

ASPIRUS ARISE

Individual Plan Summaries

Gold and Bronze Cost Sharing Reduction Eligible Plans



Health Maintenance Organization (HMO) Plans		You Pay									
Cost Sharing Reduction (CSR) Type	Individual Deductible*	Coinsurance	Individual Annual Max Out of Pocket*	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization
Gold	\$2,000	20%	\$3,850	No charge	\$10	\$30	\$60	\$250	20% after deductible		
CSR Zero	\$0	0%	\$0	No charge							
CSR Limited	\$2,000	20%	\$3,850	No charge	\$10	\$30	\$60	\$250	20% after deductible		
Bronze	\$7,150	0%	\$7,150	No charge after deductible							
CSR Zero	\$0	0%	\$0	No charge							
CSR Limited	\$7,150	0%	\$7,150	No charge after deductible							
Bronze	\$6,250	20%	\$7,150	20% after deductible							
CSR Zero	\$0	0%	\$0	No charge							
CSR Limited	\$6,250	20%	\$7,150	20% after deductible							

Gold Prescription Drugs: Preventive and Preferred Generics: \$0— Non-Preferred Generics: \$20—Preferred Brand: \$50—Non-Preferred Brand: \$75—Specialty Drugs: 50% to \$1,000; No charge for CSR Zero

Bronze Prescription Drugs: Preventive: \$0—All others: deductible and coinsurance; No charge for CSR Zero

Health Maintenance Organization (HMO) High-Deductible Health Plans		You Pay									
Cost Sharing Reduction (CSR) Type	Individual Deductible*	Coinsurance	Individual Annual Max Out of Pocket*	Teladoc Visit	Retail Clinic Visit	PCP Visit	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization
Bronze	\$6,550	0%	\$6,550	No charge after deductible							
CSR Zero***	\$0	0%	\$0	No charge							
CSR Limited	\$6,550	0%	\$6,550	No charge after deductible							
Bronze	\$5,500	20%	\$6,550	20% after deductible							
CSR Zero***	\$0	0%	\$0	No charge							
CSR Limited	\$5,500	20%	\$6,550	20% after deductible							

Prescription Drugs: Preventive: \$0—All others: deductible and coinsurance; No charge for CSR Zero

Health Maintenance Organization (HMO) Standard Plans		You Pay									
Cost Sharing Reduction (CSR) Type	Individual Deductible*	Coinsurance	Individual Annual Max Out of Pocket*	Mental Health	PCP Visit	Urgent Care	Specialty Visit	Emergency Room	Outpatient Lab/X-ray	Outpatient Surgery	Hospitalization
Bronze	\$6,650	50%	\$7,150	\$45	\$45	50% after deductible					
CSR Zero***	\$0	0%	\$0	No charge							
CSR Limited	\$6,650	50%	\$7,150	\$45	\$45	50% after deductible					

Prescription Drugs: Preventive: \$0—All Generics: \$35—Preferred Brand: 35%—Non-Preferred Brand: 40%—Specialty Drugs: 45%; No charge for CSR Zero

Point-of-Service (POS) High-Deductible Health Plans		You Pay											
Cost Sharing Reduction (CSR) Type	Individual Deductible*		Coinsurance		Individual Annual Max Out of Pocket*		At Participating Providers**						
	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
Bronze	\$5,500	\$11,000	20%	50%	\$6,550	\$21,000	20% after deductible						
CSR Zero***	\$0	\$0	0%	0%	\$0	\$0	No charge						
CSR Limited	\$5,500	\$11,000	20%	50%	\$6,550	\$21,000	20% after deductible						

Prescription Drugs: Preventive: \$0—All others: 20% after deductible; No charge for CSR Zero

*Family deductibles and out-of-pocket limits are 2x the individual amounts.

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

***Not eligible for use with a Health Savings Account (HSA).

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