

ARISE HEALTH PLAN

2019 Individual Plan Summaries

Silver, Bronze, and Catastrophic Plans



| Health Maintenance Organization (HMO) Standard Plans | | You Pay (In-Network Services) | | | | | | | | | |
|--|------------------------------------|-------------------------------|--|---------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------------|
| Metal Tier | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization |
| Silver | \$3,500 | 20% | \$7,900 | | | | | | | | 20% after deductible |
| Bronze ² | \$4,700 | 20% | \$7,900 | | | | | | | | 20% after deductible |
| Bronze | \$7,900 | 0% | \$7,900 | | | | | | | | No charge after deductible |
| Catastrophic ^{2,3} | \$7,900 | 0% | \$7,900 | | | | | | | | No charge after deductible |

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

| Health Maintenance Organization (HMO) High-Deductible Standard Plans | | You Pay (In-Network Services) | | | | | | | | | |
|--|------------------------------------|-------------------------------|--|---------------|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------------|
| Metal Tier | Individual Deductible ¹ | Coinsurance | Individual Annual Max Out of Pocket ¹ | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization |
| Bronze | \$5,500 | 30% | \$6,750 | | | | | | | | 30% after deductible |
| Bronze | \$6,750 | 0% | \$6,750 | | | | | | | | No charge after deductible |

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

| Point-of-Service (POS) Standard Plans | | You Pay | | | | | | | | | | | | |
|---------------------------------------|------------------------------------|----------------|-------------|----------------|--|----------------|---|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------------|
| Metal Tier | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | At Participating Providers ⁴ | | | | | | | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization |
| Bronze | \$7,900 | \$15,800 | 0% | 30% | \$7,900 | \$21,800 | | | | | | | | No charge after deductible |

Prescription Drugs: Preventive: \$0; All others: deductible and coinsurance

| Point-of-Service (POS) High-Deductible Standard Plans | | You Pay | | | | | | | | | | | | |
|---|------------------------------------|----------------|-------------|----------------|--|----------------|---|---------------------|-----------|-----------------|----------------|----------------------|--------------------|----------------------|
| Metal Tier | Individual Deductible ¹ | | Coinsurance | | Individual Annual Max Out of Pocket ¹ | | At Participating Providers ⁴ | | | | | | | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | Teladoc Visit | Retail Clinic Visit | PCP Visit | Specialty Visit | Emergency Room | Outpatient Lab/X-ray | Outpatient Surgery | Hospitalization |
| Bronze | \$5,500 | \$11,000 | 30% | 50% | \$6,750 | \$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.

²Plan includes 3 FREE PCP visits per year.

³Catastrophic plan is only available to people under age 30 or who qualify for a hardship exemption from the Federally Facilitated Marketplace.

⁴Services performed out of network under the POS plan options are subject to the out-of-network deductible and coinsurance, except some emergency services. Out-of-network services are not covered under HMO plan options, except in emergency situations. See policy for details.