

ARISE HEALTH PLAN

Small Group HMO Plan Summary

| Health Maintenance Organization (HMO) Plans | | You Pay ² | | | | | | | | | | |
|---|-------------------|------------------------------------|-------------|--|----------------|---------------|---------------------|-----------|-----------------|----------------------------|--------------------|----------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | Emergency Room | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Platinum | 84670WI1330101-00 | \$500 | 20% | \$3,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Gold | 84670WI1330102-00 | \$1,000 | 20% | \$5,300 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Gold | 84670WI1330104-00 | \$1,500 | 10% | \$6,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 10% after deductible | | |
| Gold | 84670WI1330125-00 | \$2,000 | 20% | \$7,900 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Gold | 84670WI1330126-00 | \$2,500 | 20% | \$4,500 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver | 84670WI1330106-00 | \$3,200 | 20% | \$8,150 | \$500 | \$0 | \$10 | \$45 | \$90 | 20% after deductible | | |
| Silver | 84670WI1330107-00 | \$4,000 | 10% | \$8,150 | \$500 | \$0 | \$10 | \$45 | \$90 | 10% after deductible | | |
| Silver | 84670WI1330128-00 | \$4,500 | 20% | \$7,000 | \$500 | \$0 | \$10 | \$45 | \$90 | 20% after deductible | | |
| Silver | 84670WI1330136-00 | \$5,500 | 20% | \$8,150 | \$500 | \$0 | \$10 | \$45 | \$90 | 20% after deductible | | |
| Silver | 84670WI1330135-00 | \$6,250 | 0% | \$6,250 | \$500 | \$0 | \$10 | \$45 | \$90 | No charge after deductible | | |
| Silver | 84670WI1330137-00 | \$6,500 | 30% | \$8,150 | \$500 | \$0 | \$10 | \$45 | \$90 | 30% after deductible | | |

Platinum and Gold Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$15; Preferred Brand: \$40; Non-Preferred Brand: \$70; Specialty Drugs: 30% coinsurance
Silver Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$750 deductible, then 40% coinsurance until maximum out-of-pocket limit is met

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

¹Family deductibles and out-of-pocket limits are 2x the individual amounts.

²Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

Unless otherwise noted, plans have an Embedded Deductible and Embedded Out-of-Pocket Limit: These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits. These plans feature an embedded out-of-pocket limit where the out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.



ARISE HEALTH PLAN

Small Group HMO Plan Summary

| Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans | | You Pay ² | | | | | | | | | | | |
|---|-------------------|------------------------------------|-------------|--|----------------|---------------|---------------------|-----------|-----------------|----------------------|--------------------|----------|----------------------------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | Emergency Room | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Outpatient Lab/X-ray | Outpatient Surgery | Hospital | |
| Gold ³ | 84670WI1330114-00 | \$2,100 | 0% | \$2,100 | | | | | | | | | No charge after deductible |
| Gold | 84670WI1330138-00 | \$2,800 | 0% | \$2,800 | | | | | | | | | No charge after deductible |
| Silver ⁴ | 84670WI1330115-00 | \$1,750 | 30% | \$6,900 | | | | | | | | | 30% after deductible |
| Silver ⁴ | 84670WI1330116-00 | \$2,500 | 30% | \$6,900 | | | | | | | | | 30% after deductible |
| Silver | 84670WI1330117-00 | \$2,800 | 20% | \$6,900 | | | | | | | | | 20% after deductible |
| Silver | 84670WI1330139-00 | \$3,500 | 20% | \$4,500 | | | | | | | | | 20% after deductible |
| Silver | 84670WI1330120-00 | \$4,100 | 0% | \$4,100 | | | | | | | | | No charge after deductible |
| Silver | 84670WI1330140-00 | \$5,000 | 0% | \$5,000 | | | | | | | | | No charge after deductible |
| Bronze | 84670WI1330122-00 | \$5,500 | 30% | \$6,900 | | | | | | | | | 30% after deductible |
| Bronze | 84670WI1330123-00 | \$6,900 | 0% | \$6,900 | | | | | | | | | No charge after deductible |
| Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance until maximum out-of-pocket limit is reached | | | | | | | | | | | | | |

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

¹Family deductibles and out-of-pocket limits are 2x the individual amounts.

²Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.

³Non-Embedded Deductible and Out-of-Pocket Limit: This plan features a non-embedded deductible and out-of-pocket limit. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. If an employee has family coverage, the family out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. One person can satisfy the family out-of-pocket limit. Deductibles and out-of-pocket maximums apply annually.

⁴Non-Embedded Deductible and Embedded Out-of-Pocket Limit: This plan features a non-embedded deductible. If an employee has family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. This plan features an embedded out-of-pocket limit. The individual out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.

Unless otherwise noted, plans have an Embedded Deductible and Embedded Out-of-Pocket Limit: These plans feature an embedded deductible where an individual deductible must be satisfied before this plan will pay benefits. These plans feature an embedded out-of-pocket limit where the out-of-pocket limit must be satisfied before this plan will pay 100% of covered benefits. Deductibles and out-of-pocket maximums apply annually.



ARISE HEALTH PLAN

Small Group POS Plan Summary

| Point-of-Service (POS) Plans | | You Pay | | | | | | | | | | | | | |
|------------------------------|-------------------|------------------------------------|----------------|-------------|----------------|--|----------------|---|---------------|---------------------|-----------|-----------------|----------------------------|--------------------|----------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | At Participating Providers ² | | | | | | | |
| | | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | Emergency Room | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Platinum | 84670WI1350101-00 | \$500 | \$1,000 | 20% | 50% | \$3,000 | \$11,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Gold | 84670WI1350102-00 | \$1,000 | \$2,000 | 20% | 50% | \$5,300 | \$12,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Gold | 84670WI1350104-00 | \$1,500 | \$3,000 | 10% | 40% | \$6,000 | \$11,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 10% after deductible | | |
| Gold | 84670WI1350125-00 | \$2,000 | \$4,000 | 20% | 50% | \$7,900 | \$14,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Gold | 84670WI1350126-00 | \$2,500 | \$5,000 | 20% | 50% | \$4,500 | \$15,000 | \$450 | \$0 | \$10 | \$35 | \$70 | 20% after deductible | | |
| Silver | 84670WI1350106-00 | \$3,200 | \$6,400 | 20% | 50% | \$8,150 | \$16,400 | \$500 | \$0 | \$10 | \$45 | \$90 | 20% after deductible | | |
| Silver | 84670WI1350107-00 | \$4,000 | \$8,000 | 10% | 40% | \$8,150 | \$16,000 | \$500 | \$0 | \$10 | \$45 | \$90 | 10% after deductible | | |
| Silver | 84670WI1350128-00 | \$4,500 | \$9,000 | 20% | 50% | \$7,000 | \$19,000 | \$500 | \$0 | \$10 | \$45 | \$90 | 20% after deductible | | |
| Silver | 84670WI1350136-00 | \$5,500 | \$11,000 | 20% | 50% | \$8,150 | \$21,000 | \$500 | \$0 | \$10 | \$45 | \$90 | 20% after deductible | | |
| Silver | 84670WI1350135-00 | \$6,250 | \$12,500 | 0% | 30% | \$6,250 | \$18,500 | \$500 | \$0 | \$10 | \$45 | \$90 | No charge after deductible | | |
| Silver | 84670WI1350137-00 | \$6,500 | \$13,000 | 30% | 50% | \$8,150 | \$23,000 | \$500 | \$0 | \$10 | \$45 | \$90 | 30% after deductible | | |

Platinum and Gold Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$15; Preferred Brand: \$40; Non-Preferred Brand: \$70; Specialty Drugs: 30% coinsurance
Silver Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$750 deductible, then 40% coinsurance until maximum out-of-pocket limit is met

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

¹Family deductibles and out-of-pocket limits are 2x the individual amounts.

²Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except some emergency services. See policy for details.

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ARISE HEALTH PLAN

Small Group POS Plan Summary

| Point-of-Service (POS) HSA-Qualified High-Deductible Health Plans | | You Pay | | | | | | | | | | | | | |
|---|-------------------|------------------------------------|----------------|-------------|----------------|--|----------------|---|---------------|---------------------|-----------|-----------------|----------------------|--------------------|----------|
| Metal Tier | SBC Lookup | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | At Participating Providers ² | | | | | | | |
| | | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | Emergency Room | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Outpatient Lab/X-ray | Outpatient Surgery | Hospital |
| Gold ³ | 84670W11350114-00 | \$2,100 | \$4,200 | 0% | 30% | \$2,100 | \$10,200 | No charge after deductible | | | | | | | |
| Gold | 84670W11350138-00 | \$2,800 | \$5,600 | 0% | 30% | \$2,800 | \$11,600 | No charge after deductible | | | | | | | |
| Silver ⁴ | 84670W11350115-00 | \$1,750 | \$3,500 | 30% | 50% | \$6,900 | \$13,500 | 30% after deductible | | | | | | | |
| Silver ⁴ | 84670W11350116-00 | \$2,500 | \$5,000 | 30% | 50% | \$6,900 | \$15,000 | 30% after deductible | | | | | | | |
| Silver | 84670W11350117-00 | \$2,800 | \$5,600 | 20% | 50% | \$6,900 | \$15,600 | 20% after deductible | | | | | | | |
| Silver | 84670W11350139-00 | \$3,500 | \$7,000 | 20% | 50% | \$4,500 | \$17,000 | 20% after deductible | | | | | | | |
| Silver | 84670W11350120-00 | \$4,100 | \$8,200 | 0% | 30% | \$4,100 | \$14,200 | No charge after deductible | | | | | | | |
| Silver | 84670W11350140-00 | \$5,000 | \$10,000 | 0% | 30% | \$5,000 | \$16,000 | No charge after deductible | | | | | | | |
| Bronze | 84670W11350122-00 | \$5,500 | \$11,000 | 30% | 50% | \$6,900 | \$21,000 | 30% after deductible | | | | | | | |
| Bronze | 84670W11350123-00 | \$6,900 | \$13,800 | 0% | 30% | \$6,900 | \$19,800 | No charge after deductible | | | | | | | |

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance until maximum out-of-pocket limit is met.

Preventive drugs include specific supplements, contraceptives, immunizations, and other preventive drugs ranked A or B by the U.S. Preventive Services Task Force.

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