

ASPIRUS ARISE

Individual Plan Summaries

Silver 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
Silver	\$7,000	0%	\$7,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible		
CSR Zero	\$0	0%	\$0	No charge							
CSR Limited	\$7,000	0%	\$7,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible		
CSR 73	\$3,000	0%	\$5,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible		
CSR 87	\$400	0%	\$1,400	No charge	\$10	\$30	\$60	\$250	No charge after deductible		
CSR 94	\$0	0%	\$400	No charge	\$10	\$30	\$60	\$250	No charge after deductible		
Silver	\$4,500	30%	\$7,150	No charge	\$10	\$30	\$60	\$250	30% after deductible		
CSR Zero	\$0	0%	\$0	No charge							
CSR Limited	\$4,500	30%	\$7,150	No charge	\$10	\$30	\$60	\$250	30% after deductible		
CSR 73	\$3,000	0%	\$5,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible		
CSR 87	\$400	0%	\$1,400	No charge	\$10	\$30	\$60	\$250	No charge after deductible		
CSR 94	\$0	0%	\$400	No charge	\$10	\$30	\$60	\$250	No charge after deductible		

Prescription Drugs: Preventive and Preferred Generics: \$0—Non-Preferred Generics: \$20—Preferred Brand: \$50—Non-Preferred Brand: \$75—Specialty Drugs: 50% to \$1,000 (to \$400 for CSR 94 plans) ; 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	Prescription Drugs
Standard	\$2,700	20%	\$6,550	20% after deductible								
CSR Zero	\$0	0%	\$0	No charge								
CSR Limited	\$2,700	20%	\$6,550	20% after deductible								
CSR 73	\$2,000	20%	\$4,200	20% after deductible								
CSR 87	\$1,350	0%	\$1,350	No charge after deductible								
CSR 94	\$450	0%	\$450	No charge after deductible								
Silver	\$4,000	0%	\$4,000	No charge after deductible								
CSR Zero	\$0	0%	\$0	No charge								
CSR Limited	\$4,000	0%	\$4,000	No charge after deductible								
CSR 73	\$3,250	0%	\$3,250	No charge after deductible								
CSR 87	\$1,350	0%	\$1,350	No charge after deductible								
CSR 94	\$450	0%	\$450	No charge after deductible								

Prescription Drugs: Preventive: \$0

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	Prescription Drugs (Preventive/Generic/Pref. Brand/Non-Pref. Brand/Specialty)
Silver Standard	\$3,500	20%	\$7,150	\$30	\$30	\$75	\$65	\$400	20% after deductible		\$0/\$15/\$50/\$100/40%	
CSR Zero	\$0	0%	\$0	No charge								
CSR Limited	\$3,500	20%	\$7,150	\$30	\$30	\$75	\$65	\$400	20% after deductible		\$0/\$15/\$50/\$100/40%	
CSR 73	\$3,000	20%	\$5,700	\$30	\$30	\$75	\$65	\$300	20% after deductible		\$0/\$15/\$50/\$100/40%	
CSR 87	\$700	20%	\$2,000	\$10	\$10	\$40	\$25	\$150	20% after deductible		\$0/\$5/\$25/\$50/30%	
CSR 94	\$250	5%	\$1,250	\$5	\$5	\$25	\$15	\$100	5% after deductible		\$0/\$3/\$5/\$10/25%	

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Silver Cost Sharing Reduction Eligible Plans



Point-of-Service (POS) 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	Hospitalization	
Silver	\$7,000	\$14,000	0%	30%	\$7,000	20,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			
CSR Zero	\$0	\$0	0%	0%	\$0	\$0	No charge								
CSR Limited	\$7,000	\$14,000	0%	30%	\$7,000	20,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			
CSR 73	\$3,000	\$14,000	0%	30%	\$5,000	20,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			
CSR 87	\$400	\$14,000	0%	30%	\$1,400	20,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			
CSR 94	\$0	\$14,000	0%	30%	\$400	\$20,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			
Silver	\$4,500	\$9,000	30%	50%	\$7,150	\$19,000	No charge	\$10	\$30	\$60	\$250	30% after deductible			
CSR Zero	\$0	\$0	0%	0%	\$0	\$0	No charge								
CSR Limited	\$4,500	\$9,000	30%	50%	\$7,150	\$19,000	No charge	\$10	\$30	\$60	\$250	30% after deductible			
CSR 73	\$3,000	\$9,000	0%	50%	\$5,000	\$19,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			
CSR 87	\$400	\$9,000	0%	50%	\$1,400	\$19,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			
CSR 94	\$0	\$9,000	0%	50%	\$400	\$19,000	No charge	\$10	\$30	\$60	\$250	No charge after deductible			

Prescription Drugs: Preventive and Preferred Generics: \$0—Non-Preferred Generics: \$20—Preferred Brand: \$50—Non-Preferred Brand: \$75—Specialty Drugs: 50% to \$1,000 (to \$400 for CSR 94 plans); 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	Hospitalization	Prescription Drugs
Silver	\$2,700	\$5,400	20%	50%	\$6,550	\$15,400	20% after deductible								
CSR Zero ^{***}	\$0	\$0	0%	0%	\$0	\$0	No charge								
CSR Limited	\$2,700	\$5,400	20%	50%	\$6,550	\$15,400	20% after deductible								
CSR 73	\$2,000	\$5,400	20%	50%	\$4,200	\$15,400	20% after deductible								
CSR 87 ^{††}	\$1,350	\$5,400	0%	50%	\$1,350	\$15,400	No charge after deductible								
CSR 94 ^{†††}	\$450	\$5,400	0%	50%	\$450	\$15,400	No charge after deductible								

Prescription Drugs: Preventive: \$0

[†]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.

^{***}CSR Zero not eligible for use with a Health Savings Account (HSA).

^{††}CSR 87 not eligible for use with a Health Savings Account when more than one person is on the plan.

^{†††}CSR 94 not eligible for use with a Health Savings Account (HSA).

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