

# Additional Information

## Waiting Period for Pre-Existing Conditions

This plan has a waiting period for any illness or injury for which medical advice, diagnosis, care, or treatment was recommended or received within six months prior to a member's enrollment date. Benefits for pre-existing conditions and any complications are not payable under the plan for 12 consecutive months (18 months for late enrollees) from the enrollment date. Charges incurred after the waiting period for the condition are eligible for benefits as provided under this plan.

The waiting period may be shorter if there was previous qualifying coverage and no lapse in coverage greater than 63 days.

The pre-existing condition waiting period does not apply to pregnancy and complications of pregnancy. It also does not apply to genetic information in the absence of a diagnosis of an illness related to such information.

Members under the age of 19 will not be subject to a pre-existing conditions waiting period.

## Eligible Group

In order for a group to be eligible for coverage with Arise Health Plan, the group must employ two or more full-time employees, must have been formed other than for the purpose of securing insurance, must be located in the service area of the plan, and must meet all participation and contribution requirements.

## Eligible Employee

For an employee to be considered eligible to participate in the group health plan, he or she must be actively at work full-time for a minimum of 30 hours per week. This does not include temporary or leased employees, members of a board of directors, or independent consultants or contractors to the group.

## Premium and Renewal Terms

We determine your group's premium based on a number of factors. These include your group's characteristics and the various benefit design options that are selected. You may renew coverage by paying your premium on time. A member's coverage depends on his or her eligibility under the terms and conditions of your group's policy.

## Pharmacy Benefit Information

Arise Health Plan contracts with the national company Express Scripts to administer pharmacy benefits. Employers have the option of using Express Scripts or selecting another pharmacy benefits manager for their employees. If your employer selected Express Scripts, they will process your pharmacy claims, issue your drug benefit identification cards, and provide mail order pharmacy services.

Most Arise Health Plan insurance plans come with a drug formulary. A drug formulary is a list used by practitioners to identify drugs that offer the greatest overall value. A committee of physicians, nurse practitioners, and pharmacists maintain the formulary.

The formulary may be accessed from our website at [www.WeCareForWisconsin.com](http://www.WeCareForWisconsin.com) or you may contact a Member Services representative locally at (920) 490-6900 or toll-free at 1-888-711-1444. If your prescription is not on the formulary, you may still have coverage. To promote the most appropriate utilization, selected high-risk or high-cost medications require prior authorization by the health plan to be eligible for coverage. Practitioners initiate the prior authorization by providing the necessary medical information to the health plan. Please refer to your Certificate of Insurance for additional details about your pharmacy benefit and applicable deductibles, copays, and/or coinsurance.