

ARISE HEALTH PLAN

2018 Individual Plan Summaries

Bronze and Catastrophic Plans



Health Maintenance Organization (HMO) Standard Plans		You Pay (In-Network Services)										
Metal Tier	Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization	
Bronze ²	\$4,500	20%	\$7,350								20% after deductible	
Bronze	\$7,350	0%	\$7,350								No charge after deductible	
Catastrophic ^{2,3}	\$7,350	0%	\$7,350								No charge after deductible	

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

Health Maintenance Organization (HMO) High-Deductible Standard Plans		You Pay (In-Network Services)										
Metal Tier	Individual Deductible ¹	Coinsurance	Individual Annual Max Out of Pocket ¹	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization	
Bronze	\$5,500	20%	\$6,650								20% after deductible	
Bronze	\$6,650	0%	\$6,650								No charge after deductible	

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

Point-of-Service (POS) Standard Plans		You Pay													
Metal Tier	Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		At Participating Providers ⁴								
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization	
Bronze	\$7,350	\$14,700	0%	30%	\$7,350	\$20,700									No charge after deductible

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

Point-of-Service (POS) High-Deductible Standard Plans		You Pay													
Metal Tier	Individual Deductible ¹		Coinsurance		Individual Annual Max Out of Pocket ¹		At Participating Providers ⁴								
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization	
Bronze	\$5,500	\$11,000	20%	50%	\$6,650	\$21,000									20% after deductible

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

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

²Plan includes 3 FREE PCP visits per year.

³Catastrophic plan is only available to people under age 30 or who qualify for a hardship exemption from the Federally Facilitated Marketplace.

⁴Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance. Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.