

ARISE INDIVIDUAL HEALTH PLANS

Affordable coverage for individuals and families | Effective Jan. 1, 2020

» Contact us for your individual health plan!

Visit: arisehealthplan.com

Call: 866-841-6575



2020 Individual Plan Summaries

Health Maintenance Organization (HMO) Plans		You Pay (At Participating Providers) 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
Bronze	84670WI1250149-00	\$8,150	0%	\$8,150	No charge after deductible							
Bronze	84670WI1250150-00	\$6,250	20%	\$7,900	20% after deductible							
Bronze	84670WI1250151-00	\$7,200	40%	\$8,150	40% after deductible							
Silver	84670WI1250152-00	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver	84670WI1250153-00	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver	84670WI1250154-00	\$5,000	20%	\$8,150	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Gold	84670WI1250155-00	\$2,250	20%	\$4,000	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Catastrophic	84670WI1250156-00	\$8,150	0%	\$8,150	No charge after deductible							

Gold Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$15; Preferred Brand: \$40; Non-Preferred Brand: \$70; Specialty Drugs: 30% coinsurance
Silver/Bronze 7200 Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$750 deductible, then 40% coinsurance
All Other Bronze/Catastrophic Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance
Bronze 6,250 Free PCP Visits: After three free PCP visits, subsequent PCP visits are subject to deductible and coinsurance.
Silver 5000 Free PCP Visits: After three free PCP visits, subsequent PCP visits are subject to the PCP visit copayment
Catastrophic 8150 Free PCP Visits: After three free PCP visits, subsequent PCP visits are subject to deductible

Bold plans include three free visits to your primary care practitioner!

Health Maintenance Organization (HMO) HSA-Qualified High-Deductible Health Plans		You Pay (At Participating Providers) 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
Bronze	84670WI1250157-00	\$6,900	0%	\$6,900	No charge after deductible							
Bronze	84670WI1250158-00	\$6,450	0%	\$6,450	No charge after deductible							
Bronze	84670WI1250159-00	\$5,500	30%	\$6,900	30% after deductible							
Silver	84670WI1250160-00	\$2,800	20%	\$6,900	20% after deductible							
Silver	84670WI1250161-00	\$4,500	0%	\$4,500	No charge after deductible							
Silver	84670WI1250162-00	\$5,500	0%	\$5,500	No charge 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.

²Services provided out of network are not covered under our HMO plans, except for some emergency services.

2020 Individual POS Plan Summaries

Point-of-Service (POS) Plans		You Pay (At Participating Providers) 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
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network								
Bronze	84670WI1270143-00	\$8,150	\$16,300	0%	30%	\$8,150	\$22,300	No charge after deductible							
Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance															

Point-of-Service (POS) HSA-Qualified High-Deductible Health Plans		You Pay (At Participating Providers) 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
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network								
Bronze	84670WI1270145-00	\$5,500	\$11,000	30%	50%	\$6,900	\$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.

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



High-quality health plans

- **HMO plans** deliver great value, and **HSA-Qualified High-Deductible Health Plans (HDHP)** offer more control. **POS plans** give you added flexibility when choosing health care providers.
- **Telehealth services** from Teladoc®—connect with a licensed physician over the phone or via video consult 24/7/365. Behavioral health and dermatology are also available.
- **\$0 preventive care** includes 100% coverage for preventive services when performed by a participating provider. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force.

You have choices to fit your budget

You and your family want high-quality health insurance to help protect your pocketbook. That's why all of our health plans give you full access to in-network health care providers and allow you to see in-network specialists without a referral. Some services will require review and prior authorization. Take a look at our plan designs on the previous page and see which one best fits your health needs and budget.

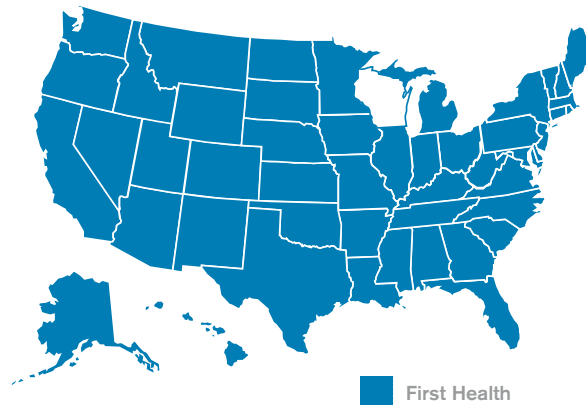
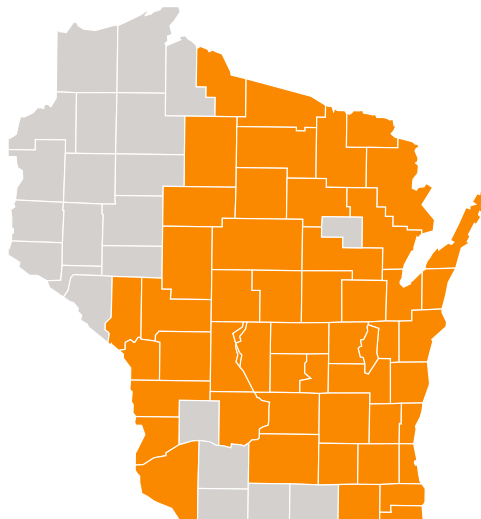
HSA-qualified plans can help you save money

If you want more control over your health care expenses, take a look at one of our high-deductible health plans (HDHPs). These plans allow you to contribute to a tax-favored, personal Health Savings Account (HSA). The tax-free money you put into your HSA can be used to pay for qualified health care expenses.

HSAs are administered and/or maintained by a participating financial institution. Arise Health Plan does not operate or administer HSAs.

Exclusive Wisconsin coverage and more!

Access the **Arise Premier** network of providers.



Complementary Network: Access a First Health Complementary Network provider for emergency services outside of Wisconsin for lower out-of-pocket costs.

Arise plans are sold in these counties

- Dodge
- Calumet
- Fond du Lac
- Outagamie
- Sheboygan
- Waupaca
- Waushara
- Winnebago

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Visit: arisehealthplan.com
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