

A health plan headed in the right direction. 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 an affordable solution – one that puts you in the driver's seat and enables you to save for the future – the Bridge65 HSA-Qualified High Deductible Health Plan.

The concept is simple.

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

Deductible		Coinsurance			Out-of-Pocket (Incl Deductible)	
In	Out	In	Out	Max	In	Out
Single/Family	Single/Family				Single/Family	Single/Family
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 HSA-Qualified High Deductible Health Plan with an HSA and you will have a powerful combination that delivers comprehensive coverage, real savings, and true control.

- Participant lifetime maximum benefit: \$5,000,000
- Dependent children: to age 27
- Spouse must apply separately



For 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 out-of-pocket amounts must be satisfied separately.

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 (including pap smears) • Routine Labs • Routine Colonoscopy (50+) • Routine Vision and Hearing Exams • Immunizations and Vaccinations (except for travel) 	100% Coverage + Waiver of Deductible	Not Covered
<ul style="list-style-type: none"> • Routine Mammograms (40+) 	100% Coverage + Waiver of Deductible	100% Coverage + Waiver of Deductible
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 • Outpatient Practitioner Fees 	Deductible & Coinsurance	Deductible & Coinsurance
Emergency and Urgent Care Services <ul style="list-style-type: none"> • Emergency Room Facility Fees • Emergency Room Care (including physician charges & miscellaneous expenses) 	Participating Provider Deductible & Coinsurance	
<ul style="list-style-type: none"> • Ambulance (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. (prior approval required*)	Deductible & Coinsurance	Not Covered
Kidney Transplants and Dialysis Treatments (Maximum benefit of \$30,000 per year; prior approval required*)	Deductible & Coinsurance	Not Covered
Professional Services <ul style="list-style-type: none"> • Office Visits (including chiropractic care and occupational, physical, speech, and respiratory therapy) • X-ray and Lab Services (applies to all related services for that physician on the same date of service and billed in conjunction with the office visit) 	Deductible & Coinsurance	Deductible & Coinsurance

Summary of Services (Continued)	Participating Providers (In-Network)	Non-Participating Providers (Out-of-Network)
• Maternity Services	Not Covered	Not Covered
• Medical and Surgical Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care • Home Health Services (up to 40 visits per year; prior approval required*) • Home IV Therapy and Supplies (prior approval required*)	Deductible & Coinsurance	Deductible & Coinsurance
Hearings Aids & Cochlear Implants • Covered expenses include the cost of hearing aids and cochlear implants that are prescribed by a physician or audiologist for any Dependent under the age of 18 who is certified as deaf or hearing impaired by a physician or audiologist • Coverage for hearing aids will be limited to the cost of one hearing aid every three years per ear per Dependent under 18 years of age	Deductible & Coinsurance	Deductible & Coinsurance
Autism Spectrum Disorders • Includes autism disorder, Asperger's syndrome, or any other pervasive development disorder • Covered expenses will be provided for services rendered that have a primary diagnosis code of Autism Spectrum Disorders • Covered expenses are payable for evidence-based behavioral intensive-level services up to a maximum benefit of \$50,000 per calendar year with a maximum of 35 hours of care per week for a maximum of 4 years • Covered expenses are payable for evidence-based nonintensive-level services up to a maximum benefit of \$25,000 per calendar year	Deductible & Coinsurance	Deductible & Coinsurance
Other Health Care Services • Breast Reconstruction (following a mastectomy) • 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) • Contraceptive devices, implants, or injections	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs (including insulin, disposable diabetic supplies, and oral contraceptives; prior approval required for certain drugs*) Retail (30 day supply) • Generic	Deductible & Coinsurance	Prescriptions covered only when provided by Express Scripts affiliated pharmacies
• Brand	Deductible & Coinsurance	
• Non-Formulary	Deductible & Coinsurance	
Mail Order (90 day supply) • Generic	Deductible & Coinsurance	Prescriptions covered only when provided by Express Scripts affiliated pharmacies
• Brand	Deductible & Coinsurance	
• Non-Formulary	Deductible & Coinsurance	
<p>*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.</p> <p>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 the 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 includes plan limitations and exclusions. In-network and out-of-network deductibles track separately.</p>		

It's all about choice. A point of service (POS) plan offers the best of both worlds. To maximize cost-effectiveness, health care costs are efficiently managed through primary care practitioners (PCPs). Plus, members enjoy the benefit of freedom of choice. Each member chooses a primary care practitioner. When care is provided in network, through the coordination of the PCP, a higher level of benefits is available. However, members have the choice to use providers outside of the network and still receive benefits at a lower level.

- Participant lifetime maximum benefit: \$5,000,000
- Dependent children: to age 27
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Deductible		Coinsurance			Out-of-Pocket (Incl Deductible)	
In	Out	In	Out	Max	In	Out
Single/Family	Single/Family				Single/Family	Single/Family
250/750	500/1,500	80%	60%	5,000	1,250/2,750	2,500/5,000
250/750	500/1,500	80%	60%	10,000	2,250/4,750	4,500/9,500
500/1,500	1,000/3,000	80%	60%	5,000	1,500/3,500	3,000/7,000
500/1,500	1,000/3,000	80%	60%	10,000	2,500/5,500	5,000/11,000
1,000/3,000	2,000/6,000	100%	80%	5,000	1,000/3,000	3,000/8,000
1,000/3,000	2,000/6,000	90%	70%	10,000	2,000/5,000	5,000/12,000
1,000/3,000	2,000/6,000	80%	60%	5,000	2,000/5,000	4,000/10,000
1,000/3,000	2,000/6,000	80%	60%	10,000	3,000/7,000	6,000/14,000
1,500/4,500	3,000/9,000	100%	80%	5,000	1,500/4,500	4,000/11,000
1,500/4,500	3,000/9,000	90%	70%	10,000	2,500/6,500	6,000/15,000
1,500/4,500	3,000/9,000	80%	60%	5,000	2,500/6,500	5,000/13,000
1,500/4,500	3,000/9,000	80%	60%	10,000	3,500/8,500	7,000/17,000
2,500/7,500	5,000/15,000	100%	80%	5,000	2,500/7,500	6,000/17,000
2,500/7,500	5,000/15,000	80%	60%	10,000	4,500/11,500	9,000/23,000
5,000/15,000	10,000/30,000	100%	80%	5,000	5,000/15,000	11,000/32,000

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<ul style="list-style-type: none"> • Maternity Services 	Not Covered	Not Covered
<ul style="list-style-type: none"> • Medical and Surgical Services 	Deductible & Coinsurance	Deductible & Coinsurance

Summary of Services (Continued)	Participating Providers (In-Network)	Non-Participating Providers (Out-of-Network)
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Prescription Drugs (subject to \$500 annual deductible) (including insulin, disposable diabetic supplies, and oral contraceptives; prior approval required for certain drugs*) <ul style="list-style-type: none"> Retail (30 day supply)** <ul style="list-style-type: none"> • Generic 	30% Coinsurance After Deductible	Prescriptions covered only when provided by Express Scripts affiliated pharmacies
<ul style="list-style-type: none"> • Brand 	30% Coinsurance After Deductible	
<ul style="list-style-type: none"> • Non-Formulary 	60% Coinsurance After Deductible	
<ul style="list-style-type: none"> Mail Order (90 day supply)** <ul style="list-style-type: none"> • Generic 	25% Coinsurance After Deductible	Prescriptions covered only when provided by Express Scripts affiliated pharmacies
<ul style="list-style-type: none"> • Brand 	25% Coinsurance After Deductible	
<ul style="list-style-type: none"> • Non-Formulary 	50% Coinsurance After Deductible	
<p>*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.</p> <p>**Maximum retail out-of-pocket is \$200 per prescription after prescription drug deductible has been met. Maximum mail order out-of-pocket is \$400 per prescription after prescription drug deductible has been met.</p> <p>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 the 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 includes plan limitations and exclusions. In-network and out-of-network deductibles track separately.</p>		

100% Wellness Benefit

Routine physicals, immunizations, mammograms, and other preventive services are covered 100%, with no annual dollar limit when received from a Participating Provider.

Buy-Up Options

(available for POS and HMO plans only)

Choose our Buy-Up option to make your individual plan look and act more like a group insurance plan.

By choosing the Buy-Up option:

- Your drug deductible is waived (your prescription benefit remains 30%/30%/60% for retail and 25%/25%/50% for mail order)
- Any covered in-network office visits are paid at 100% after you pay a \$30 copayment (Applies to office visit charge only.)*

*See plan for details.

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 Department locally at (920) 490-6900 or toll-free at 1-888-711-1444.

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:

- A. Had an illness or injury diagnosed; or
- B. Received care, medical services, or treatment of an illness or injury.

Benefits are not payable for expenses incurred as a result of that illness or injury and any complications of any such illness or injury for a period of 12 months after the effective date of coverage.

We will not pay benefits for charges for treatment, services, supplies, or other expenses incurred during the pre-existing conditions waiting period for any such illness or injury and any complications of any such illness or injury.

If a dependent child is born or is legally adopted by the policyholder while covered under the policy, the child does not have a pre-existing conditions waiting period for such illness or injury.

This plan does not cover the following services. Please see your policy for more specific information.

Services, supplies, facilities, or equipment that are not medically necessary or that 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, insurrection, or terrorism.

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.

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 a pre-existing conditions waiting period.

Telephone consultations or completion of claim forms or forms necessary for return to work or school.

Charges for a missed appointment.

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 any 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.

Functional capacity or physical performance testing.

Cosmetic surgery or treatment or any portion thereof.

Reconstructive surgery, except as stated in the policy.

Dental services, except as stated in the policy.

Over the counter drugs, non-prescription vitamins, minerals, and supplements, all enteral feedings, supplemental feedings, over-the-counter nutritional supplements and related supplies.

Treatment for sexual dysfunction or to increase sexual function.

Medical supplies and durable medical equipment for comfort, personal hygiene, or convenience.

Routine or periodic maintenance of durable medical equipment or replacement of batteries.

Genetic counseling, studies, and testing.

Infertility or fertility treatment.

Maternity services.

Services and treatment for nervous and mental disorders, alcoholism, and drug abuse.

Vocational or industrial rehabilitation, work hardening programs, cardiac rehabilitation beyond Phase II, habilitative services, sports hardening and rehabilitation.

Long-term therapy and maintenance therapy.

Hypnosis, acupuncture treatment, holistic or homeopathic medicine.

Services by an athletic trainer.

Vision services other than annual routine exam.

Services, supplies, equipment, or facilities for obesity, morbid obesity, weight control, or weight reduction.

Any immunization or vaccination other than those listed in the policy.

Wellness services received from a non-participating provider.

Hearing services other than annual routine exam.

Organ transplants that are not listed in the policy as approved transplant services.

Eligible Dependents

Dependent children are eligible until age 19 if they are not married. Unmarried adult children (age 19 and older) are eligible until they reach age 27 provided they are not eligible for other coverage under a group health benefit plan or if they are eligible for coverage under a group health benefit plan as an employee, the amount of the child's premium contribution under that group health benefit plan is greater than the premium amount for the child's coverage as a dependent under this plan.

An unmarried adult child who is a full-time student will continue to be eligible regardless of age if that child meets all of the following requirements:

1. The child is not eligible for coverage under a group health benefit plan or if the child is eligible for coverage under a group health benefit plan as an employee, the amount of the child's premium contribution under that group health benefit plan is greater than the premium amount for the child's coverage as a dependent under this plan;
2. The child was called to federal active duty in the national guard or in a reserve component of the United States armed forces while the child was a full-time student; and
3. The child was under the age of 27 when called to federal active duty.

Wellness Care and Routine Physicals

Wellness care includes routine evaluation, assessing health and well-being, screening for possible detection of an unrevealed illness, or improving health when there are no symptoms, illnesses, or diagnosis.

Wellness care must be provided by a participating provider.