



We care for Wisconsin.

UNDERWRITTEN BY WPS HEALTH PLAN, INC.

Cares for Wisconsin...

One individual at a time.

There are a lot of advantages to being an individual. Unfortunately, access to affordable health insurance that puts an emphasis on health **usually** isn't one of them...

It is now.

Arise Health Plan is pleased to offer Healthy1, a health maintenance organization/point of service (HMO/POS) plan that's designed for the way individuals and their families need their health insurance plan to work. So whether you're self-employed, just left a job and don't have coverage, work for a small employer who doesn't offer health insurance, or are an early retiree, Healthy1 is the one plan just for you. ***We care about Wisconsin's health — one person at a time.***

MISSION STATEMENT:

Arise Health Plan is based on a commitment to service. We are a local health benefit expert who strives to provide outstanding customer care, develop relationships with providers who deliver the highest quality of health care, and bring to market competitive rates resulting in the best value for our members. Arise Health Plan.

We Care For Wisconsin.

We care about

YOUR OVERALL HEALTH

Unlike typical individual plans, Healthy1's innovative POS and HMO plans put an emphasis on keeping you healthy. We include a 100% benefit for wellness services when performed by a participating provider. This means no deductible, copay, or annual dollar limit for the following procedures:

- Routine physical exams
- Routine vision exams (one per year)
- Immunizations and vaccinations (except for travel)
- Routine hearing exams (one per year)
- Well baby care
- Routine mammograms (40+)
- Routine colonoscopy (50+)

Arise Health Plan is a firm believer in creating strong patient/physician relationships. We feel the outcome of your care will ultimately be better when a physician is familiar with your medical history and you feel confident with the care you are receiving.

We call it Healthy1 for a reason...we care about your health.

Plan Options

Arise Health Plan realizes that no one pays closer attention to the bottom line than the individuals who pay their own health plan premiums. That's why we offer a range of plans, so you can select the plan with the right balance of deductibles, benefit level percentages, and coinsurances. You're in control of your health; it only makes sense that you should be in control of your health plan as well.

Understanding the benefits of Healthy1

Primary Care Practitioners

Every individual plan we offer is designed to encourage the use of a primary care practitioner (PCP). Your relationship with your provider and your satisfaction is important to us. Arise Health Plan believes that having all your health care originate with one provider is the smartest way to deliver quality health care.

Arise Health Plan offers POS and HMO plan options. You may choose from a variety of standard or Health Savings Account (HSA) qualified plans. **Whichever plan you choose — every member should choose a primary care practitioner.** Because we want you to receive the most from your health insurance plan, each family member can choose his or her own PCP and can choose physicians specializing in family practice, internal medicine, obstetrical/gynecological, or pediatrics. You can change your PCP anytime and as often as you'd like simply by calling member services or going to www.WeCareForWisconsin.com.

Do I need a pre-service authorization to receive care from a participating specialist? No. While we encourage you to utilize your PCP as much as possible, we do not require you to get an authorization prior to receiving care from a participating specialist. It's just one more way we've tried to simplify the health plan for you.

When do I need a pre-service authorization? For HMO plans, you will need a pre-service authorization prior to services being rendered to obtain benefits from a non-participating provider and contracted specialty provider.* For POS plans, you will need a pre-service authorization prior to services being rendered from a non-participating or contracted specialty provider if you would like us to consider paying for these services at the participating provider level of benefits.

Other specific services will also require a pre-service authorization in order for benefits to be payable. These services include: Inpatient stay in a Hospital or Skilled Nursing Facility, Organ and Tissue Transplants, Home Infusion, Home Health Care, DME over \$500 or any rentals, Prosthetics over \$1,000, and non-emergency ambulance transportation.

* UW Health, Children's Hospital of Wisconsin, Medical College of Wisconsin, Froedtert Memorial Lutheran Hospital

Additional Healthy1 Member Benefits

As an Arise Health Plan member, you're eligible for a variety of value-added services just for being our member — at no cost to you. This includes an ever-growing list of products and services, from financial wellness to personal growth. To view the most up-to-date listing visit www.WeCareForWisconsin.com today!

Definitions you need to know

Deductible: This is the amount you pay toward covered expenses in a calendar year before the plan pays benefits.

Coinsurance: This is the percentage of covered expenses the plan pays after the deductible is met (i.e., for an 80/20 plan, the health plan member's co-insurance is 20%).

Point of Service (POS) Plan: Plan allows a choice of receiving services from a provider in or out of the network. You receive the highest level of benefits from providers in the network.

Health Maintenance Organization (HMO) Plan: Providers contract with the HMO to provide the most cost effective medical services to members. Contracted providers must be used for services to be covered.

Health Savings Account (HSA): HSAs allow individuals to pay for health expenses and save for future qualified medical expenses on a tax-free basis. To be eligible for an HSA, you must be covered by a High Deductible Health Plan (HDHP), not covered by other health insurance, not eligible for Medicare, and not claimed as a dependent on someone else's tax return.

Primary Care Practitioner (PCP): means a participating Practitioner who practices in the area of family practice, internal medicine, pediatrics, general practice or obstetrics/gynecology. When a Covered Person first becomes eligible for coverage under this Policy, such Covered Person must designate a PCP. The Covered Person may designate a different PCP at any time by notifying Us. Each Covered Person may select a different PCP.

In network: Describes a provider or health care facility that is part of a health plan's network. Insured individuals usually pay less when using an in network provider.

Out of network: Describes a provider or health care facility that is not part of a health plan's network. Insured individuals usually pay more or are not covered when using an out of network provider, if the plan uses a network.

Pre-Service Authorization: The process of receiving written approval from us for certain services or products in advance of the service or product being provided.

Dependent: Eligible until age 19 unless a full-time student, then eligible to age 25.

Online tools

Members will also have access to our on-line tools, at www.WeCareForWisconsin.com, which include:

- Claims look up and detailed view
- On-line forms
- Eligibility information
- HIPAA compliant secure communication
- Health and Wellness information



Payment options:

Automated Cash Handling (ACH): ACH is an automated bank withdrawal program. With ACH, the exact premium amount is automatically withdrawn from your bank account at the frequency you choose: monthly, quarterly, semiannually, or annually.

Direct Billing: Choose a direct paper bill to be sent to you quarterly, semiannually, or annually. You then send in a check payable to WPS Health Plan, Inc. along with a copy of the premium notice.

Notes:

- Payment must be from a personal account. Payments from business accounts cannot be accepted.
- Monthly payment by ACH only.

Eligibility

You are eligible to apply for the Healthy1 plan if you are:

- A United States Citizen or a resident legal alien
- Between the ages of newborn and 64
- A Wisconsin resident who is residing in our service area

Rates are guaranteed for the first year only. After that, they can be changed at any renewal period or if you change plan factors/options (e.g. deductible, coinsurance).

We'll renew your policy as long as you remain eligible and pay the premium as the policy requires unless we discontinue this plan. Premiums are subject to change by us in accordance with the policy and applicable Wisconsin laws.

**For more information about Healthy1 from Arise Health Plan,
or to apply, contact your insurance agent today!**

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.

