

ARISE HEALTH PLAN

2019 Individual Plan Summaries

Silver, 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
Silver	\$3,500	20%	\$7,900								20% after deductible
Bronze ²	\$4,700	20%	\$7,900								20% after deductible
Bronze	\$7,900	0%	\$7,900								No charge after deductible
Catastrophic ^{2,3}	\$7,900	0%	\$7,900								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	30%	\$6,750								30% after deductible
Bronze	\$6,750	0%	\$6,750								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					Hospitalization		
	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
Bronze	\$7,900	\$15,800	0%	30%	\$7,900	\$21,800								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					Hospitalization		
	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
Bronze	\$5,500	\$11,000	30%	50%	\$6,750	\$21,000								30% after deductible

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

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.

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