

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

Silver Cost Sharing Reduction-Eligible Plans

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
Silver	84670WI1250152-01	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR Zero	84670WI1250152-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	84670WI1250152-03	\$7,150	0%	\$7,150	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 73	84670WI1250152-04	\$5,350	0%	\$6,500	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 87	84670WI1250152-05	\$900	0%	\$1,900	\$450	\$0	\$10	\$35	\$70	No charge after deductible		
Silver, CSR 94	84670WI1250152-06	\$0	0%	\$700	\$450	\$0	\$10	\$35	\$70	\$0		
Silver	84670WI1250153-01	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR Zero	84670WI1250153-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	84670WI1250153-03	\$4,500	30%	\$8,150	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 73	84670WI1250153-04	\$4,000	30%	\$6,500	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 87	84670WI1250153-05	\$825	30%	\$1,825	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver, CSR 94	84670WI1250153-06	\$0	30%	\$700	\$450	\$0	\$10	\$35	\$70	30% after deductible		
Silver	84670WI1250154-01	\$5,000	20%	\$8,150	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR Zero	84670WI1250154-02	\$0	0%	\$0	\$0							
Silver, CSR Limited	84670WI1250154-03	\$5,000	20%	\$8,150	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 73	84670WI1250154-04	\$4,350	20%	\$6,500	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 87	84670WI1250154-05	\$850	20%	\$1,850	\$450	\$0	\$10	\$35	\$70	20% after deductible		
Silver, CSR 94	84670WI1250154-06	\$0	20%	\$700	\$450	\$0	\$10	\$35	\$70	20% after deductible		

CSR Zero Prescription Drugs: No charge
 CSR 94 Prescription Drugs: Preventive and Preferred Generics: \$0; Non-Preferred Generics: \$25; Preferred Brand: \$60; Non-Preferred Brand: \$100; Specialty Drugs: \$700 deductible, then 40% coinsurance
 All Other 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
 For bolded plans: After three free PCP visits, subsequent PCP visits are subject to the PCP visit copayment (Note: No charge for CSR Zero)

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

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.



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	
Silver	84670WI1250160-01	\$2,800	20%	\$6,900									20% after deductible
Silver, CSR Zero ³	84670WI1250160-02	\$0	0%	\$0									\$0
Silver, CSR Limited	84670WI1250160-03	\$2,800	20%	\$6,900									20% after deductible
Silver, CSR 73	84670WI1250160-04	\$2,500	20%	\$5,400									20% after deductible
Silver, CSR 87 ³	84670WI1250160-05	\$1,250	20%	\$1,500									20% after deductible
Silver, CSR 94 ³	84670WI1250160-06	\$450	20%	\$700									20% after deductible
Silver	84670WI1250161-01	\$4,500	0%	\$4,500									No charge after deductible
Silver, CSR Zero ³	84670WI1250161-02	\$0	0%	\$0									\$0
Silver, CSR Limited	84670WI1250161-03	\$4,500	0%	\$4,500									No charge after deductible
Silver, CSR 73	84670WI1250161-04	\$3,950	0%	\$3,950									No charge after deductible
Silver, CSR 87 ⁴	84670WI1250161-05	\$1,475	0%	\$1,475									No charge after deductible
Silver, CSR 94 ³	84670WI1250161-06	\$660	0%	\$660									No charge after deductible
Silver	84670WI1250162-01	\$5,500	0%	\$5,500									No charge after deductible
Silver, CSR Zero ³	84670WI1250162-02	\$0	0%	\$0									\$0
Silver, CSR Limited	84670WI1250162-03	\$5,500	0%	\$5,500									No charge after deductible
Silver, CSR 73	84670WI1250162-04	\$4,075	0%	\$4,075									No charge after deductible
Silver, CSR 87 ⁴	84670WI1250162-05	\$1,475	0%	\$1,475									No charge after deductible
Silver, CSR 94 ³	84670WI1250162-06	\$660	0%	\$660									No charge after deductible

CSR Zero Prescription Drugs: No charge
All Other Silver 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.

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

³These plans are not eligible for use with a Health Savings Account (HSA).

⁴Family coverage for these plans is not eligible for use with a Health Savings Account (HSA).



High-quality health plans

- **HMO plans** deliver great value, and **HSA-Qualified High-Deductible Health Plans (HDHP)** offer more control.
- **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.

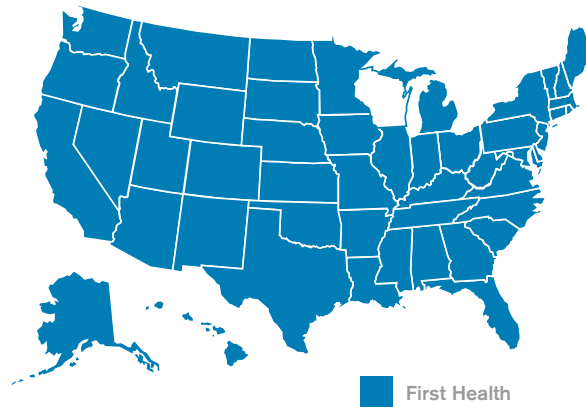
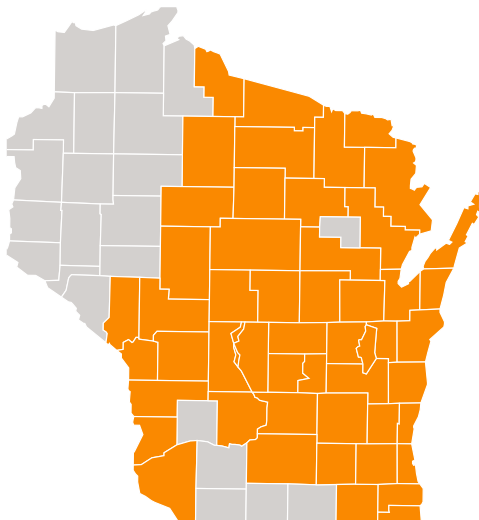
HSA-qualified plans can help you save money

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

» Contact us for your individual health plan!

Visit: arisehealthplan.com
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