

# Arise Health Plan (formerly WPS Prevea Health Plan)



State: WI

Benefits 2008

<b>Plan facts</b>	Member services Member services hours Web address Product name	(888) 711-1444 Annual enrollment information: (888) 711-1444 Mon-Fri: 8:00 AM-4:30 PM CT www.wecareforwisconsin.com Arise Health Plan (formerly WPS Prevea Health Plan)	
<b>Your medical expenses</b>	Office visits Maternity care prenatal office visits  Inpatient hospitalization Outpatient surgical care  Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 copay per visit (PCP or specialist) \$15 copay for initial visit, thereafter covered at 100%  \$500 copay per admission Covered at 100%  Covered at 100% \$100 copay/visit (waived if admitted)* \$100 copay/visit (waived if admitted)*	
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply	
	Mail order	\$20 copay (generic), \$40 copay (preferred brand), \$80 copay (non-preferred brand) per prescription up to 90-day supply	
<b>Preventive care</b>	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%. Limits apply. Contact plan for details Covered at 100%. Limit 1 exam per year Covered at 100% Covered at 100%. Limits apply. Contact plan for details	
<b>Mental health</b>	Inpatient Outpatient	Covered at 100%. Limit 10 days per year combined with inpatient SA Covered at 100%. Pre-certification required after fourth visit. Limit 30 visits per year combined with outpatient SA	
<b>Substance abuse</b>	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 100%. Limit 10 days per year combined with inpatient rehab and MH Covered at 100% per day. Limit 10 days per year combined with inpatient detox and MH Covered at 100%. Pre-certification required after fourth visit. Limit 30 visits per year combined with outpatient rehab and MH Covered at 100%. Pre-certification required after fourth visit. Limit 30 visits per year combined with outpatient detox and MH	
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy Chiropractic care	\$15 copay per visit. Unlimited visits (PCP or plan pre-authorization required) \$15 copay per visit. Limits may apply. Contact plan for details	
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered	
<b>Key facts</b>	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent No \$2,000,000 See website for details	Domestic partner coverage available: Domestic partner children coverage avail.: No No

\* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.