



From Arise Health Plan

POINT OF SERVICE/HSA-QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

A health plan headed in the right direction. Imagine getting the health insurance you need at a price you can afford. It's not only possible, it's easy to do. Arise Health Plan provides you with the affordable solution — one that puts you in the driver's seat and enables you to save for the future — the Healthy1 HSA-Qualified High-Deductible Health Plan.

The concept is simple.

- Significantly reduce premiums by relying on our High-Deductible Health Plan (HDHP) for your medical protection.
- Lower your taxable income and accumulate tax-free dollars to pay for qualified out-of-pocket medical expenses with a personal HSA, a health care financing innovation made possible by federal legislation.

Deductible		Coinsurance			Out-of-Pocket	
In	Out	In	Out	Max	In	Out
Single/Family	Single/Family				Single/Family	Single/Family
1,200/2,400	1,200/2,400	100%	80%	5,000	1,200/2,400	2,200/4,400
1,200/2,400	1,200/2,400	80%	60%	10,000	3,200/6,400	5,200/10,400
1,500/3,000	1,500/3,000	100%	80%	5,000	1,500/3,000	2,500/5,000
1,500/3,000	1,500/3,000	80%	60%	10,000	3,500/7,000	5,500/11,000
2,000/4,000	2,000/4,000	100%	80%	5,000	2,000/4,000	3,000/6,000
2,000/4,000	2,000/4,000	80%	60%	10,000	4,000/8,000	6,000/12,000
2,700/5,400	2,700/5,400	100%	80%	5,000	2,700/5,400	3,700/7,400
2,700/5,400	2,700/5,400	80%	60%	10,000	4,700/9,400	6,700/13,400
3,500/7,000	3,500/7,000	100%	80%	5,000	3,500/7,000	4,500/9,000
3,500/7,000	3,500/7,000	80%	60%	10,000	5,500/11,000	7,500/15,000
5,250/10,500	5,250/10,500	100%	80%	5,000	5,250/10,500	6,250/12,500

Combine together, the Healthy1 HSA-Qualified HDHP with an HSA, and you will have a powerful combination that delivers comprehensive coverage, real savings, and true control.



We care for Wisconsin.

UNDERWRITTEN BY WPS HEALTH PLAN, INC.

Individual Lifetime Maximum Benefit	\$5,000,000	
Summary of Services	Participating Providers (In-Network)	Non Participating Providers (Out-of-Network)
Wellness Services (no calendar year maximum) <ul style="list-style-type: none"> • Routine Physical Exams • Routine Labs • Routine Mammograms (40+) and Pap Tests • Routine Vision and Hearing Exams • Immunizations and Vaccinations (except for travel) • Well-baby Care • Blood Lead Tests to Age 5 • Routine Colonoscopy (50+) 	100% + Waiver of Deductible	Not Covered
Hospital Services <ul style="list-style-type: none"> • Room and Board, Miscellaneous Hospital Expenses, and Intensive Care Unit (prior approval required*) • Outpatient Facility Fees • Outpatient Radiology, Pathology, and Lab Services 	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Services <ul style="list-style-type: none"> • Emergency Room Facility Fees • Emergency Room Care (including physician charges & miscellaneous expenses) • Ambulance (up to \$2,000 ground/\$10,000 air; prior approval required for non-emergency transport*) 	Participating Provider Deductible & Coinsurance	
Transplants Covered Expenses include, but are not limited to, hospital charges, Practitioner charges, Organ and Tissue Acquisition, tissue typing, and ancillary services at a Designated Transplant Facility that are Medically Necessary.	Deductible & Coinsurance	Deductible & Coinsurance
Kidney Transplants and Dialysis Treatments (Maximum benefit of \$30,000 per year; prior approval required*)	Deductible & Coinsurance	Deductible & Coinsurance
Professional Services <ul style="list-style-type: none"> • Office Visits (including chiropractors) • Maternity Services (prenatal, delivery, and postnatal care) • Medical and Surgical Services 	Deductible & Coinsurance	Deductible & Coinsurance
<ul style="list-style-type: none"> • Corneal Transplants, Bone and Skin Grafts • Therapy and Physical Medicine (Occupational, physical, speech, and respiratory therapy; \$750 max per calendar year) • Radiation and Chemotherapy Services • Cardiac Rehabilitation Services 	Deductible & Coinsurance	Deductible & Coinsurance

Summary of Services (Continued)	Participating Providers (In-Network)	Non Participating Providers (Out-of-Network)
Professional Services (Continued)		
• Oral Surgery and Dental Repair (due to injury)	Deductible & Coinsurance	Deductible & Coinsurance
• X-ray and Lab Services	Deductible & Coinsurance	Deductible & Coinsurance
• Independent Anesthesiologist, Pathologist, and Radiologist Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care		
• Home Health Services (up to 40 visits per year; prior approval required*)	Deductible & Coinsurance	Deductible & Coinsurance
• Home IV Therapy and Supplies (prior approval required*)		
Other Health Care Services		
• Breast Reconstruction (following a mastectomy)	Deductible & Coinsurance	Deductible & Coinsurance
• Durable Medical Equipment (DME costing more than \$500 requires prior approval)		
• Diabetic Equipment and Self-management Education Programs		
• Temporomandibular Joint (TMJ) Disorders (diagnosis and non-surgical treatment up to \$1,250 per year)		
• Skilled Nursing Care Facility (up to 30 days per confinement)		
Prescription Drugs (including insulin and disposable diabetic supplies; prior approval required for certain drugs*)		
Retail		
• Generic	Deductible & Coinsurance	Not Covered
• Brand	Deductible & Coinsurance	Not Covered
• Non-Formulary	Deductible & Coinsurance	Not Covered
Mail Order		
• Generic	Deductible & Coinsurance	Not Covered
• Brand	Deductible & Coinsurance	Not Covered
• Non-Formulary	Deductible & Coinsurance	Not Covered
*Prior approval required when receiving certain benefits; without prior approval, benefits may be denied or substantially limited. Note: All benefits are subject to the applicable limitations and exclusions as defined in the policy. Annual benefit limitations apply per calendar year.		
*Healthy1 HSA compatible plans: If you select family coverage, the family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible. Family deductible is two times the single deductible. In-network and out-of-network deductible and coinsurance amounts must be satisfied separately.		
IMPORTANT: This plan summary provides only a general description of benefits and limitations. You can find a detailed description of coverage in the applicable policy. Coverage is subject to all terms and conditions of the policy and any endorsements or amendments. If there is ever a disagreement between the policy and this brochure, the policy has final authority. This plan summary must be used in conjunction with the additional plan information inserts which include limitations and exclusions. In-network and out-of-network deductibles track separately.		

HSA BASICS

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an alternative to traditional health insurance; it is a savings product that offers a different way for you to pay for your health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.

You must be covered by a high-deductible health plan (HDHP) to be able to take advantage of an HSA. An HDHP generally costs less than a traditional health plan, so the money you save on insurance premiums can be put into the HSA.

You own and control the money in your HSA. You decide how to spend the money on qualified medical expenses and how to invest the money in your account to make it grow.

What is a high-deductible health plan (HDHP)?

You must have an HDHP if you want to open an HSA. An HDHP is a health plan that meets the statutory requirements for annual deductibles and out-of-pocket expenses. The premiums for an HDHP are significantly less than traditional plans. An HDHP does not normally pay for health care expenses before your entire deductible has been met. Of course, your HSA is available to help you pay for expenses your plan does not cover.

To be HSA-qualified, your HDHP deductible must meet the minimum dollar amounts set by the U.S. Departments of the Treasury and IRS for a given year. For more information, visit the U.S. Department of the Treasury web site at www.treas.gov or speak with your agent or Arise Health Plan sales representative.

Who is eligible for a Health Savings Account?

To be eligible for an HSA, you must be covered by an HSA-qualified HDHP and must not be covered by other health insurance that is not an HDHP. Auto, dental, vision, disability, and long-term care insurance are not considered "health insurance" and will not jeopardize your eligibility for an HSA.

Can the funds in an HSA be invested?

Yes, you can invest the funds in your HSA. The same types of investments permitted for IRAs are allowed for HSAs, including stocks, bonds, mutual funds, and certificates of deposit (CDs).

Do unused funds in a Health Savings Account roll over year after year?

Yes, the unused balance in a Health Savings Account automatically rolls over year after year. You won't lose your money if you don't spend it within the year.

How to Voice a Complaint or File a Grievance

We want to make sure the plan is working for you and welcome your feedback. If you have a complaint or want to file a grievance on a decision that affects you, please contact our Member Services unit at (920) 490-6900 (local) or call 1-888-711-1444 (toll-free).

We strive to resolve all complaints verbally. However, you have the option to submit a formal grievance in writing if your complaint is not handled to your satisfaction. The Grievance Procedure is used to resolve all complaints regarding plan administration or benefit denials.

Your grievance will be considered by a Review Panel consisting of Arise Health Plan representatives, a clinical medical representative, and a member representative.

Exclusions and Limitations**Pre-existing Conditions**

There is a waiting period if within 12 months prior to the Covered Person's effective date, the Covered Person:

- Had an Illness or Injury diagnosed,
- Received care, medical services or, treatment of an Illness or Injury,
- Had symptoms of an Illness or Injury which would cause a person to seek diagnosis, care, medical services, or treatment; or
- Had Illness or injury for which a kidney transplant procedure is being considered.

Benefits are not payable for expenses incurred as a result of that Illness or Injury and any complications of any such Illness or Injury until:

- The Covered Person has no treatment, services, supplies, or other expenses incurred for that Illness or Injury for a period of 12 months in a row after the effective date of coverage; or
- The Covered Person has been insured under this Policy for 18 months in a row; whichever, happens first.

We will not pay benefits for charges for treatment, services, supplies, or other expenses incurred during the Waiting Period for any such Illness or Injury and complications of any such Illness or Injury.

If a Dependent child is born or is legally adopted by the Policyholder while covered under this Policy, the child does not have a waiting period for such Illness or Injury.

Transplants

The waiting period for a covered transplant, other than kidney, is 24-months starting on the effective date of the policy.

The plan does not cover the following services. Please see the policy for specifics.

Services, supplies, facilities, or equipment that are not medically necessary or are experimental or investigational.

Services furnished by a Federal, state, county, municipal, or other governmental agency.

An illness or injury caused by any military related act or incident of declared or undeclared war, riots, or insurrection.

An illness or injury as a result of the armed services of any country that occurred while on active duty.

Custodial or maintenance care.

Charges in excess of the usual and customary charge.

Services performed by a close relative.

Services for pervasive developmental disorders.

General fitness programs, exercise programs, exercise equipment, and

health club memberships.

Drugs, medicines, procedures, services, and supplies for sex transformation surgery.

Treatment or therapy that is court ordered, ordered as a condition of parole, probation, or custody evaluation.

Services provided during any waiting periods.

Telemedicine, except teleradiology.

Services, supplies, facilities, or equipment for complications resulting from an elective surgery.

Service or treatment requested by a third party.

Cranial banding.

Private duty nursing.

Personal comfort or convenience items.

Marriage counseling.

Sterilization procedures and reversal of voluntary sterilization.

Services for smoking cessation program, treatment, or supply.

Travel and transportation for a consultation or to receive treatment.

Bereavement counseling.

Services provided before the effective date.

Services provided after the termination date.

Services and/or supplies provided without a required authorization or if authorization was denied.

