

# Healthy1

*The ONE plan just for you.*



*We care for Wisconsin.*

UNDERWRITTEN BY WPS HEALTH PLAN, INC.



HEALTH INSURANCE CARRIER  
OF THE GREEN BAY PACKERS

From Arise Health Plan:

**Healthy1**  
The ONE plan just for you.



## Cares for Wisconsin...

### *One individual at a time.*

There are a lot of advantages to being an individual. Unfortunately, access to affordable health insurance that puts an emphasis on health **usually** isn't one of them...

#### **It is now.**

Arise Health Plan is pleased to offer Healthy1, a health maintenance organization/point of service (HMO/POS) plan that's designed for the way individuals and their families need their health insurance plan to work. So whether you're self-employed, just left a job and don't have coverage, work for a small employer who doesn't offer health insurance, or are an early retiree, Healthy1 is the one plan just for you. ***We care about Wisconsin's health — one person at a time.***

### MISSION STATEMENT:

Arise Health Plan is based on a commitment to service. We are a local health benefit expert who strives to provide outstanding customer care, develop relationships with providers who deliver the highest quality of health care, and bring to market competitive rates resulting in the best value for our members. Arise Health Plan.

**We Care For Wisconsin.**



We care about

# YOUR OVERALL HEALTH

Unlike typical individual plans, Healthy1’s innovative POS and HMO plans put an emphasis on keeping you healthy. We include a 100% benefit for wellness services when performed by a participating provider. This means no deductible, copay or annual dollar limit for the following procedures:

- Routine physical exams
- Routine vision exams (one per year)
- Immunizations
- Vaccinations
- Routine hearing exams (one per year)
- Well baby care
- Annual/routine mammograms

Arise Health Plan is a firm believer in creating strong patient/physician relationships. We feel the outcome of your care will ultimately be better when a physician is familiar with your medical history and you feel confident with the care you are receiving.

We call it Healthy1 for a reason...we care about your health.

We care about Wisconsin, and its

# RESIDENTS

Arise Health Plan is not only your health plan provider, but as a resident of Northeast Wisconsin, we’re your neighbor, too. We’re part of the community and know we’ll see you at the grocery store and the kids’ baseball game. We want to look you in the eye and know that we’re doing right by you and your family. *For us, business is personal.*

To stay in touch with our neighbors’ health plan needs, and to remain accessible and responsive, we only do business in Wisconsin. So you’ll never talk to someone overseas or even across the country.

## Healthy1 Product Basics

No matter which Healthy1 Plan you choose, you’ll receive coverage for the following services (subject to deductible and coinsurance, unless otherwise noted). These services comprise the foundation of every plan we sell:

### Wellness Benefit

Our wellness benefit provides 100% coverage for routine physicals, immunizations, mammograms and other preventive services with no annual dollar limit.

### Office Visits

Includes evaluation, testing, diagnosis and management of illness or injury.

### Outpatient Hospital, Surgical Center and Urgent Care Facilities

Includes the services of the facility and miscellaneous supplies.

### Imaging and Laboratory Services

Includes X-rays, ultrasounds, CAT scans, MRIs, lab tests and interpretation.

### Inpatient Hospital

Includes the services of the facility such as semi-private room and board, intensive care (including specialty units such as neonatal and cardiac intensive care) and miscellaneous supplies.

### Professional Ground and Air Ambulance

Coverage is for emergency transportation to the nearest hospital equipped to provide

appropriate care (up to \$2,000 land, \$10,000 air, per trip).

### Emergency Room

Includes the services of the facility and miscellaneous supplies. Benefits for covered emergency care are always paid at the higher network benefit percentage — even if you are out of network.

### Complications of Pregnancy

Includes services related to Complications of Pregnancy at the point the complication occurs (see plan for specifics).

### Prescription Drugs

Includes prescription drug benefit through Express Scripts and thousands of participating pharmacies.

### Health Care Practitioner Services

Includes the services of doctors, surgeons, assistant surgeons, anesthesiologists, physician assistants and nurses.

### Outpatient Physical Medicine

Includes physical, speech and occupational therapies, and cardiac and respiratory therapy (\$750 maximum per person, per calendar year).

### Transplants

Transplants such as bone marrow, heart, liver and lung with no special limits when performed at a designated transplant provider (benefits eligible after 24 month waiting period).

### Kidney Disease, Transplants and Dialysis

Kidney disease is subject to \$30,000 limit per calendar year. Not subject to 24 month waiting period.

### Other Covered Services

(Including but not limited to)

- Diabetic services
- Durable and personal medical equipment
- Home health care (40 visits per calendar year)
- Hospice care
- Skilled nursing facilities services (maximum benefit per confinement is 30 days)

**ALL PLANS HAVE A LIFETIME MAXIMUM OF FIVE MILLION DOLLARS.**

## Plan Options

Arise Health Plan realizes that no one pays closer attention to the bottom line than the individuals who pay their own health plan premiums. That's why we offer a range of plans, so you can select the plan with the right balance of deductibles, benefit level percentages, and coinsurances, as well as Buy-Up options. You're in control of your health; it only makes sense that you should be in control of your health plan as well.

## Understanding the benefits of Healthy1

### Primary Care Practitioners

Every individual plan we offer is designed to encourage the use of a primary care practitioner (PCP). Your relationship with your provider and your satisfaction is important to us. Arise Health Plan believes that having all your health care originate with one provider is the smartest way to deliver quality health care.

Arise Health Plan offers POS and HMO plan options. You may choose from a variety of standard or Health Savings Account (HSA) qualified plans. **Whichever plan you choose — every member should choose a primary care practitioner.** Because we want you to receive the most from your health insurance plan, each family member can choose his or her own PCP and can choose physicians specializing in family practice, internal medicine, obstetrical/gynecological or pediatrics. You can change your PCP anytime and as often as you'd like simply by calling member services or going to [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com).

**Do I need a pre-service authorization to receive care from a participating specialist?** No. While we encourage you to utilize your PCP as much as possible, we do not require you to get an authorization prior to receiving care from a participating specialist. It's just one more way we've tried to simplify the health plan for you.

**When do I need a pre-service authorization?** For HMO/POS plans you will need a pre-service authorization prior to services being rendered to obtain benefits from a non-participating provider and contracted specialty provider.\*

Other specific services will also require a pre-service authorization in order for benefits to be payable. Those services are: Inpatient stay in a Hospital or Skilled Nursing Facility, Organ and Tissue Transplants, Home Infusion, Home Health Care, DME over \$500 or any rentals, or Prosthetics over \$1,000.

\* UW Health, Children's Hospital of Wisconsin, Medical College of Wisconsin, Froedtert Memorial Lutheran Hospital

## Additional Healthy1 Member Benefits

As an Arise Health Plan member, you're eligible for a variety of value-added services just for being our member — at no cost to you. This includes an ever-growing list of products and services, from financial wellness to personal growth. To view the most up-to-date listing visit [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com) today!

### Definitions you need to know

**Deductible:** This is the amount you pay toward covered expenses in a calendar year before the plan pays benefits.

**Coinsurance:** This is the percentage of covered expenses the plan pays after the deductible is met (i.e., for an 80/20 plan, the health plan member's co-insurance is 20%).

**Point of Service (POS) Plan:** Plan allows a choice of receiving services from a provider in or out of the network. You receive the highest level of benefits from providers in the network.

**Health Maintenance Organization (HMO) Plan:** Providers contract with the HMO to provide the most cost effective medical services to members. Contracted providers must be used for services to be covered.

**Health Savings Account (HSA):** HSAs allow individuals to pay for health expenses and save for future qualified medical expenses on a tax-free basis. To be eligible for an HSA, you must be covered by a High Deductible Health Plan (HDHP), not covered by other health insurance, not eligible for Medicare, and not claimed as a dependent on someone else's tax return.

**Primary Care Practitioner (PCP):** A PCP is the doctor you see first for most health problems. He or she may also talk with other doctors and health care providers about your care and refer you to them. In many managed care plans, you must see your primary care doctor before you see any other health care provider.

**In network:** Describes a provider or health care facility that is part of a health plan's network. Insured individuals usually pay less when using an in network provider.

**Out of network:** Describes a provider or health care facility that is not part of a health plan's network. Insured individuals usually pay more or are not covered when using an out of network provider, if the plan uses a network.

**Pre-Service Authorization:** A written form from your primary care practitioner requesting specific services to be provided by certain participating providers and any non-participating providers, that is approved by us prior to services being rendered.





## Benefit Options

Healthy1 Plan offers many POS and HMO options in three categories: Premier, ValuePlus, and Value (family deductible is three times single deductible. Prescription Benefit is a three tier Express Scripts 30% / 30% / 60% after separate \$500 deductible. Mail order from Express Scripts 25% / 25% / 50% after separate \$500 deductible).

PREMIER POS PLANS		VALUEPLUS POS PLANS		VALUE POS PLANS	
Deductible					
IN <u>NETWORK</u> \$250 or \$500	OUT OF <u>NETWORK</u> \$500 or \$1,000	IN <u>NETWORK</u> \$1,000 or \$1,500	OUT OF <u>NETWORK</u> \$2,000 or \$3,000	IN <u>NETWORK</u> \$2,500 or \$5,000	OUT OF <u>NETWORK</u> \$5,000 or \$10,000
Coinsurance-in/out of network					
80/60% to \$5,000 or \$10,000		100/80% to \$5,000 90/70% to \$10,000 80/60% to \$5,000 or \$10,000		100/80% to \$5,000 80/60% to \$10,000* *ONLY AVAILABLE TO \$2,500 DEDUCTIBLE	

PREMIER HMO PLANS	VALUEPLUS HMO PLANS	VALUE HMO PLANS
Deductible-in network		
\$250 or \$500	\$1,000 or \$1,500	\$2,500 or \$5,000
Coinsurance-in network		
80% to \$5,000 or \$10,000	100% 90% to \$10,000 80% to \$5,000 or \$10,000	100% 80% to \$10,000* *ONLY AVAILABLE TO \$2,500 DEDUCTIBLE

## Buy-Up Options for POS & HMO Plans (not available for HSA plans)

With each of the plan designs above you can also choose our Buy-Up option. The Buy-Up option is designed to make your individual plan look and act more like a group insurance plan.

By choosing the Buy-Up option:

- Your drug deductible is waived (your prescription benefit remains 30% / 30% / 60%).
- Any covered in network office visit charges are paid at 100% after you pay a \$30 copayment (applies to office visit charge only).\*

\*See plan for details.

## High Deductible Health Plans (HDHP) Compatible with Health Savings Accounts (HSAs)

Imagine getting the health insurance you need at a price you can afford. It's not only possible, it's easy to do. Arise Health Plan provides you with the affordable solution — one that puts you in the driver's seat and enables you to save for the future — the Healthy1 HSA-Qualified High-Deductible Health Plan.

The concept is simple.

- Significantly reduce premiums by relying on our High-Deductible Health Plan (HDHP) for your medical protection.
- Lower your taxable income and accumulate tax-free dollars to pay for qualified out-of-pocket medical expenses with a personal HSA, a health care financing innovation made possible by federal legislation.

Combine together, the Healthy1 HSA-Qualified HDHP with an HSA, and you will have a powerful combination that delivers comprehensive coverage, real savings, and true control.

Healthy1 has many HSA Compatible Plans available in two categories: Premier and Value

(family deductible is two times single deductible. In network deductible and coinsurance apply to prescription coverage).

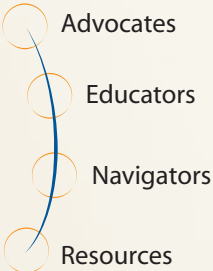
PREMIER HSA PLANS			VALUE HSA PLANS		
POS		HMO	POS		HMO
Deductible					
IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK
\$1,200 or \$1,500 or \$2,000	\$1,200 or \$1,500 or \$2,000	\$1,200 or \$1,500 or \$2,000	\$2,700 or \$3,500 or \$5,250	\$2,700 or \$3,500 or \$5,250	\$2,700 or \$3,500 or \$5,250
Coinsurance					
IN/OUT NETWORK 100/80% to \$5,000 80/60% to \$10,000		IN NETWORK 100% 80% to \$10,000	IN/OUT NETWORK 100/80% to \$5,000 80/60% to \$10,000*  *ONLY AVAILABLE TO \$2,700 & \$3,500 DEDUCTIBLE		IN NETWORK 100% 80% to \$10,000*  *ONLY AVAILABLE TO \$2,700 & \$3,500 DEDUCTIBLE

We care about

SERVICE

At Arise Health Plan, we treat all of our members with the responsive and exceptional service that we are known for — whether they're part of a group of 1,000 people or an individual.

Yes, we offer customer service in the traditional sense. But our member services representatives also act as:



Our member service representatives have the knowledge coupled with years of insurance experience they put to work for you:

- Answering questions about benefits
- Helping you make sense of an explanation of benefits (EOB) or a claim

We know that health plan language can be puzzling — that's why our representatives go the extra mile to make sure you understand your health benefits.

Payment options:

**Automated Cash Handling (ACH):** ACH is an automated bank withdrawal program. With ACH, the exact premium amount is automatically withdrawn from your bank account at the frequency you choose: monthly, quarterly, semiannually or annually.

**Direct Billing:** Choose a direct paper bill to be sent to you quarterly, semiannually or annually. You then send in a check payable to WPS Health Plan Inc. along with a copy of the premium notice.

Notes:

- Payment must be from a personal account. Payments from business accounts cannot be accepted
- Monthly payment by ACH or EFT only

Eligibility

You are eligible to apply for Healthy1 plan if you are:

- A US Citizen or a resident legal alien
- Between the ages of newborn & 64 (under the age of 18 if a parent or legal guardian signs the application on your behalf)
- A Wisconsin resident and residing in our service area

Rates are guaranteed for the first year. After that, they can be changed at any renewal period or if one of the following occurs:

- You change plan factors/options (e.g. deductible, coinsurance)
- We discontinue selling the plan

We'll renew your policy as long as you remain eligible and will receive the premium as the policy requires unless we discontinue this plan. Premiums are subject to change by us in accordance with the policy and applicable Wisconsin laws.

For more information about  
Healthy1 from Arise Health Plan, or to apply,  
contact your insurance agent today!

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.

Pre-Existing Conditions

A pre-existing condition is a sickness or injury which was diagnosed or treated, or which produced signs or symptoms that would cause an ordinary prudent person to seek diagnosis or medical care. After a waiting period of at least 12 months, but not more than 18 months, benefits for a pre-existing condition are available.

Transplants

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

Exclusions and Limitations

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

Services or supplies from any occupation, employment or activity of compensation, profit or gain, whether or not benefits are available under Workers' Compensation.

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

Functional Capacity or Physical Performance Testing

Cosmetic surgery or treatment.

Reconstructive Surgery.

Dental services.

Over the counter drugs, non-prescription vitamins, minerals and supplements.

Treatment for sexual dysfunction or to increase sexual function.

Medical supplies and durable medical equipment for comfort, personal hygiene or convenience.

Genetic counseling, studies and testing.

Infertility or Fertility Treatment

Maternity services.

Services and treatment for alcoholism, drug abuse and nervous and mental disorders.

Rehabilitation services.

Long-term therapy and maintenance therapy.

Vision services.

Services and supplies for obesity, weight control or reduction.

Any immunization or vaccination other than those listed in the plan.



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This brochure provides only general description of benefits and exclusions. You can find a detailed description of coverage in the applicable policy. Coverage is subject to all the terms and conditions of the policy and any endorsements. The policy is your contract of insurance. If there is ever a disagreement between the policy and this brochure, the policy has final authority.