAs, MRIs, MRVs and CT Scans
<b>If you need drugs to treat your illness or condition**</b>	Preventive drugs	\$0	Not Covered	None
	Generic drugs	Deductible/Coinsurance	Not Covered	30- day supply limit for retail and all specialty drugs; home delivery 90-day supply; specialty drugs may require pre-authorization; several drugs to treat common illnesses will be available at no cost to you
	Preferred brand-name drugs			
	Brand name drugs			
	Specialty drugs			
<b>If you have outpatient surgery</b>	Outpatient hospital - facility and physician/surgeon fees	Deductible/Coinsurance	Deductible/Coinsurance	None
<b>If you need immediate medical attention</b>	Emergency room services	Participating Provider Deductible/Coinsurance		None
	Emergency medical transportation	Participating Provider Deductible/Coinsurance		Pre-service authorization is required for non-emergency transport*
<b>If you have a hospital stay</b>	Inpatient hospital -Facility and physician/surgeon fees	Deductible/Coinsurance	Deductible/Coinsurance	Pre-service authorization is required for elective inpatient stays*
<b>If you have mental health, or substance abuse needs</b>	Mental health/substance abuse outpatient office visits	Deductible/Coinsurance	Deductible/Coinsurance	None
	Mental health/substance abuse inpatient services	Deductible/Coinsurance	Deductible/Coinsurance	Pre-service authorization is required for elective inpatient stays*
	Mental health/substance abuse transitional treatment	Deductible/Coinsurance	Deductible/Coinsurance	None
<b>If you are pregnant</b>	Maternity services, including prenatal and postnatal care, delivery and all inpatient services	Deductible/Coinsurance	Deductible/Coinsurance	None
<b>If you need help recovering or have other special health needs</b>	Home health care	Deductible/Coinsurance	Deductible/Coinsurance	Up to 60 visits per year
	Habilitative services (therapy): Office setting, Outpatient hospital setting	Deductible/Coinsurance	Deductible/Coinsurance	Limited to 20 visits per year as stated in the policy
	Rehabilitative services (therapy): Office setting, Outpatient hospital setting	Deductible/Coinsurance	Deductible/Coinsurance	Limited to 20 visits per year as stated in the policy
	Skilled nursing in a skilled nursing facility	Deductible/Coinsurance	Deductible/Coinsurance	Up to 30 days per confinement; pre-service authorization is required*
	Durable medical equipment	Deductible/Coinsurance	Deductible/Coinsurance	Rental or purchase require pre-service authorization if the equipment is over \$1,000 or rental is more than \$750 per month*; limited to a single purchase of each type every three years
	Prosthetics	Deductible/Coinsurance	Deductible/Coinsurance	Prosthetics over \$5,000 require pre-service authorization*; limited to a single purchase of each type every three years
<b>If your child needs dental or eye care</b>	Routine eye exam	\$0	Not Covered	None
	Glasses	Deductible/Coinsurance	Not Covered	Limited selection of frames and lenses
	Dental check-up	Not Covered	Not Covered	Not Covered

\* - If a pre-service authorization is required and one is not obtained, a 50% penalty reduction in benefits may be applied.