



School District of Sheboygan Falls

Outline of Benefits – POS Copay Plan
Effective July 1, 2017

PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay
Deductible		
Per Covered Person	\$850	\$1,700
Per Family	\$1,700	\$3,400
Copayments		
Primary care physician (PCP) - includes a chiropractor	\$25	Not Applicable
Specialty physician	\$50	Not Applicable
Convenient care clinic	\$25	Not Applicable
Telehealth visits (through Teladoc)	\$10	Not Applicable
Physical, speech or occupational therapist	\$25	Not Applicable
Emergency room	\$300	\$300
Prescription drug and certain diabetic supplies Includes \$0 Value Drug list	Dispensed by a Retail Pharmacy: Generic - \$10 Participating Brand-Name - \$35 Brand-Name – \$60 Home Delivery is [2.5X] the retail pharmacy copayment	
Coinsurance		
Coinsurance	10%	30%
Annual Deductible and Coinsurance Out-of Pocket Limit (includes deductible & coinsurance)		
Per Covered Person	\$2,350	\$4,700
Per Family	\$4,700	\$9,400
Maximum Annual Out-of Pocket Limit (includes deductible, coinsurance & all copayments)		
Per Covered Person	\$7,150	Not Applicable
Per Family	\$14,300	Not Applicable
Covered Expenses – Excluding Prescription Legend Drugs Dispensed by a Pharmacy		
Ambulance services**	Deductible and Coinsurance	Participating Provider Deductible and Coinsurance
Behavioral health		
Outpatient services	PCP copayment, then 0%	Deductible and Coinsurance
Inpatient services**	Deductible and Coinsurance	Deductible and Coinsurance
Transitional services	Deductible and Coinsurance	Deductible and Coinsurance
Contraceptives	0%	Deductible and Coinsurance
Diagnostic x-ray and laboratory services – outpatient**	Coinsurance	Deductible and Coinsurance
Durable medical equipment**	Deductible and Coinsurance	Deductible and Coinsurance

PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay
Emergency room – visit charge only	Copayment, then 0%	Copayment, then 0%
Emergency room services	0%	0%
Eye Exams	0%	0%
Home care – limited to 40 visits per year	Deductible and Coinsurance	Deductible and Coinsurance
Home and office visits – visit charge only	Copayment, then 0%	Deductible and Coinsurance
Hospital inpatient services**	Deductible and Coinsurance	Deductible and Coinsurance
Immunizations	0%	0%
Injections - outpatient	Coinsurance	Deductible and Coinsurance
Kidney disease treatment	Deductible and Coinsurance	Deductible and Coinsurance
Maternity services	Deductible and Coinsurance	Deductible and Coinsurance
Medical supplies	Deductible and Coinsurance	Deductible and Coinsurance
Nutritional counseling	0%	Deductible and Coinsurance
Preventive care services*	0%	Deductible and Coinsurance
Surgical services	Deductible and Coinsurance	Deductible and Coinsurance
Telehealth visits (through Teladoc)	Copayment, then 0%	Not Covered
Therapy visits Office setting Outpatient hospital setting	Copayment, then 0% Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance
Transplants services**	Deductible, then 0%	Not Covered
All other health care services – unless otherwise stated in your plan	Deductible and Coinsurance	Deductible and Coinsurance
Prescription Drugs and Diabetic Supplies from a Participating Pharmacy <i>(Drugs and covered supplies dispensed by a non-participating pharmacy are not covered.)</i>		
Prescription drugs and diabetic supplies: excludes preventive drugs	Copayment, then 0%	
Preventive drugs – as required by the Affordable Care Act and defined in the policy	0% (copayment waived)	
Limitations <i>Maintenance medications must be purchased through home delivery, unless the member has elected to opt out of that program prior to the fourth purchase</i>	Retail: 30-day supply Home Delivery: 90-day supply Specialty drugs and Chemotherapy drugs: 30-day supply Smoking Cessation – Limited to 180 day supply	
Mandatory generic & Step therapy	Applicable	
Specialty drugs**	Specialty drugs are prescription legend drugs that we determine to be: (a) associated with a high level of clinical management and/or patient monitoring; (b) associated with special handling or distribution requirements; or (c) generally high cost.	

This is a partial summary of the benefits created from a brief sales quote presentation. Finalized benefits will take precedence over any benefit information presented in this outline.

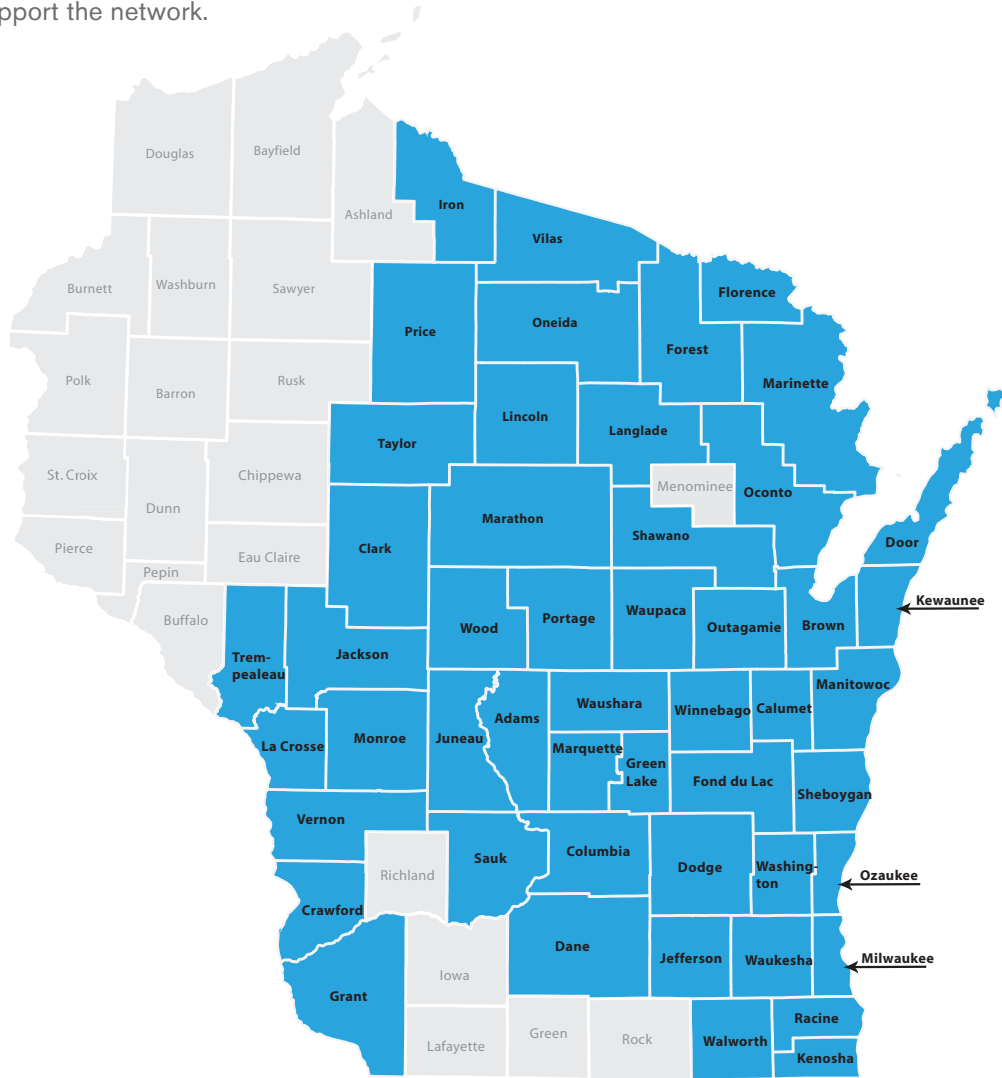
* Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)

** Some services may require prior authorization. Please refer to the Member Home tab for further information at www.WeCareForWisconsin.com.

AboutHealth Provider Service Area

Introduction

Arise Health Plan provides access to AboutHealth, whose mission is to enhance clinical quality, increase efficiency, and improve customer experiences through shared practices. Members have access to more than 7,000 health care providers and 47 hospitals throughout 50 Wisconsin counties. Additional providers are available in Michigan's upper peninsula to support the network.



Following is a listing of hospitals and major providers by county. **This listing is subject to change.** Updated information can be found at AriseHealthPlan.com.

Counties	Hospitals in County/Closest Proximity	Major Providers in County/Closest Proximity
Adams		ThedaCare Physicians
Brown	Aurora BayCare Med. Ctr., Bellin Memorial	Aurora Medical Group, BayCare Clinic, Bellin Health Partners
Calumet	Aurora Med. Ctr. Manitowoc, ThedaCare Regional Medical Center-Appleton	Bellin Health Partners, ThedaCare Physicians
Clark	Aspirus Medford, Aspirus Riverview, Aspirus Wausau	Aspirus Network
Columbia	UW Hospital & Clinics	UW Health System
Crawford	Gundersen Boscobel Area Hospital & Clinics, Gundersen St. Joseph's Hospital & Clinics, UW Hospital & Clinics	Gundersen Health System, UW Health System
Dane	American Family Children's Hospital, UW Hospital & Clinics	UW Health System
Dodge	Aurora Oshkosh, Aurora Washington Co., Berlin Memorial	Aurora Medical Group, ProHealth, UW Hospitals and Clinics
Door	Aurora BayCare, Aurora Manitowoc, Bellin Memorial	Aurora Medical Group, BayCare Clinic, Bellin Health Partners

Counties	Hospitals in County/Closest Proximity	Major Providers in County/Closest Proximity
Florence	Aspirus Iron River, Aspirus Langlade, Bay Area Med. Ctr., Bellin Health Oconto Hospital	Aspirus Network
Fond du Lac	Aurora Med. Ctr. Oshkosh, Aurora Med. Ctr. Washington Co. Aurora Sheboygan	Aurora Medical Group
Forest	Aspirus Iron River, Aspirus Langlade, Bay Area Med. Ctr., Bellin Health Oconto Hospital	Aspirus Network
Grant	Gundersen Boscobel Area Hospital and Clinics	Gundersen Boscobel Area Hospital and Clinics
Green Lake	ThedaCare Medical Center-Berlin	ThedaCare Physicians
Iron	Aspirus Grandview, Aspirus Medford, Aspirus Ontonagon	Aspirus Network
Jackson	Aspirus Riverview, Gundersen Lutheran, Gundersen Tri-County	Gundersen Health System
Jefferson	ProHealth, UW Hospital & Clinics	ProHealth, UW Health System
Juneau	Gundersen Lutheran, Gundersen St. Joseph's	Gundersen Health System
Kenosha	Aurora Medical Center Kenosha	Aurora Medical Group
Kewaunee	Aurora Med. Ctr. Manitowoc	Aurora Medical Group, BayCare Clinic, Bellin Health Partners
La Crosse	Gundersen Lutheran	Gundersen Health System
Langlade	Aspirus Langlade	Aspirus Network
Lincoln	Aspirus Langlade, Aspirus Medford, Aspirus Wausau	Aspirus Network
Manitowoc	Aurora Med. Ctr. Manitowoc, Holy Family Memorial Medical Center	Aurora Medical Group, BayCare Clinic, HFM Network Clinics
Marathon	Aspirus Wausau	Aspirus Network
Marinette	Bay Area Med. Ctr.	Aurora Bay Area Medical Group, BayCare Clinic, Bellin Health Partners, Northreach Healthcare
Marquette	Berlin Memorial, ThedaCare Medical Center - Wild Rose	ThedaCare Physicians
Milwaukee	Aurora Sinai, Aurora St. Luke's, Aurora St. Luke's South Shore, Aurora West Allis	Aurora Medical Group
Monroe	Gundersen Lutheran, Gundersen St. Joseph's	Gundersen Health System
Oconto	Bellin Health Oconto Hospital	Aurora Medical Group, BayCare Clinic, Bellin Health Partners
Oneida	Aspirus Iron River, Aspirus Langlade, Aspirus Medford	Aspirus Network
Outagamie	ThedaCare Regional Medical Center-Appleton	Aurora Medical Group, ThedaCare Physicians
Ozaukee	Aurora Med. Ctr. Grafton	Aurora Medical Group
Portage	Aspirus Riverview, Aspirus Wausau, ThedaCare Medical Center - New London, ThedaCare Medical Center - Shawano, ThedaCare Medical Center - Waupaca	Aspirus Network
Price	Aspirus Langlade, Aspirus Medford, Aspirus Wausau	Aspirus Network
Racine	Aurora Memorial of Burlington	Aurora Medical Group
Sauk	UW Hospital & Clinics	UW Health System
Shawano	ThedaCare Medical Center-Shawano	Aurora Medical Group, BayCare Clinic, Bellin Health Partners, ThedaCare Physicians
Sheboygan	Aurora Sheboygan Memorial Med. Ctr.	Aurora Medical Group, BayCare Clinic
Taylor	Aspirus Medford	Aspirus Network
Trempealeau	Gundersen Tri-County Hospital & Clinics	Gundersen Tri-County Hospital & Clinics, Gundersen Health System
Vernon	Gundersen St. Joseph's Hospital and Clinics	Gundersen Health System, Gundersen St. Joseph's Hospital and Clinics
Vilas	Aspirus Grandview, Aspirus Iron River, Aspirus Ontonagon	Aspirus Network
Walworth	Aurora Lakeland Med. Ctr.	Aurora Medical Group
Washington	Aurora Med. Ctr. Washington Co.	Aurora Medical Group
Waukesha	Aurora Summit, Oconomowoc Memorial, Waukesha Memorial	Aurora Medical Group, ProHealth
Waupaca	ThedaCare Medical Center-New London, ThedaCare Medical Center-Waupaca	Aurora Medical Group, ThedaCare Physicians
Wausara	ThedaCare Medical Center-Wild Rose	ThedaCare Physicians
Winnebago	Aurora Medical Center-Oshkosh, ThedaCare Regional Medical Center-Neenah	Aurora Medical Group, BayCare Clinic, ThedaCare Physicians
Wood	Aspirus Riverview	Aspirus Network
*Delta, MI		BayCare Clinic
*Dickinson, MI		BayCare Clinic
*Gogebic, MI	Aspirus Grandview	Aspirus Network
*Houghton, MI	Aspirus Keweenaw	Aspirus Network
*Iron, MI	Aspirus Iron River	Aspirus Network
*Menominee, MI	Bay Area Medical Center	Aurora Medical Group, Bellin Health Partners
*Ontonagon, MI	Aspirus Ontonagon	Aspirus Network

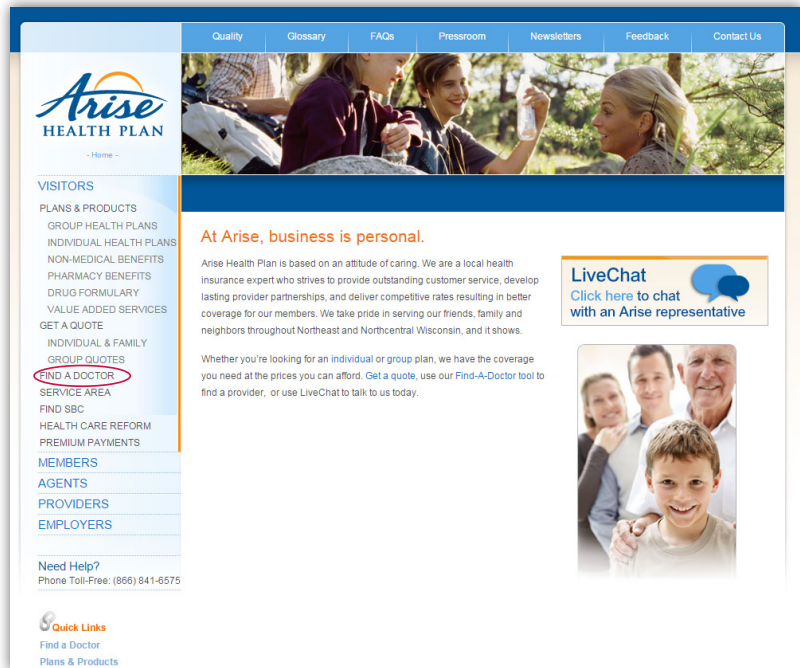
*Not shown on map.

FIND A DOCTOR

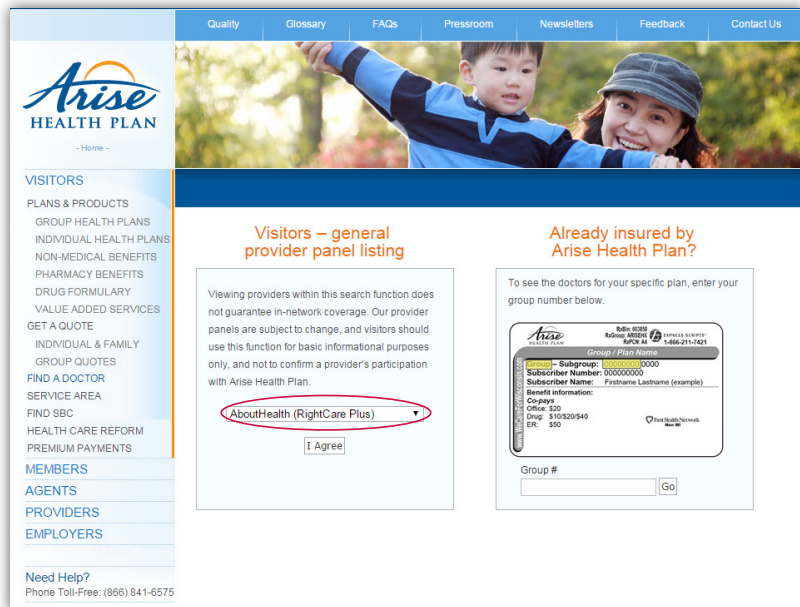
AboutHealth

Go to www.wecareforwisconsin.com.

From the Home Page, click on **Visitors**, then **Find A Doctor**.



Select the **AboutHealth Network** in the drop-down box and click **I Agree** (or once you have received your ID card, you can enter your group number and click **Go**.)



FIND A DOCTOR

AboutHealth

Enter criteria by which you would like to search;
more information narrows your search.

For example:

- 1) Choose **Location**
- 2) Choose **Specialties**

Then click **Search**.

The screenshot shows the Arise Health Plan website's 'Find a Doctor' search interface. On the left is a navigation menu with links for VISITORS, MEMBERS, AGENTS, PROVIDERS, and EMPLOYERS. The main content area has a header with navigation links (Quality, Glossary, FAQs, Pressroom, Newsletters, Feedback, Contact Us) and a large image of a woman lying in grass. Below the header is the 'Find a Doctor' section with a search prompt: 'Search for a doctor by one or more of the following criteria.' The search form includes fields for 'Doctor's first name' and 'Doctor's last name', dropdown menus for 'Medical Group affiliation' and 'Hospital affiliation', and a section for filters including 'Locations' (Any location), 'Provider types' (Any type), 'Accepting new patients' (No preference), 'Order of Results' (Alphabetically by Doctor Name), 'Specialties' (No preference), 'Gender-focus' (No preference), 'Additional language' (None), and 'County' (No preference). A 'Search Tips' link is also present.

If more than 250 matches are found to
your search parameters, you will see this
note – you can choose to narrow your
parameters or see all results.

Find a Doctor

Because there were **more than 250 matches** to your search, we would recommend refining it. You can still [see all results](#). To refine your search, try completing a few more fields.

A list of doctors and/or facilities will
appear for your review.

The screenshot shows the Arise Health Plan website's 'Find a Doctor' results page. The left navigation menu is the same as in the previous screenshot. The main content area has a header with navigation links and a large image of a person fishing at sunset. Below the header is the 'Find a Doctor' section with a message: 'We found 58 matches based on your search. To refine your search, try completing a few more fields.' The results are displayed in two columns. The first column lists 'Surgi Center of Greater Madison LLC' with address '34 Schroeder Ct, STE 100, Madison, WI 53711' and phone '414-325-7246'. The second column lists 'UW Health - Research Park' with address '621 Science Dr, Madison, WI 53711' and phone '608-265-8303'. A 'Download / Print Results' link is also present. Below the results is a section for 'Paul A. Anderson, MD' with details: 'Specialty: Physical Medicine & Rehabilitation', 'Board Certification: AB Orthopaedic Surgery', 'Gender: Male', 'Status: Accepting New Patients', and 'Affiliated: University of Wisconsin Hospital and Clinics'. The address 'UW Health - Research Park, 621 Science Dr, Madison, WI 53711' and phone '608-265-8303' are also listed.



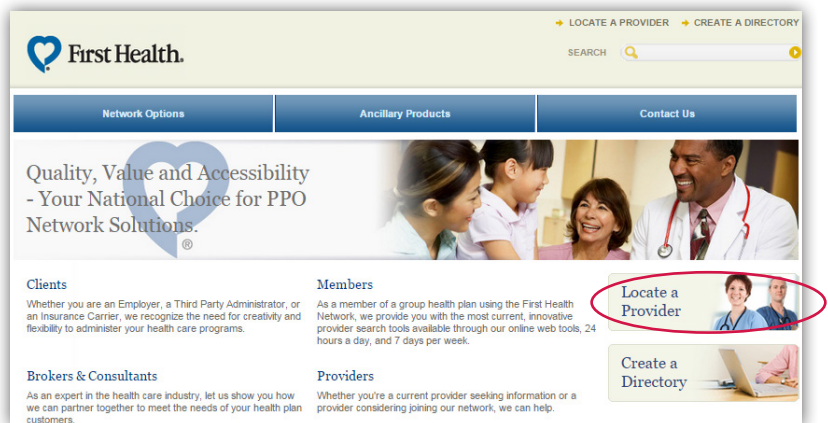
FIND A DOCTOR

First Health

NOTE: The First Health network is available for providers outside of Wisconsin. For providers in WI, please search the Arise Health Plan network.

Go to www.firsthealth.com.

Click on **Locate a Provider**.



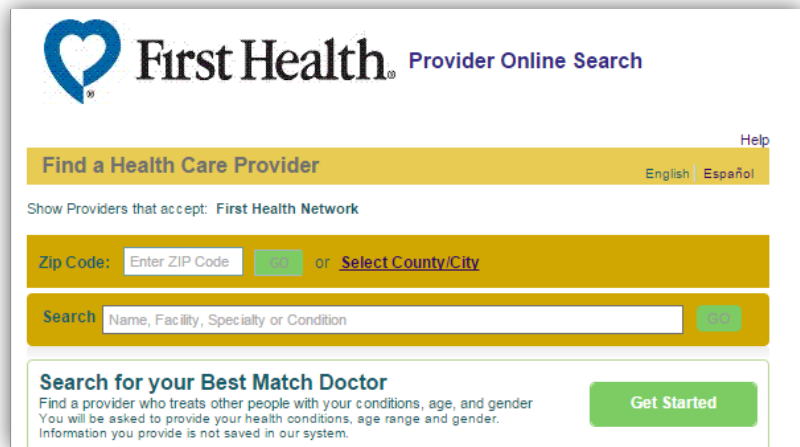
Click on the **Locate a First Health Network provider now** link.



FIND A DOCTOR

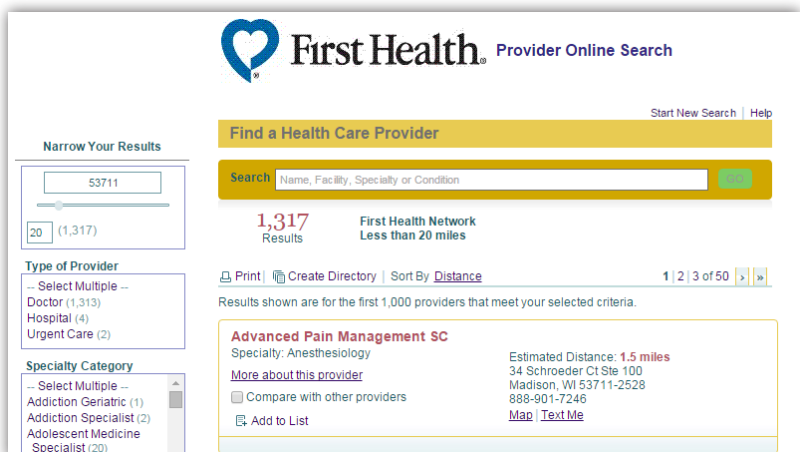
First Health

Enter your search criteria. Click **Go**.



The screenshot shows the 'First Health Provider Online Search' interface. At the top is the First Health logo and the title 'Provider Online Search'. Below this is a yellow bar with the text 'Find a Health Care Provider' and a 'Help' link. A language selector shows 'English' and 'Español'. A section titled 'Show Providers that accept: First Health Network' contains a 'Zip Code' field with 'Enter ZIP Code' and a 'Go' button, followed by 'or Select County/City'. Below is a 'Search' field with the placeholder 'Name, Facility, Specialty or Condition' and a green 'Go' button. At the bottom, a section titled 'Search for your Best Match Doctor' provides instructions and a 'Get Started' button.

You can now view your search results.
To narrow your results, adjust the criteria
boxes on the left-hand side
(Distance, Type of Provider, etc.).



The screenshot shows the search results page for 'First Health Provider Online Search'. The left sidebar, titled 'Narrow Your Results', includes a ZIP code field (53711), a distance slider (20 miles, 1,317 results), and filters for 'Type of Provider' (Doctor: 1,313; Hospital: 4; Urgent Care: 2) and 'Specialty Category' (Addiction Geriatric: 1; Addiction Specialist: 2; Adolescent Medicine Specialist: 20). The main content area shows '1,317 Results' for 'First Health Network Less than 20 miles'. It includes links for 'Print', 'Create Directory', and 'Sort By Distance'. A sample result for 'Advanced Pain Management SC' is shown, including the specialty 'Anesthesiology', address '34 Schroeder Ct Ste 100, Madison, WI 53711-2528', phone '888-901-7246', and links for 'Map' and 'Text Me'.



How to register for your Arise Health Plan online member account:



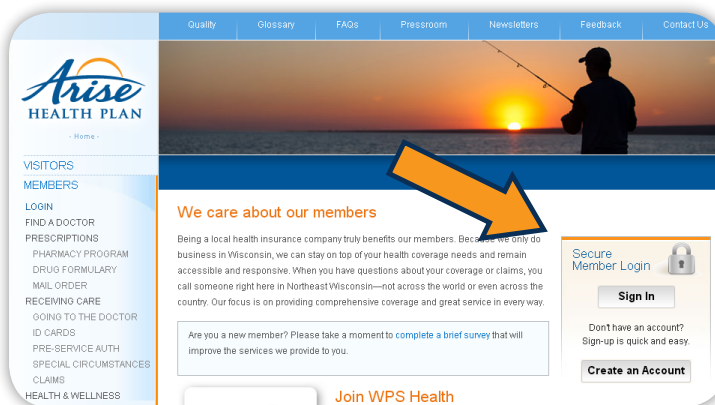
1. Before you register, make sure to have your new ID card handy. It should look like this:



2. Go to the Arise Health Plan website:
www.WeCareforWisconsin.com,
and click **Members** in the left hand menu.



3. Click on the **Create an Account** button on the right side of the page.



How to register for your Arise Health Plan online member account:

4. Check the **I agree** box at the bottom of the Terms, Conditions and Disclaimers page.

Terms, Conditions and Disclaimers

Please agree to the following terms, conditions and disclaimer notifications.

Terms and Conditions

WPS Health Plan, a division of WPS Health Plan, Inc. (WPS) is providing you with the following terms and conditions for your access and use of the secure member area of www.wps.com. Please read the legal agreement carefully to fully understand your rights and responsibilities. Additional terms and conditions may apply to your access and use of different portions of this website. By using this site you are bound by these Terms and Conditions. If you do not agree to these Terms and Conditions, you must exit from and not use this website.

Occasionally, these Terms and Conditions may change without notice. These changes will be effective and binding as of the date the changes are posted on WPS' website, unless a different effective date is specified. If you access our website at any time after such a change in the Terms and Conditions is posted, you will be deemed to have accepted and agreed to all of the revisions.

Use of Identifying Information

To access, and continue to continue using the website, you may be asked to provide basic identification information such as name, member number, e-mail address, date of birth, and/or other information to verify your identity and to determine what information can be made available to you. WPS will use your information to process, validate and verify your relationship with WPS.

E-mails

By providing an e-mail address, you are consenting to WPS communicating with you via e-mail and sending publications to your e-mail address. The value of the Internet prevents WPS from guaranteeing the confidentiality of information received through e-mail or via e-mail. WPS strongly suggests that you not include any PHI or confidential information should you contact us via e-mail.

Information on WPS' websites

WPS' websites may contain various types of information originating from WPS or third parties, including outside providers of health-related information or goods and services. WPS' websites also contain information about health issues designed to help you. This information is not meant to replace the advice of a health care professional. If you have specific health care needs, or for complete information about health care services, please consult your doctor or other health care provider. This information is also not a guarantee of payment for health care services or supplies are covered by the applicable benefit plan. Our websites do not constitute an offer of insurance or any other financial product. All information is reviewed and reviewed in accordance with the applicable laws and regulations of the applicable benefit plan.

Links to Other Websites

WPS' websites may contain links to other websites. WPS is not responsible for the content or accuracy of any information on any website linked to WPS' website.

☐ I agree to the Terms, Conditions, and Disclaimer notifications.

Continue

5. Enter your policy information from your ID card.

Arise HEALTH PLAN

Privacy Policy | Legal Disclaimer

Subscriber Account Registration

In order to create your account we first need to verify you have a policy with us. Please have your ID card ready and reference it to fill in the values for subscriber number, first name, and last name. Be sure the values entered match exactly how they appear on the card. You must also provide a valid e-mail address as we will send a confirmation to that address to confirm your account creation.

Enter Your Policy Information

Subscriber Number (ID)

First Name (Exactly as it appears on your ID card)

Last Name (Exactly as it appears on your ID card)

Date of Birth (MM/DD/YYYY)

E-mail Address (Required to activate your account)

ID Card Sample

Type of Plan and Group Information

Express Scripts Contact Information

Member Name and ID Number

Network Information

Your Information is Private

We do not share your e-mail address!

6. Create a user name and easy-to-remember password and click **Register**.

Create Your Account

Create Your User ID (min 6 characters)

☐ Check User ID Availability

Create a Password

Confirm Password

Please select a forgot password question

Please select a Question ☐

Please enter your answer

Password Requirements:

Passwords are case sensitive and must contain 9 to 20 characters with at least:

- 1 letter,
- 1 number,
- 1 of the following special characters: \$ # & _ - %

Forgot Password Question

This question will be asked in the event you need to recover your password. Please select a question that is sufficiently unique and memorable to enhance the security of future communications. Your question will be sent to the email listed on your ID card.

Register!

Congratulations! Now you are registered for your Arise Health Plan online member account. Log in to your secure account anytime to:

- Access your Explanation of Benefits (EOBs) and policy materials
- Check your claims processing status
- Find an in-network provider
- Verify plan benefits
- Check your deductible

If you have any questions or do not have access to the internet, please call Member Services at 1-888-711-1444, Monday - Friday 8:00 a.m. to 4:30 p.m. (CST).



Thank you for choosing Arise Health Plan!

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Where to find your Explanation of Benefits (EOB):

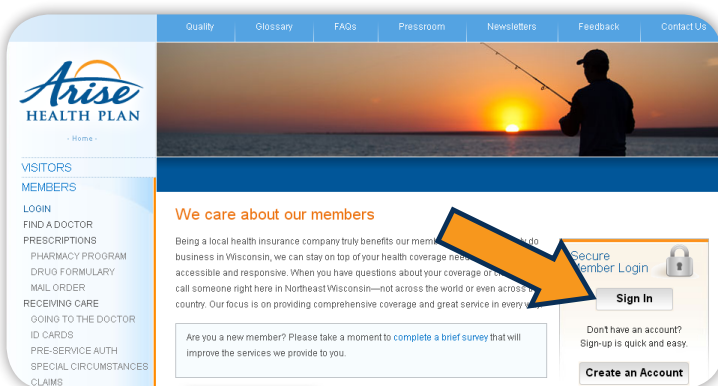


To access your EOB, you must be registered for your online member account. If you are not already registered, you can reference our **How to register for your Arise Health Plan online member account** guide.

1. Go to the Arise Health Plan website:
www.WeCareforWisconsin.com,
and click **Members** in the left hand menu.



2. Click **Sign In** on the right side of the page.

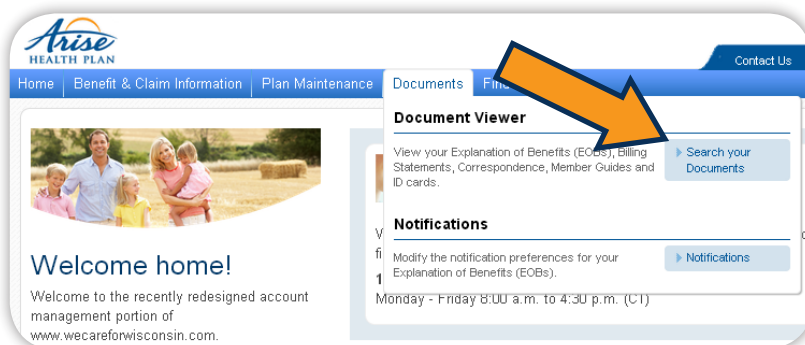


3. Enter your user name and password. Click **Log in**.

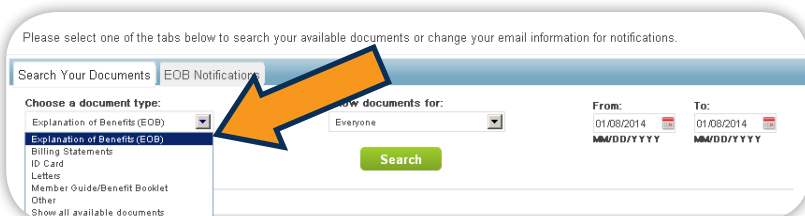
This screenshot shows the login page of the Arise Health Plan website. The page has a white background with a blue header that says "Welcome, please log in." Below the header is a login form with two input fields: "User ID" and "Password". To the right of the input fields is a blue padlock icon. Below the input fields are links for "Forgot your Password?" and "Help". At the bottom of the form is a green "Log in" button. Below the button is a link to "View our system use and privacy policy".

Where to find your Explanation of Benefits (EOB):

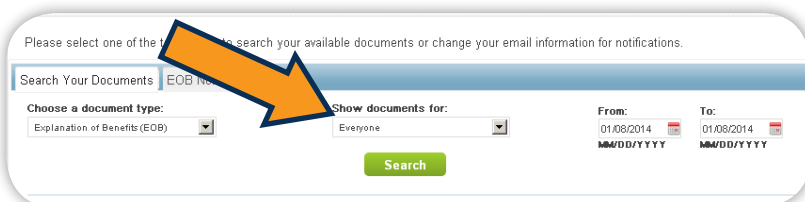
4. From the **Documents** tab, click on **Search your Documents**.



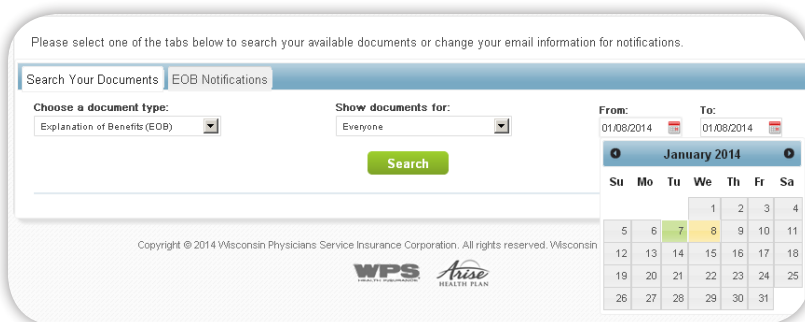
5. From the **Choose a document type** dropdown menu, select your Explanation of Benefits (EOB).



6. The **Show documents for** dropdown menu has the option **Everyone**. This means all those who are on your health insurance plan.



7. The calendar option allows you to select the timeframe for the EOB. You can access all EOBs pertaining to your current effective date. If you need an EOB from past years, please call our Members Services. Click the **Search** button to access your EOB.



Now you can review your Explanation of Benefits (EOB) document. If you have any questions about your EOB, please call Member Services at 1-888-711-1444, Monday - Friday 8:00 a.m. to 4:30 p.m. (CST).



HOME DELIVERY IS EASY, SAFE, AND MORE AFFORDABLE

Your health plan recommends home delivery from the Express Scripts PharmacySM

With your health plan, you'll need to make the important decision of where you want to get your maintenance medications—through home delivery or at a retail pharmacy. To allow you some time to decide, you can fill your prescriptions three times at a retail pharmacy.

After that, if you have not notified us that you would like to fill your maintenance medication prescription at a retail pharmacy, you'll pay the entire cost under your plan for the medication at a retail pharmacy. Once we are notified that you want to fill your prescription at a retail pharmacy and not through home delivery, you'll continue to pay your usual retail copayment.

Home delivery benefits

- » **Up to a 90-day supply**, so you won't worry about running out
- » **25% average savings¹** over retail
- » **24/7 access to a pharmacist** from the privacy of your home
- » **FREE shipping²** right to your front door
- » And more!

YOUR TWO OPTIONS

1

Home delivery from the Express Scripts Pharmacy



- » Save an average of 25%¹ compared to a standard retail pharmacy copayment



- » Up to a 90-day supply, delivered to your home, with FREE shipping²

2

An in-network retail pharmacy



- » Pay more on average than you would with home delivery



- » Up to a 30-day supply that you can pick up at the pharmacy

Before your next refill, please tell us your choice

- » Visit Express-Scripts.com/Decide
- » Call 1-877-603-1032



EXPRESS SCRIPTS®



¹Average percentage savings based on analysis of 2013 claims for clients with an integrated benefit, excluding Medicare clients and clients participating in mandatory mail programs. Patient savings based on patient shifting all long-term medicine to home delivery. Savings may vary based on your plan design. ²Cost of standard shipping is part of your plan.



Don't pay a higher cost for your medications. Start saving now with home delivery!

Before your next refill, please tell us your choice.

Visit Express-Scripts.com/Decide
to get started right now.

Call **1-877-603-1032**
to speak with a prescription
benefit specialist

Registering for an online account is easy!

1. Go to Express-Scripts.com or download the mobile app
2. Click **Create Online Account**
3. Enter your information—have your member ID number ready—and create a login
4. Click **Register** and that's it—you're done!

For questions about home delivery or your prescription benefit, please call the number on your member ID card.



► VISION DISCOUNT PROGRAM

Arise members receive **FREE** access to the EyeMed Vision Care discount program. EyeMed offers substantial savings on eye care and eyewear at thousands of provider locations nationwide. To receive your discount, simply show your Arise member ID card when you visit participating EyeMed providers. Tell them you have EyeMed discount No. **9238064** from Arise. EyeMed's provider network includes many familiar optical retailers, including LensCrafters, Pearle Vision, Sears Optical, Shopko Eyecare Centers, Target Optical, and more.

To find a vision care provider in your area, contact EyeMed toll-free at **1-866-559-5252** or EnrollWithEyeMed.com/access.

Vision Care Services	Member Benefits
Eye Exam (with dilation, as necessary)	\$5 off routine exam \$5 off contact lens exam
Complete Pair Eyeglass Purchase*	
Frames	
▪ Any Available Frame at Provider Location	35% off retail price
Standard Plastic Lenses	
▪ Single Vision	\$50
▪ Bifocal	\$70
▪ Trifocal	\$105
Lens Options	
▪ UV Coating	\$15
▪ Tint (solid and gradient)	\$15
▪ Standard Scratch-Resistant Coating	\$15
▪ Standard Polycarbonate	\$40
▪ Standard Anti-Reflective Coating	\$45
▪ Standard Progressive (add-on to bifocal)	\$65
▪ Other Add-Ons and Services	20% off retail price
Contact Lenses (discount applies to materials only)	
▪ Conventional	15% off retail price
Laser Vision Correction	
▪ LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price
Frequency of use for examination, frames, lenses, or contact lenses unlimited	



Arise members receive **FREE** access to the EyeMed Vision Care discount program.



*Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price. Benefits may not be combined with any discount, promotional offering, or other group benefit plans, except as indicated. Discount plan is effective 10-1-2015 through 9-30-2017.



Guide to Referrals and Out-of-Network Care

Do I need a referral to see a specialist within the AboutHealth network?

Do I need a referral in the case of an emergency?

What if I need to access care when I am outside of the Arise service area?

My physician suggested that I see an out-of-network specialist. Does this require a referral?

No. You can see any in-network primary care physician or specialist without a referral.

No, you do not need a referral to go to the Emergency Room for an emergency situation. But if you are seen in the emergency room and then admitted to the hospital, you must notify us within 48 hours of being medically able. Please contact us at 1-888-711-1444.

Covered expenses for emergency care that are received from an out-of-network provider are limited to the amounts that we determine as being the maximum allowable fees. The provider may bill you for the additional amounts that are over and above the maximum allowable fee and you will be responsible for those charges.

If it is a medical emergency, see the above question.

If it is not a medical emergency, you will need an approved referral from Arise Health Plan prior to receiving services. You may need to return home to receive treatment from a participating provider.

A great alternative -- Take advantage of your Telehealth benefit using your phone or computer. Please refer to your Telehealth – StatDoctors tip sheet.

Yes. A referral is required. This is a written form submitted to Arise Health Plan by an in-network primary care physician.

If my physician provides the referral does that mean my out-of-network services will be approved?

No. Just because your physician completed a referral, the authorization is not complete until reviewed and approved by Arise Health Plan.

If there is a physician in our AboutHealth network that can treat your condition, your referral may not be approved and you will be asked to seek care from the in-network provider.

If there is not a physician within the network that can care for your condition, your referral may be approved and a written approval will be sent to you and your primary care provider.

If my referral is approved, will the charges be paid as though I was in-network?

Yes, but covered expenses will be limited to what we determine as being the maximum allowable fee. The provider may bill you for the additional amounts that are over and above the maximum allowable fee and you will be responsible for those charges.

How long will it take for Arise Health Plan to make a decision regarding my referral?

Arise Health Plan will review the requests as quickly as possible. Decisions cannot be made unless both the referral request and your medical record information are sent by your physician.

Once we receive this information from your physician, the basic timeframe for decisions is as follows:

Non-urgent situations: within 15 days

Urgent situations: within 72 hours

NOTE: If you seek care from an out-of-network provider before receiving an approval, coverage for the services rendered will be denied. Only care received after an approved referral will be payable under your health insurance benefits.

How do I check on the status of my referral?

Please contact the Member Services team at 1-888-711-1444.

WPS Health Plan. Inc.

The information in this document is only general information regarding our referral/pre-service authorization process. Please see the Obtaining Services section of your certificate of coverage for more detailed information.

Prior Authorization List

Effective 1/1/17



Prior authorization is required for specialized services including those listed below. At times, prior authorization is referred to as pre-service authorization, pre-authorization, or pre-certification.

Disclaimer: These references are for informational purposes only and do not constitute medical advice, plan authorization, explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services included on the list below. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all of their coverage determinations. Call the number located on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science. Our Medical policies are reviewed annually and are subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG Health and Hayes publications to assist in administering health benefits. Medical policies and MCG Health guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain a referenced MCG guideline specific to your patient's review, please call the number located on the back of the member's ID card. For general medical policy or MCG requests, please email medical.policies@wpsic.com.

Service/Procedure	Notes
Alternative Communications Device/Speech Generating Device or Digitized Speech	Verify member health plan coverage
Bone Anchored Hearing Aids (BAHA)	Verify member health plan coverage
Bariatric Surgical Services	Verify member health plan coverage
Biofeedback	This is often an exclusion of the member health plan
Behavioral Health Services: Inpatient and residential	Also includes: Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment
Bone Growth (Osteogenesis) Stimulators (BGS)	
Botulinum Toxin Injection	Approval through pharmacy PA
CPAP BiPAP Machines (see also DME)	
Clinical Trials	
Cochlear Implants	Verify member health coverage
Cosmetic and Plastic Surgery Procedures (and any procedure that may be considered cosmetic)	Examples of potential cosmetic procedures: <ul style="list-style-type: none">• Blepharoplasty, canthoplasty, eyelid, or eyebrow surgery• Panniculectomy• Pectus excavatum/carinatum

	<ul style="list-style-type: none"> • Port Wine Stain Laser Treatment • Reduction/augmentation mammoplasty/mastopexy and related services (Services related to breast reconstruction following mastectomy do not require prior authorization) • Rhinoplasty • Temporomandibular Joint Disease (TMJ) • Orthognathic surgical services • Varicose vein treatment • Laser treatment for psoriasis
Cranial Orthotic	This is often an exclusion of the member health plan
Deep Brain Stimulation (DBS)	
Durable Medical Equipment (DME)	<p>Examples of DME Benefit</p> <p>Prior authorization rental above \$750 per month or purchase above \$1,000 threshold (or lower if required per member health plan):</p> <ul style="list-style-type: none"> • All CPAP/BiPAP rentals and purchases require authorization • Alternative Communications and Speech generating devices • Crutch substitutes • Hospital beds • Power wheelchairs, custom built wheelchairs, and scooters • Home UVB light treatment of skin conditions • Wearable cardiac defibrillator vest
Genetic Testing	<p>Required documentation from the ordering provider or the genetic counselor associated with the ordering provider includes:</p> <ul style="list-style-type: none"> • Diagnosis or symptoms being evaluated • Complete relevant family and personal history • Discussion of the calculated potential risks and benefits of the testing; role of heredity in the condition being confirmed diagnosed or treated • How the results of testing will change or influence the current treatment plan
High-tech Radiology	MRA, MRS, PET Scan, Coronary Computed Tomography Angiography (CCTA), and other high-tech imaging services are reviewed through National Imaging Association (NIA Magellan)
Home Infusion Services	Member health plans require prior authorization for the home infusion administration and the drug(s). Some drugs may require a separate review through specialty pharmacy if they are on the specialty drug prior authorization list. Documentation should include the diagnosis, name of the drug(s), dose infused, and duration of treatment.
Hyperbaric Oxygen Therapy	PA required for non-emergency use. (Example: diabetic wound care)
Intensity Modulated Radiation Therapy (IMRT)	
Immune Globulin (IVIG)	Approval through pharmacy prior approval review

Inpatient Admission: Planned (elective/scheduled) Includes Skilled Nursing Facility (SNF), Long-term Acute Care (LTAC) facility, and Inpatient Hospice Facility	<ul style="list-style-type: none"> • Notification to the health plan should be made a minimum of three days prior to date of planned admission • Notification to the health plan of urgent/emergent admissions should be made within two days of the admission
Intraoperative Neurophysiological Monitoring	When used with spinal surgery
Neuropsychological Testing	Initial visit to determine need for testing does not require PA
Neurostimulation	Including posterior tibial, hypoglossal, percutaneous, functional stimulation, and neurostimulators for pain management
New technology: medical, surgical, or biomedical services that might be considered experimental, investigational, or unproven	<ul style="list-style-type: none"> • Examples: Brachytherapy for breast cancer (includes SAVI Device); Second Generation Subcutaneous ICD; iStent Trabecular Micro-Bypass implant • Prior authorization required if not addressed in the Non-covered Services and Procedures Medical Policy • Category III coded procedures/services (T codes)
Pain Management Procedures (Certificate and Medical Policy Limitations may apply)	<ul style="list-style-type: none"> • Epidural steroid injections • Facet joint injections (Includes facet, MBB, zygapophysial joint, paravertebral facet joint, and dorsal/posterior ramus injections) • Intrathecal pump implantation • Lumbar discography • Radiofrequency ablation • Spinal cord/dorsal column Stimulation • Sacro-Iliac (SI) joint injections and treatment • Automated percutaneous lumbar discectomy
Pediatric Vision, and Orthoptic/Pleoptic Training	
Physical, Occupational, and Speech Therapy Referrals for Out-of-network Providers	
Prosthetics	<ul style="list-style-type: none"> • PA required for prosthetics over \$5,000 NOTE: Some member certificates may have a lower dollar threshold requirement for prior authorization. • Microprocessor-controlled prosthetic
Proton Beam Radiotherapy	
Skilled Nursing Facility	PA required for member admission
Sleep Study Evaluation and Treatment of Sleep Disorder	<ul style="list-style-type: none"> • Polysomnograms (sleep study: Home and in-lab) • CPAP/BiPAP machines • Oral appliances • Surgical Procedures (UPPP)

Spinal Surgery	<p>Examples of spinal surgeries that require a PA:</p> <ul style="list-style-type: none"> • Artificial Intervertebral Discs • Arthrodesis • Fusions (includes SI joint treatments) • Laminectomy and facetectomy <p>NOTE: For percutaneous vertebroplasty, kyphoplasty, and sacroplasty (See Non-covered Services and Procedures Medical Policy)</p>
Stereotactic Radiosurgery/Radiotherapy	
Therapeutic Contact Lens	
Total Ankle Arthroplasty	
Total Shoulder Arthroplasty	
Transplants	<p>Solid organ, bone marrow, stem cell, and cartilage</p> <ul style="list-style-type: none"> • For cartilage allografts, micro fracture, etc. (See Non-covered Services and Procedures Medical Policy)
<p>Transport of Patients:</p> <p>Non-Emergency (MediVan, ground, or air ambulance)</p>	Prior authorization is required for non-emergency transports

Revision History

Approved 07/29/15 Effective 10/01/15

Revision Approved 06/09/16 Effective 07/01/16

Format Revisions Approved: 10/19/16 Effective 1/1/17

▶ Group Preventive Health Benefits Covered Under Health Care Reform*

This sheet highlights how preventive health benefits are paid under policies subject to health care reform mandates. Arise Health Plan will pay benefits at 100% for the services and medications listed when care is received from participating providers. Services received from non-participating providers are either not covered or subject to out-of-pocket costs in the form of copayments, deductibles, and coinsurance amounts.

Routine immunizations including, but not limited to, those recommended by the Advisory Committee on Immunization Practices: influenza/flu, diphtheria; pertussis; tetanus; polio; measles; mumps; rubella; haemophilus influenza B; meningitis, hepatitis A; hepatitis B; varicella; pneumococcal; meningococcal; rotavirus; human papillomavirus; and herpes zoster. Immunizations for travel purposes are not covered.

Routine medical exams including hearing exams, pelvic exams, pap smears, and any related routine diagnostic services, routine eye exams (depending on your policy), mammograms, and colorectal cancer screening. Pelvic exams and pap smears are covered under this paragraph when directly provided to you by a physician, certified nurse midwife, or a nurse practitioner.

Well-baby care including routine medical exams, hearing exams and any related routine diagnostic services, routine eye exams directly provided to a dependent child in connection with well-baby care. This includes those routine services directly provided by a physician to a covered newborn child during the child's inpatient confinement following his/her birth (for example, circumcision).

Mammograms limited to one routine two-dimensional mammogram of a female covered person per calendar year. Mammograms must be performed by or under the direction of a physician, certified nurse midwife, or licensed nurse practitioner.

The preventive services listed are covered subject to the terms and conditions set forth in your Arise Health Plan certificate. Age-appropriate screenings are set by the United States Preventive Services Task Force and are subject to change.

*Valid for new groups or those that have renewed on or after January 1, 2016



▶ **Questions? Call Member Services at 1-888-711-1444 to speak with one of our friendly representatives.**

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HEALTH PLAN

Choose It and Use It.

Preventive screenings for the following, including, but not limited to: abdominal aortic aneurysm; to reduce alcohol misuse, and also includes behavioral counseling, as determined by us; or chlamydial infection; gonorrhea; congenital hypothyroidism in newborns; screening for hearing loss in newborns; hepatitis B and C; screening for high blood pressure; HIV; iron deficiency anemia in asymptomatic pregnant women; screening for lipid disorders; major depressive disorders in children and adolescents; phenylketonuria in newborns; RH incompatibility; osteoporosis; sickle cell disease in newborns; syphilis; type 2 diabetes; visual impairment in children under age 5; depression in adults; bacteriuria; cervical cancer; screening and behavioral counseling for obesity, as determined by us; gestational diabetes in pregnant women who are between 24 and 28 weeks of gestation and at the first prenatal visit if the woman is identified to be at high risk for diabetes; high risk human papillomavirus DNA testing in female covered persons with normal cytology results (screening should begin at age 30 and should occur no more frequently than every three years); for lung cancer with low-dose computed tomography in adults age 55-80 who smoke 30 packs per year and currently smoke or have quit smoking within the last 15 years.

Preventive drugs including, but not limited to: (a) aspirin for the prevention of cardiovascular disease and after 12 weeks of gestation in women who are at high risk for preeclampsia; (b) fluoride supplements if you are older than six months; (c) iron supplement drops for asymptomatic children age 6-12 months; (d) folic acid for women planning or capable of pregnancy; (e) oral contraceptives, contraceptive patches, contraceptive devices (e.g., diaphragms, sponges, gel and female

condoms) and contraceptive vaginal rings for birth control; (f) nicotine replacements (e.g., patches and gum) and covered drugs used for smoking cessation if you are age 18 and over; (g) vitamin D if you are age 65 and over and are at an increased risk for falls; (h) risk reducing medications, such as tamoxifen or raloxifene, for women who are at increased risk for breast cancer and at low risk for adverse medication effects; and (i) immunizations. For all preventive drugs, coverage is limited to: (a) generic drugs; and (b) brand-name drugs when there is no generic equivalent, unless the physician submits documentation to support the medical necessity of the use of a brand-name drug that has a generic equivalent. This definition of preventive drugs may change during the course of the year.

Other services including, but not limited to: blood lead tests; behavioral interventions to promote breast feeding; comprehensive lactation support and counseling by a trained health care provider during pregnancy and/or in the postpartum period; annual counseling on sexually transmitted infections; counseling for tobacco use; prophylactic ocular topical medication for newborns against gonococcal ophthalmia neonatorum; annual screening and counseling for female covered persons for interpersonal and domestic violence; healthy diet and physical activity counseling to prevent cardiovascular disease; behavioral counseling for skin cancer.

Some laboratory and diagnostic studies may be subject to a deductible and/or coinsurance if determined not to be part of a routine preventive or screening examination. When you have a symptom or history of an illness or injury, laboratory and diagnostic studies related to that illness or injury are no longer considered part of a routine preventive or screening examination.



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health record (EHR)



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WHEN CAN I USE TELADOC?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems
- And more!

SHARE WITH YOUR PCP

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

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VALUE DRUG LIST

To ensure you get the best health care for your money, **Arise Health Plan** offers its **Value Drug** program, making each of the following medications available without copayments. If you have been prescribed another drug for one of the following conditions, check with your physician to see if a Value Drug would be a suitable replacement.

ACID REFLUX—HEARTBURN

Omeprazole OTC
Prevacid HR
Prilosec OTC

ALLERGY—EYE

Ketotifen Eye Drops
Zaditor OTC Eye Drops

ANTIANXIETY

Alprazolam IR Tabs

ANTIDEPRESSANT

Citalopram Tabs
Fluoxetine Caps (10 mg, 20 mg only)

ANTIDIABETES

Glimepiride Tabs
Glipizide SR Tabs
Glipizide Tabs
Glipizide-Metformin Tabs
Glyburide Tabs
Glyburide-Metformin Tabs
Metformin SR Tabs
Metformin Tabs

ANTIHISTAMINE—ALLERGIES

Cetirizine (Regular Tabs and Syrup)
Loratadine (All forms)

ANTIHISTAMINE—DECONGESTANT

Loratadine & Pseudoephedrine Tabs

ANTI-INFECTIVE

Amoxicillin (125 mg/5mL, 250 mg/5mL, and 400 mg/5mL) Suspension
Amoxicillin Caps (250 mg and 500 mg)
Erythromycin Ethylsuccinate
400 mg Tabs

Erythromycin Ethylsuccinate Suspension
Erythromycin Stearate Tabs (250 mg and 500 mg)

ANTI-INFLAMMATORY—PAIN

Ibuprofen (400mg-800mg) Tabs
Meloxicam Tabs
Naproxen Enteric Coated Tabs
Naproxen Sodium Tabs
Naproxen Suspension and Tabs
Salsalate Caps and Tabs

BLOOD PRESSURE CONTROL

Atenolol & Chlorthalidone Tabs
Benazepril & HCTZ Tabs
Benazepril Tabs
Bisoprolol & HCTZ Tabs
Captopril & HCTZ Tabs
Captopril Tabs
Chlorthalidone Tabs (25 mg and 50 mg)
Enalapril & HCTZ Tabs
Enalapril Tabs
Furosemide Tabs
HCTZ Tabs (25-50 mg)
Lisinopril & HCTZ Tabs
Lisinopril Tabs
Propranolol & HCTZ Tabs
Ramipril Caps

BLOOD PRESSURE CONTROL/ CARDIOVASCULAR

Amlodipine Tabs
Atenolol Tabs
Bisoprolol Tabs
Carvedilol Tabs
Diltiazem Coated Bead SR Caps
Diltiazem CR Caps
Diltiazem Extended Release Beads Caps
Diltiazem SR Caps

Diltiazem 12-hour SR Caps
Diltiazem Tabs
Metoprolol SR Tabs
Metoprolol Tabs
Metoprolol/HCTZ
Nadolol Tabs
Nifedipine Caps
Nifedipine CR Tabs
Nifedipine SR Osmotic Tabs
Nifedipine Tab SR Tabs
Propranolol Tabs
Verapamil SR 24-hour Caps
Verapamil SR-PM 24-hour Caps
Verapamil Tabs
Verapamil SR Tabs

CHOLESTEROL LOWERING

Lovastatin Tabs
Pravastatin Tabs
Simvastatin Tabs

INSOMNIA

Temazepam Caps

SKIN IRRITATION AND INFLAMMATION

Triamcinolone Acetonide
(0.025%-0.5%) Cream
Triamcinolone Acetonide
(0.025%-0.5%) Ointment

Note: This list contains only the Value Drugs available without a copay. Covered drugs not listed here will fall within Tier 1, Tier 2, or Tier 3 and applicable copays.

WPS and Arise Health Plan Drug Prior Authorization List – April 2016

Why do some drugs require prior authorization?

Prior authorization is a tool to ensure the appropriate use of certain drugs and allows us to determine if a drug meets the medical necessity requirements of your policy.

Who makes the prior authorization decisions?

Physicians and pharmacists at your health plan or at one of our partners, Diplomat or Express Scripts. The list below specifies who performs the review and makes the decision.

Why am I sometimes asked to use a different drug than my doctor prescribed?

If you go to the pharmacy to have your prescription filled before getting prior authorization when required, your pharmacist may tell you about other medications that may be equally effective but don't require prior authorization. If this occurs, contact your doctor to ask about changing the prescription to the other drug. If your doctor approves, the pharmacy can immediately fill the prescription.

What information is used by the physician or pharmacist in the decision-making process?

Medical records describing the patient's condition and prior treatments, FDA approved labeling for the requested treatment, published and peer-reviewed scientific literature, and/or evidence-based guidelines.

How soon will I know if my drug has been approved?

You and your prescriber will be notified of the decision within 15 days of us receiving the necessary clinical information. If we determine the drug isn't covered or medically necessary for your illness or injury, no benefits will be payable under your policy for that drug. You always have the right to purchase the drug at full retail price and appeal our decision. Please see your plan document for procedures regarding how to file an appeal or grievance.

What if my situation is an emergency and I need my prescription now?

You may purchase a small supply of the medication at full retail price and seek authorization after the fact. If the request is approved, you may submit for reimbursement subject to the terms and conditions of your plan.

				Diplomat Review 1-888-515-1357		Express Scripts Review 1-800-753-2851		<u>WPS</u> Review 1-800-333-5003; <u>Arise</u> Review 1-888-711-1444, ext. 6901
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Paclitaxel, Protein Bound	ABRAXANE	J9264	M	X				
Somatropin	ACCRETROPIN	J2941	M	X				
Tocizilumab	ACTEMRA	J3262	M	X				
Corticotropin	ACTHAR GEL	J0800	M	X				
Brentuximab	ADCETRIS	J9042	M	X				
Tadalafil	ADCIRCA		P	X				
Riociguat	ADEMPAS		P	X				
Anti-Hemophilic Factor	ADVATE	J7192	M	X	X			
Everolimus	AFINITOR		P	X				
Everolimus	AFINITOR DISPERZ		P	X				
Laronidase	ALDURAZYME	J1931	M	X	X			
Alectinib	ALECENSA		P	X				
Pemetrexed	ALIMTA	J9305	M	X				
Melphalan	ALKERAN		P	X				
Anti-Hemophilic Factor	ALPHANATE	J7186	M	X	X			
Anti-Hemophilic Factor	ALPHANINE SD	J7193	M	X	X			
Coagulation Factor IX	ALPROLIX	J7199 J7201	M	X				
Fampridine	AMPYRA		P	X				
Alpha Proteinase Inhibitor	ARALAST	J0256	M	X				
Darbepoetin	ARANESP	J0881 J0882	P	X	X			
Rilonacept	ARCALYST	J2793	P	X				
Pamidronate Disodium	AREDIA	J2430	M	X				
Aripiprazole lauroxil	ARISTADA		M	X				
Nelarabine	ARRANON	J9261	M	X				
Ofatumumab	ARZERRA	J9302	M	X				
Teriflunomide	AUBAGIO	J8499	P	X				
Anti-Inhibitor Coagulant	AUTOPLEX-T	J7198 J7199	M	X	X			
Bevacizumab - oncology use only	AVASTIN	J9035	M	X				

				Diplomat Review 1-888-515-1357		Express Scripts Review 1-800-753-2851		<u>WPS</u> Review 1-800-333-5003; <u>Arise</u> Review 1-888-711-1444, ext. 6901
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Interferon beta-1a	AVONEX	J1826	P	X				
Azacitidine	AZACITIDINE	J9025	M	X				
Entecavir	BARACLUDE		P	X				
Belinostat	BELEODAQ	C9442	M	X				
Coagulation Factor IX	BENEFIX	J7195	M	X	X			
Belimumab	BENLYSTA	J0490	M	X				
C1-esterase inhibitor	BERINERT	J0597	M	X	X			
Interferon beta-1b	BETASERON	J1830	P	X				
Tositumomab	BEXXAR	A9544	M	X				
Anti-Hemophilic Factor	BIOCLATE	J7192	M	X	X			
Immune Globulin	BIVIGAM	J1556	M	X	X			
Blinatumomab	BLINCYTO	C9449	M	X				
Ibandronate	BONIVA INJECTION	J1740	M	X				
Bosutinib	BOSULIF	J8999	P	X				
Botulinum Toxin	BOTOX	J0585	M	X				
Urofollitropin	BRAVELLE	J3355	P	X				
Irinotecan	CAMPTOSAR	J9206	M	X				
Vandetanib	CAPRELSA		P	X				
Carglumic Acid	CARBAGLU		P	X				
Immune Globulin -	CARIMUNE	J1556	M	X	X			
Aztreonam	CAYSTON		P	X				
Eliglustat	CERDELGA		P	X				
Alglucerase	CEREDASE	J0205	M	X				
Imiglucerase	CEREZYME	J1786	M	X				
Daunorubicin	CERUBIDINE	J9150 J9151	M	X				
Cetorelix	CETROTIDE	J3490	P	X				
Certolizumab	CIMZIA	J0717	P	X				
Cholic acid	CHOLBAM		P	X				
Reslizumab	CINQAIR		M	X				
C1-esterase inhibitor	CINRYZE	J0598	M	X				
Clofarabine	CLOLAR	J9027	M	X				
Cabozantinib	COMETRIQ	J8999	P	X				

				Diplomat Review 1-888-515-1357		Express Scripts Review 1-800-753-2851		WPS Review 1-800-333-5003; <i>Arise</i> Review 1-888-711-1444, ext. 6901
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Glatiramer Acetate	COPAXONE		P	X				
Ribavirin	COPEGUS		P	X				
Factor VIII Concentrate	CORIFACT	J7190 J7191 J7192	M	X				
Dactinomycin	COSMEGEN	J9120	M	X				
Secukinumab	COSENTYX	C9399	M	X				
Cobimetinib	COTELLIC		P	X				
Glycopyrrolate	CUVPOSA		P	X				
Ramucirumab	CYRAMZA	C9025	M	X				
Betaine	CYSTADANE		P	X				
Cysteamine	CYSTARAN		P	X				
Decitabine	DACOGEN	J0894	M	X				
Daclatasvir	DAKLINZA		P	X				
Dalbavancin	DALVANCE	C9443	M	X				
Daratumumab	DARZALEX		M	X				
Daunorubicin liposome	DAUNOXOME	J9151	M	X				
Doxorubicin liposomal	DOXIL	Q2049 Q2050	M	X				
Carbidopa/levodopa	DUOPA		P	X				
Abobotulinum Toxin A	DYSPORT	J0586	M	X				
Tesamorelin	EGRIFTA		M	X				
Idursulfase	ELAPRASE	J1743	M	X				
Taliglucerase alfa	ELELYSO	J3060	M	X				
Epirubicin	ELLENC	J7799 J9178	M	X				
Antihemophilic Factor	ELOCTATE	C9136 C9399 J7199	M	X	X			
Oxaliplatin	ELOXATIN	J9263	M	X				
Asparaginase	ELSPAR	J9020	M	X				
Vedolizumab	ENTYVIO	J3380	M	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Elotuzumab	EMPLICITI		M	X				
Etanercept	ENBREL	J1438	P	X				
Epoetin Alfa	EPOGEN	J0885 Q4081	P	X	X			
Cetuximab	ERBITUX	J9055	M	X				
Vismodegib	ERIVEDGE	J8999	M	X				
Asparaginase	ERWINASE	J9019 J9020	M	X				
Pirfenidone	ESBRIET		P	X				
Melphalan	EVOMELA		M	X				
Deferasirox	EXJADE		P	X				
Interferon beta-1b	EXTAVIA		P	X				
Aflibercept	EYLEA	J0178	M	X				
Agalsidase Beta	FABRAZYME	J0180	M	X	X			
Anti-Hemophilic Factor	FACTOR	J7186	M	X	X			
Anti-Hemophilic Factor	FACTOR 7A	J7189	M	X	X			
Anti-Hemophilic Factor	FACTOR 8	J7190 J7191 J7192	M	X	X			
Anti-Hemophilic Factor	FACTOR 9	J7193 J7194 J7195	M	X	X			
Von Willebrand Factor Complex	FACTOR 9	J7187 J7183	M	X	X			
Gonadorelin	FACTREL	J1620	M	X				
Fulvestrant	FASLODEX	J9395	M	X				
Panobinostat	FARYDAK		P	X				
Anti-Inhibitor Coagulant	FEIBA	J7198	M	X	X			
Icatibant	FIRAZYR	J7198	P	X				
Degarelix	FIRMAGON	J9155	M	X				
Immune Globulin Human	FLEBOGAMMA	J1572	M	X	X			
Epoprostenol Sodium	FLOLAN	J1325	M	X				
Pralatrexate	FOLOTYN	J9307	M	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Teriparatide	FORTEO	J3110	P	X				
Immune Globulin	GAMMAKED	J1561	M	X	X			
Immune Globulin	GAMUNEX-C	J1561	M	X	X			
Teduglutide	GATTEX		P	X				
Obinutuzumab	GAZYVA	J9301	M	X				
Gemcitabine	GEMZAR	J9201	M	X				
Somatropin	GENOTROPIN	J2941	P	X				
Sermorelin Acetate	GEREF	Q0515	M	X				
Fingolimod	GILENYA		P	X				
Afatinib	GILOTRIF		P	X				
Alpha Proteinase Inhibitor	GLASSIA	J0257	M	X				
Imatinib	GLEEVEC		P	X				
Glatiramer	GLATOPA		P	X				
tbo-Filgrastim	GRANIX	J1446	P	X	X			
Timothy Grass Pollen Allergen	GRASTEK		P	X				
Growth Hormone	GROWTH HORMONE	J2941	P	X				
Eribulin	HALAVEN	J9179	M	X				
Ledipasvir/sofosbuvir	HARVONI		P	X				
Anti-Hemophilic Factor	HELIXATE	J7192	M	X	X			
Anti-Hemophilic Factor	HELIXATE FS	J7192	M	X	X			
Anti-Hemophilic Factor	HEMOFIL	J7190	M	X	X			
Trastuzumab	HERCEPTIN	J9355	M	X				
Immune Globulin SQ	HIZENTRA	J1559	M	X	X			
Anti-Hemophilic Factor Human	HUMATE P	J7187	M	X	X			
Somatropin	HUMATROPE	J2941	P	X				
Adalimumab	HUMIRA	J0135	P	X				
Anti-Hemophilic Factor	HYATE	J7191	M	X	X			
Topotecan	HYCAMTIN	J8705 J9351	M	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Immune Globulin/Hyaluron	HYQVIA	J1575	M	X	X			
Palbociclib	IBRANCE		P	X				
Factor IX Recombinant	IDELVION		M	X				
Canakinumab	ILARIS	J0638	M	X				
Ibutinib	IMBRUVICA		P	X				
Immune Globulin - Intravenous (IVIG)	Immune Globulin - Intravenous (IVIG)	J1459 J1561, J1566 J1568, J1569 J1572, J1573 J1557 J1599	M	X	X			
Ponatinib	INCLUSIG		P	X				
Mecasermin	INCRELEX	J2170	M	X				
Axitinib	INLYTA	J8999	P	X				
Interferon alfa-2b	INTRON A		P	X				
Gefitinib	IRESSA		P	X				
Romidepsin	ISTODAX	J9315	M	X				
Ixabepilone	IXEMPRA	J9207	M	X				
Ruxolitinib	JAKAFI		P	X				
Factor IX recombinant	IXINITY	J7195	M	X				
Cabazitaxel	JEVTANA	J9043	M	X				
Deferasirox	JADENU		P	X				
Lomitapide	JUXTAPID		P	X				
Trastuzumab emtansine	KADCYLA	J9354	M	X				
Ecallantide	KALBITOR	J1290	M	X				
Ivacaftor	KALYDECO		P	X				
Sebelipase alfa	KANUMA	C9399 J3590	M	X				
Dichlorphenamide	KEVEYIS		P	X				
Pembrolizumab	KEYTRUDA	C9027	M	X				
Anakinra	KINERET		P	X				
Anti-Hemophilic Factor	KOATE	J7190 J7191 J7192	M	X	X			

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Anti-Hemophilic Factor	KOGENATE/ FS	J7190 J7191 J7192	M	X	X			
Anti-Hemophilic Factor	KONYNE/HT	J7195	M	X	X			
Mifepristone	KORLYM	S0190	P	X				
Pegloticase	KRYSTEXXA	J2507	M	X				
Mipomersen	KYNAMRO		P	X				
Carfilzomib	KYPROLIS	J9047	M	X				
Alemtuzumab	LEMTRADA	J9010	M	X				
Ambrisentan	LETAIRIS		P	X				
Lenvatinib	LENVIMA		P	X				
Sargramostin	LEUKINE	J2820	P	X	X			
Trifluridine and tipiracil	LONSURF		P	X				
Ranibizumab	LUCENTIS	J2778	M	X				
Alglucosidase Alfa	LUMIZYME	J0221	M	X	X			
Leuprolide and Norethindrone	LUPANETA		M	X				
Leuprolide Acetate	LUPRON	J1950 J9219 J9217 J9218	M	X				
Olaparib	LYNPARZA		P	X				
Vincristine - liposomal	MARQIBO	J9371	M	X				
Trametinib	MEKINIST		P	X				
Epoetin Beta	MIRCERA	J0887 J0888	P	X	X			
Anti-Hemophilic Factor	MONARC	J7190	M	X	X			
Anti-Hemophilic Factor	MONOCLATE P	J7191	M	X	X			
Plerixafor	MOZOBIL	J2562	M	X				
Metreleptin	MYALEPT	J3490	M	X				
Rimabotulinum Toxin Type B	MYOBLOC	J0587	M	X				
Alglucosidase alfa	MYOZYME	J0220	M	X				
Galsulfase	NAGLAZYME	J1458	M	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Parathyroid hormone	NATPARA		P	X				
Pegfilgrastim	NEULASTA	J2505	P	X	X			
Oprelvekin	NEUMEGA	J2355	P	X	X			
Filgrastim	NEUPOGEN	J1442	P	X	X			
Filgrastim - tbo	NEUTROVAL	J1446	P	X	X			
Sorafenib	NEXAVAR		P	X				
Ixazomib	NINLARO		P	X				
Somatropin	NORDITROPIN		P	X				
Mitoxantrone	NOVANTRONE	J9293	M	X				
Coagulation Factor VIIa	NOVOSEVEN RT	J7189	M	X				
Romiplostim	NPLATE	J2796	M	X				
Mepolizumab	NUCALA		M	X				
Somatropin	NUTROPIN	J2941	P	X				
Factor VIII Recombinant	NUWIQ		M	X	X			
Immune Globulin	OCTAGAM	J1568	M	X	X			
Sonidegib	ODOMZO		P	X				
Nintedanib	OFEV		P	X				
Fludarabine	OFORTA	J9185	P	X				
Simeprevir	OLYSIO		P	X				
Somatropin	OMNITROPE	J2941	P	X				
Denileukin	ONTAK	J9160	M	X				
Nivolumab	OPDIVO	J9999	M	X				
Macitentan	OPSUMIT		P	X				
Oritavancin	ORBACTIV	C9444	P	X				
Abatacept	ORENCIA	J0129	P	X				
Treprostinil	ORENITRAM	J3285	M	X				
Nitisinone	ORFADIN	J8499	P	X				
Lumacaftor/ivacaftor	ORKAMBI		P	X				
Apremilast	OTEZLA		P	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Methotrexate Injection	OTREXUP		P	X				
Oxandrolone	OXANDRIN		P	X				
Dexamethasone intravitreal implant	OZURDEX	J7312	M	X				
Peginterferon alfa-2a	PEGASYS	S0145	P	X				
Peginterferon alfa-2b	PEGINTRON	S0148	P	X				
Pertuzumab	PERJETA	J9306	M	X				
Porfimer sodium	PHOTOFRIN	J9600	M	X				
Peginterferon beta-1a	PLEGRIDY		P	X				
Pomalidomide	POMALYST		P	X				
Necitumumab	PORTRAZZA	J9999	M	X				
Immune Globulin	PRIVIGEN	J1459	M	X	X			
Alirocumab	PRALUENT		P	X	X			
Epoetin Alfa	PROCRIT	J0885 Q4081	P	X	X			
Cysteamine	PROCYSBI		P	X				
Factor IX Complex Human	PROFILNINE SD		M	X				
Alpha Proteinase Inhibitor	PROLASTIN	J0256	M	X				
Aldesleukin	PROLEUKIN	J9015	M	X				
Denosumab	PROLIA	J0897	M	X	X			
Eltrombopag	PROMACTA		P	X				
Anti-Hemophilic Factor	PROTHAR	J7194	M	X	X			
Somatrem	PROTROPIN	J2940	P	X				
Sipuleucel-T	PROVENGE	Q2043	M	X				
Dornase alfa	PULMOZYME		P	X				
Short Ragweed Pollen	RAGWITEK		P	X				
Methotrexate injection	RASUVO		P	X				
Glycerol phenylbutyrate	RAVICTI		P	X				
Ribavirin	REBETOL		P	X				
Interferon beta-1a	REBIF		P	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Zoledronic Acid	RECLAST	J3489	M	X				
Anti-Hemophilic Factor	RECOMBINATE	J7192	M	X	X			
Ribavirin	RIBAVIRIN		P	X				
C1 esterase inhibitor	RUCONEST	C9445	M	X	X			
Anti-Hemophilic Factor	REFACTO	J7192	M	X	X			
Infliximab	REMICADE	J1745	M	X	X			
Treprostinil	REMODULIN	J3285	M	X				
Evolocumab	REPATHA		P	X	X			
Menotropins	REPRONEX	S0122	P	X				
Sildenafil	REVATIO		P	X				
Lenalidomide	REVLIMID		P	X				
Rituximab	RITUXAN	J9310	M	X				
Coagulation Factor IX	RIXUBIS	J7200	M	X	X			
Somatropin	SAIZEN	J2941	P	X				
Tolvaptan	SAMSCA		P	X				
Granisetron Patch	SANCUSO		P	X				
Octreotide Depot	SANDOSTATIN LAR	J2353	M	X				
Pasireotide	SIGNIFOR	J3490	P	X				
Golimumab	SIMPONI	J1602	P	X				
Golimumab	SIMPONI ARIA	J3590	P	X				
Eculizumab	SOLIRIS	J1300	M	X				
Sofosbuvir	SOVALDI		P	X				
Dasatinib	SPRYCEL		P	X				
Ustekinumab	STELARA	J3357	P	X				
Regorafenib	STIVARGA		P	X				
Asfotase alfa	STRENSIQ		M	X				
Histrelin	SUPPRELIN LA	J9225 J9226	M	X				
Sunitinib	SUTENT		P	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Siltuximab	SYLVANT	J3590	M	X				
Palivizumab	SYNAGIS	90378	M	X				
Omacetaxine	SYNRIBO	J9262	M	X				
Dabrafenib	TAFINLAR		P	X				
Osimertinib	TAGRISSE		P	X				
Ixekizumab	TALTZ		P	X				
Erlotinib HCl	TARCEVA		P	X				
Bexarotene	TARGRETIN		P	X				
Nilotinib	TASIGNA		P	X				
Paclitaxel	TAXOL	J9265, J9267	M	X				
Docetaxel	TAXOTERE	J9171	M	X				
Dimethyl fumarate	TECFIDERA		P	X				
Ombitasvir, paritaprevir and ritonavir	TECHNIVIE		P	X				
Temozolomide	TEMODAR	J9328, J8700	P	X				
Somatropin	TEV-TROPIN	J2941	P	X				
Thalidomide	THALOMID		P	X				
Tobramycin inhalation	TOBI		P	X				
Temsirolimus	TORISEL	J9330	M	X				
Bendamustine Hydrochloride	TREANDA	J9033	M	X				
Triptorelin	TRELSTAR	J3315	M	X				
Factor XIII a-subunit	TRETEN	J7181	M	X				
Lapatinib	TYKERB		P	X				
Natalizumab	TYSABRI	J2323	M	X				
Treprostinil Inhalation	TYVASO	J7686 J7699	P	X				
Telbivudine	TYZEKA		P	X				
Dinutuximab	UNITUXIN		M	X				
Selexipag	UPTRAVI		P	X				
Meclizine gel	VALCHLOR		P	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Histrelin	VANTAS	J9226	M	X				
Panitumumab	VECTIBIX	J9303	M	X				
Bortezomib	VELCADE	J9041	M	X				
Iloprost	VENTAVIS	Q4074	P	X				
Azacitidine	VIDAZA	J9025	M	X				
Ombitasvir, paritaprevir, ritonavir, plus dasabuvir	VIEKIRA		P	X				
Elosulfase alfa	VIMIZIM	J1322	M	X				
Glucarpidase	VORAXAZE	C9293	M	X				
Pazopinib	VOTRIENT		P	X				
Velagluclerage Alfa	VPRIV	J3385	M	X	X			
Factor VIII	WILATE	J7183 J7187	M	X	X			
Crizotinib	XALKORI		P	X				
Tofacitinib	XELJANZ (XR)		P	X				
Capecitabine	XELODA	J8520 J8521	P	X				
Tetrabenazine	XENAZINE	J8999	P	X				
Incobotulinum toxin A	XEOMIN	J0588	M	X				
Denosumab	XGEVA	J0897	M	X	X			
Collagenase Clostridium Histolyticum	XIAFLEX	J0775	M	X				
Omalizumab	XOLAIR	J2357	M	X				
Enzalutamide	XTANDI	J8999	P	X				
Anti-Hemophilic Factor	XYNTHA	J7185 J7192	M	X	X			
Uridine triacetate	XURIDEN		P	X				
Ipilimumab	YERVOY	J9228	M	X				
Trabectedin	YONDELIS		M	X				
ziv-Aflibercept	ZALTRAP	J9400	M	X				
Miglustat	ZAVESCA		P	X				
Filgrastim-sndz	ZARXIO	Q5101	P	X				

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Vemurafenib	ZELBORAF		P	X				
Alpha Proteinase Inhibitor	ZEMAIRA	J0256	M	X				
Elbasvir/grazoprevir	ZEPATIER		P	X				
Ibritumomab Tiuxetan	ZEVALIN	A9543 A9542	M	X				
Goserelin Acetate	ZOLADEX	J9202	M	X				
Vorinostat	ZOLINZA		P	X				
Zoledronic Acid	ZOMETA	J3489	M	X				
Somatropin	ZORBTIVE	J2941	P	X				
Lesinurad	ZURAMPIC		P	X				
Idelalisib	ZYDELIG		P	X				
Ceritinib	ZYKADIA		P	X				
Abiraterone	ZYTIGA		P	X				
Fentanyl Sublingual	ABSTRAL		P			X	X	
Rabeprazole	ACIPHEX SPRINKLE		P			X	X	
Doxycycline	ACTICLATE		P			X	X	
Fentanyl Lozenge	ACTIQ		P			X	X	
Risedronate	ACTONEL		P			X	X	
Risedronate/calcium	ACTONEL w/CALCIUM		P			X		
Doxycycline	ADOXA		P			X	X	
Doxycycline	ALODOX		P			X	X	
Lovastatin	ALTOPREV		P			X	X	
Ciclesonide Inhalation	ALVESCO		P			X	X	
Oxymetholone	ANADROL		P			X		
Testosterone	ANDRODERM		P			X		
Testosterone	ANDROGEL		P			X		
Methyltestosterone	ANDROID		P			X		
Insulin glulisine	APIDRA		P			X	X	

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GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Bupropion	APLENZIN		P			X	X	
Fluticasone inhalation	ARNUITY ELLIPTA		P			X	X	
Azelastine	ASTEPRO		P			X		
Risedronate	ATELVIA		P			X	X	
Tretinoin	ATRALIN GEL		P			X		
Doxycycline	AVIDOXY		P			X	X	
Tretinoin	AVITA		P			X		
Almotriptan Malate	AXERT		P			X	X	
Testosterone	AXIRON		P			X		
Amlodipine/olmesartan	AZOR		P			X	X	
Beclomethasone nasal	BECONASE AQ		P			X	X	
Suvorexant	BELSOMRA		P			X	X	
Alendronate	BINOSTO		P			X	X	
Vortioxetine	BRINTELLIX		P			X	X	
Paroxetine	BRISDELLE		P			X	X	
Celecoxib	CELEBREX		P			X		
Rosuvastatin	CRESTOR		P			X	X	
Methylphenidate patch	DAYTRANA		P			X	X	
Dexlansoprazole	DEXILANT		P			X	X	
Adapalene	DIFFERIN		P			X		
Doxycycline	DORYX		P			X	X	
Azelastine/Fluticasone	DYMISTA		P			X	X	
Azilsartan	EDARBI		P			X	X	
Azilsartan/chlorthalidone	EDARBYCLOR		P			X	X	
Zolpidem	EDLUAR		P			X	X	
Pimecrolimus	ELIDEL		P			X	X	
Darifenacin	ENABLEX		P			X	X	
Adapalene/benzoyl peroxide	EPIDUO		P			X		
Esomeprazole strontium	ESOMEPRAZOLE STRONTIUM		P			X	X	
Fentanyl Buccal	FENTORA		P			X	X	

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Levomilnacipran	FETZIMA		P			X	X	
Diclofenac patch	FLECTOR PATCH		P			X		
Fluticasone inhalation	FLOVENT DISK/HFA		P			X	X	
Dexmethylphenidate	FOCALIN/XR		P			X	X	
Bupropion	FORFIVO XL		P			X	X	
Testosterone	FORTESTA		P			X	X	
Alendronate/vitamin D	FOSAMAX plus D		P			X	X	
Frovatriptan Succinate	FROVA		P			X	X	
Oxybutynin gel	GELNIQUE		P			X	X	
Tasimelteon	HETLIOZ		P			X		
Zolpidem sublingual	INTERMEZZO		P			X	X	
Desvenlafaxine	KHEDEZLA		P			X	X	
Fentanyl Nasal	LAZANDA		P			X	X	
Atorvastatin/ezetimibe	LIPTRUZET		P			X	X	
Eszopiclone	LUNESTA		P			X	X	
Hydroxyprogesterone caproate	MAKENA (self-administered)	J1725	P			X		
Methyltestosterone	METHITEST		P			X		
Methylphenidate	METHYLIN ER		P			X	X	
Mirabegron	MYRBETRIQ		P			X		
Triamcinolone nasal	NASACORT AQ		P			X	X	
Insulin N	NOVOLIN N		P			X	X	
Insulin R	NOVOLIN R		P			X	X	
Insulin 70/30	NOVOLIN 70/30		P			X	X	
Armodafinil	NUVIGIL		P			X		
Ciclesonide Nasal	OMNARIS		P			X	X	
Fentanyl Buccal	ONSOLIS		P			X	X	
Doxycycline	ORACEA		P			X	X	
Oxybutynin	OXYTROL		P			X		
Diclofenac topical	PENNSAID		P			X		
Paroxetine	PEXEVA		P			X	X	
Omeprazole packets	PRILOSEC PACKETS		P			X		

				Diplomat Review 1-888-515-1357		Express Scripts Review 1-800-753-2851		WPS Review 1-800-333-5003; <u>Arise</u> Review 1-888-711-1444, ext. 6901
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Desvenlafaxine	PRISTIQ ER		P			X	X	
Pantoprazole suspension	PROTONIX SUSP		P			X	X	
Ciclopirox	PENLAC		P			X		
Tacrolimus	PROTOPIC		P			X	X	
Beclomethasone nasal	QNASL		P			X		
Eletriptan Hydrobromide	RELPAX		P			X		
Tretinoin	RENOVA		P			X		
Tretinoin	RETIN-A		P			X		
Budesonide Nasal	RHINOCORT AQUA		P			X	X	
Ramelteon	ROZEREM		P			X		
Fluoxetine	SARAFEM		P			X	X	
Milnacipran	SAVELLA		P			X		
Doxepin	SILENOR		P			X	X	
Minocycline	SOLODYN		P			X		
Atomoxetine	STRATTERA		P			X		
Testosterone	STRIANT		P			X		
Fentanyl Sublingual	SUBSYS		P			X	X	
Sumatriptan injection	SUMAVEL		P			X		
Albiglutide	TANZEUM		P			X	X	
Tazarotene	TAZORAC		P			X		
Testosterone	TESTIM		P			X	X	
Testosterone 1% gel	TESTOSTERONE 1%		P			X	X	
Methyltestosterone	TESTRED		P			X		
Eprosartan/HCTZ	TEVETEN HCT		P			X	X	
Fesoteridine	TOVIAZ		P			X		
Tretinoin	TRETIN-X		P			X		
Sumatriptan/Naproxen Sodium	TREXIMET		P			X	X	
Dulaglutide	TRULICIY		P			X	X	
Febuxostat	ULORIC		P			X	X	
Fluticasone nasal	VERAMYST		P			X	X	
Solifenacin	VESICARE		P			X		

				Diplomat Review 1-888-515-1357		Express Scripts Review 1-800-753-2851		WPS Review 1-800-333-5003; <u>Arise</u> Review 1-888-711-1444, ext. 6901
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Vilazodone	VIIBRYD		P			X	X	
Liraglutide	VICTOZA		P			X	X	
Naproxen + Esomeprazole	VIMOVO		P			X		
Testosterone	VOGELXO		P			X	X	
Diclofenac topical	VOLTAREN GEL		P			X		
Simvastatin/ezetimibe	VYTORIN		P			X	X	
Lisdexamfetamine	VYVANSE		P			X	X	
Minocycline	XIMINO		P			X		
Omeprazole/sodium bicarb	ZEGERID PACKETS		P			X	X	
Dextroamphetamine	ZENZEDI		P			X	X	
Ciclesonide Nasal	ZETONNA		P			X	X	
Diclofenac	ZIPSOR		P			X	X	
Zolpidem Spray	ZOLPIMIST		P			X	X	
Zolmitriptan	ZOMIG		P			X	X	
Diclofenac	ZORVOLEX		P			X	X	
Ganirelix Acetate	ANTAGON	S0132	P					X
Testosterone undecanoate	AVEED	J3145	M					X
Dimercaprol	BAL	J0470	M					X
Lorcaserin	BELVIQ		P					X
Chorionic Gonadotropin	CHOREX	J0725	P					X
Gonadotropin	CHORIONIC GONADOTROPIN	J0725	P					X
Clomiphene Citrate	CLOMID		P					X
Progesterone	CRINONE 8%	J2675	P					X
Nandrolone Decanoate	DECA-DURABOLIN	J2320	M					X
Gonadorelin	FACTREL	J1620	M					X
Urofollitropin	FERTINEX	J3355	P					X
Follistim	FOLLISTIM	S0128 S0126	P					X
Follitropin	GONAL	J3490	P					X
Gonadorelin	LUTREPULSE	J1620	P					X
Lutropin	LUVERIS		P					X

				Diplomat Review 1-888-515-1357		Express Scripts Review 1-800-753-2851		WPS Review 1-800-333-5003; <u>Arise</u> Review 1-888-711-1444, ext. 6901
GENERIC NAME	BRAND NAME*	CODE*	M= Medical vs. P=Pharmacy Benefit	Diplomat Review	Directed to Home or Self Administration	Express Scripts Review	Step Therapy	
Hydroxyprogesterone caproate	MAKENA (office administered)	J1725	M					X
Menotropins	MENOPUR	S0122	P					X
Sibutramine	MERIDIA		P					X
Chorionic Gonadotropin	OVIDREL	J0725	P					X
Menotropins	PERGONAL	S0122	P					X
Phentermine	PHTERMININE		P					X
Chorionic Gonadotropin	PREGNYL	J0725	P					X
Progesterone	PROCHIEVE 8%		P					X
Progesterone	PROGESTERONE	J2675	P					X
Progesterone	PROMETRIUM		P					X
Phentermine/Topiramate	QSYMIA		P					X
Methylphenidate	QUILLIVANT XR		P					X
Clomiphene Citrate	SEROPHENE		P					X
Phentermine	SUPRENZA		P					X
Diethylpropion HCl	TENUATE		P					X
Testosterone pellets	TESTOPEL	S0189	M					X
Testosterone Cypionate	Testosterone Cypionate	J1071	M					
Testosterone Enanthate	Testosterone Enanthate	J3121	M					X
Gonadotropin	UROFOLLITROPIN	J3355	P					X
Orlistat	XENICAL		P					X


*Brand Names and Codes are provided for information only.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, at www.arisehealthplan.com or call 1-800-223-6029. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> /or call 1-800-223-6029 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	For participating providers : \$850/ Covered Person or \$1,700/Family; For non-participating providers : \$1,700/ Covered Person or \$3,400/Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Preventive care services, office visits and prescription drugs purchased from a pharmacy are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	For participating providers : \$2,350 Covered Person/\$4,700 Family (excludes copays) up to a maximum out-of-pocket limit of \$7,150 per Person/\$14,300 Family (includes copays). For non-participating providers : \$4,700 Covered Person/\$9,400 Family.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See http://www.wecareforwisconsin.com/visitors/find_a_doctor or call 1-800-223-6029 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your

		network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay /office visit and 10% coinsurance for other outpatient services; deductible does not apply to the office visit charge	30% coinsurance	\$10 copay /Teladoc visit charge \$25 copay /office visit charge for a participating convenient care clinic visit \$25 copay / visit for chiropractor
	Specialist visit	\$50 copay /office visit and 10% coinsurance for other outpatient services; deductible does not apply to the office visit charge	30% coinsurance	None
	Preventive care/screening/immunization	No charge	30% coinsurance	You pay 0% for immunizations, blood lead tests and routine exams when provided by a non-preferred provider
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance deductible does not apply if provided in an office or outpatient	30% coinsurance	You pay 10% for diagnostic tests performed by a preferred hospital. Certain genetic tests and high-technology imaging require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.wecareforwisconsin.com/members/formulary/view_drug_formulary	Generic drugs	\$10 copay /prescription (retail) & \$25 copay /prescription (home delivery)	\$10 copay /prescription (retail) & \$25 copay /prescription (home delivery)	Covers up to a 30-day supply retail/90-day supply home delivery; however, If brand dispensed when generic available, you are responsible for dollar amount difference between brand and generic. Drugs provided by an entity other than a pharmacy require prior authorization. Benefits may not be payable if you fail to obtain prior authorization. You pay nothing for Value Drugs Specialty drugs are always limited to a 30-day supply. Specialty drugs require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
	Preferred brand drugs	\$35 copay /prescription (retail) & \$87.50 copay /prescription (home delivery)	\$35 copay /prescription (retail) & \$87.50 copay /prescription (home delivery)	
	Non-preferred brand drugs	\$60 copay /prescription (retail) & \$150 copay /prescription (home delivery)	\$60 copay /prescription (retail) & \$150 copay /prescription (home delivery)	
	Specialty drugs	\$60 copay /prescription (retail) & \$150 copay /prescription (home delivery)	\$60 copay /prescription (retail) & \$150 copay /prescription (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	None
	Physician/surgeon fees	10% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room care	\$300 copay /emergency room charge and 10% coinsurance for other emergency room services; deductible does not apply to the emergency room charge	\$300 copay /emergency room charge and 10% coinsurance for other emergency room services; deductible does not apply to the emergency room charge	<u>Urgent care</u> billed from a clinic location (a location outside of a hospital emergency room or any other facility as an extension of a hospital emergency room) may be subject to the \$25 primary care office visit copay with other <u>urgent care</u> services subject to 10% coinsurance . The deductible does not apply to the office visit charge for the urgent care visit.
	Emergency medical transportation	10% coinsurance	10% coinsurance	
	Urgent care	\$300 copay /urgent care facility charge and 10% coinsurance for other	\$300 copay /urgent care facility charge and 10% coinsurance for other urgent	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
		urgent care services; deductible does not apply to the <u>urgent care</u> facility charge	care services; deductible does not apply to the <u>urgent care</u> facility charge	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 copay / therapy office visit and 10% coinsurance for other outpatient services; deductible does not apply to the therapy office visit charge	30% coinsurance	All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
	Inpatient services	10% coinsurance	30% coinsurance	
If you are pregnant	Office visits	\$25 copay /office visit and 10% coinsurance for other outpatient services; deductible does not apply to the office visit charge	30% coinsurance	Cost sharing does not apply to certain preventive services . Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	
If you need help recovering or have	Home health care	10% coinsurance	10% coinsurance	Coverage is limited to 40 visits/year
	Rehabilitation services	10% coinsurance	30% coinsurance	Rehabilitation services:

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
other special health needs	Habilitation services	10% coinsurance	30% coinsurance	No limitation on therapy. You pay \$25/visit for respiratory or pulmonary therapy with no limit when provided by a preferred <u>provider</u> Habilitation services: No limitation on therapy. You pay \$25/visit for respiratory or pulmonary therapy with no limit when provided by a preferred provider
	Skilled nursing care	10% coinsurance	10% coinsurance	Coverage is limited to 100 days per confinement in a skilled nursing facility. All non-emergent admissions require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
	Durable medical equipment	10% coinsurance	30% coinsurance	Prior authorization required for: • All CPAP purchases and rentals • Purchases over \$1,000 • All other rentals as stated on our website Benefits may not be payable if you fail to obtain prior authorization.
	Hospice services	10% coinsurance	10% coinsurance	Hospice services require prior authorization. Benefits may not be payable if you fail to obtain prior authorization.
If your child needs dental or eye care	Children's eye exam	0% coinsurance	30% coinsurance	None
	Children's glasses	Not covered	Not covered	Not Covered
	Children's dental check-up	Not covered	Not covered	Not Covered

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none">• Cosmetic Surgery	<ul style="list-style-type: none">• Long Term Care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Private Duty Nursing• Routine Foot Care• Weight Loss Programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Acupuncture• Bariatric Surgery• Chiropractic Care	<ul style="list-style-type: none">• Dental Care (adult), limited to certain oral surgical procedures, treatment of an injury, and extraction of teeth and sealants on existing teeth related to treatment of neoplastic disease• Hearing aids, limited to the cost of one hearing aid, per ear, for each member under age 18 every three years	<ul style="list-style-type: none">• Infertility treatment-limited to infertility diagnostic services and artificial insemination and all health care services related to artificial insemination• Routine eye care (Adult), limited to eye exam

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for the U.S. Department of Labor, Employee Benefits Security Administration 1-866-444-3272 or www.dol.gov/ebsa, or the Department of Health and Human Services at 1-877-267-2323 x 61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Arise Health Plan at 1-800-223-6029. You may also contact your state insurance department at 1-800-236-8517 or the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$850
■ Specialist copay	\$50
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$850
Copayments	\$100
Coinsurance	\$900
What isn't covered	
Limits or exclusions	\$10
The total Peg would pay is	\$1,860

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$850
■ Specialist copay	\$50
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$100
Copayments	\$1,850
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$1,950

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$850
■ Specialist copay	\$50
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
--------------------	---------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$850
Copayments	\$470
Coinsurance	\$130
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,450

Non-Discrimination and Language Access Policy

Wisconsin Physicians Service Insurance Corporation/WPS Health Plan Inc. d/b/a Arise Health Plan/The EPIC Life Insurance Company (WPS/Arise/EPIC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. WPS/Arise/EPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WPS/Arise/EPIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call us at the phone number on the attached correspondence, your ID card, or the number listed on wpsic.com, arisehealthplan.com, or epiclife.com.

If you believe that WPS/Arise/EPIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

WPS/Arise/EPIC

Nondiscrimination Grievance Coordinator

P.O. Box 7458

Madison, WI 53708

Email: WPSNondiscrimination@wpsic.com

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

29792-054-1608

Albanian VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Na telefononi në numrin e telefonit që gjendet në korrespondencën e **bashkëngjitur**, në pjesën e **përparme të kartës suaj ID** ose në **numrin** e renditur në adresën www.wpsic.com, www.arisehealthplan.com ose www.epiclife.com (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بنا على رقم الهاتف الموجود بالرسالة المرفقة أو بالجهة الأممية لطاقة تعريف الهوية الخاصة بك أو على الرقم المدرج بالمواقع الإلكترونية التالية www.wpsic.com أو www.arisehealthplan.com أو www.epiclife.com (الهاتف النصي: 711).

French À NOTER : Si vous parlez le français, des services d'assistance linguistique gratuits sont à votre disposition.

Appelez-nous au numéro de téléphone indiqué sur le courrier joint, au recto de votre carte d'identité ou au numéro indiqué sur le site Internet www.wpsic.com, www.arisehealthplan.com ou www.epiclife.com (ATS : 711).

German HINWEIS: Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistentendienste zur Verfügung. Rufen Sie uns an. Sie finden die Telefonnummer auf dem beigefügten Schreiben, auf der Vorderseite Ihrer ID-Karte oder unter www.wpsic.com, www.arisehealthplan.com oder www.epiclife.com (TTY: 711).

Hindi ध्यान दें: अगर आप हिन्दी बोलते हैं तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। हमें संलग्न पत्राचार पता, आपके पहचान पत्र (आईडी कार्ड) के सामने के पृष्ठ पर दिए गए फ़ोन नंबर या www.wpsic.com, www.arisehealthplan.com या www.epiclife.com पर दिए गए नंबर पर कॉल करें (TTY: 711)।

Hmong TSHWJ XEEB: Yog hais tias koj hais lus Hmoob, peb muaj cov kev pab cuam hais ua koj hom lus pub rau koj yam tsis xam tus nqi hlo li. Hu rau peb tus nab npawb xov tooj nyob rau ntawm daim ntawv, sab hauv ntej ntawm koj daim id lossis nab npawb xov tooj nyob rau hauv www.wpsic.com, www.arisehealthplan.com lossis www.epiclife.com (TTY: 711).

Korean 주목해 주세요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 첨부된 서신, ID 카드 앞면 또는 www.wpsic.com, www.arisehealthplan.com이나 www.epiclife.com에 나와 있는 전화번호로 연락해 주십시오 (TTY: 711).

Polish UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany w załączonej korespondencji, z przodu karty identyfikacyjnej lub numer podany na stronie www.wpsic.com, www.arisehealthplan.com lub www.epiclife.com (TTY: 711).

Russian ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по любому номеру, указанному: в прикрепленном письме, на лицевой стороне Вашей идентификационной карты или на сайтах www.wpsic.com, www.arisehealthplan.com и www.epiclife.com (телефайп: 711).

Spanish ATENCIÓN: Si habla español, los servicios de asistencia de idioma están disponibles para usted, sin ningún costo para usted. Llámenos al número de teléfono que se encuentra en la correspondencia adjunta, en la parte de adelante de su tarjeta de identificación o en el número indicado en www.wpsic.com, www.arisehealthplan.com o www.epiclife.com (TTY: 711).

Tagalog BIGYANG-PANSIN: Kung Tagalog ang ginagamit mong wika, may mga serbisyon tulong sa wika na makukuha mo nang walang babayaran. Tawagan kami sa numero ng telepono na nasa nakalakip na sulat, nasa harapang bahagi ng iyong id card o nakalistang numero sa www.wpsic.com, www.arisehealthplan.com o www.epiclife.com (TTY: 711).

Traditional Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打隨附之通訊上、ID 卡正面或以下網址：www.wpsic.com, www.arisehealthplan.com 或 www.epiclife.com 列出的電話號碼與我們聯絡 (TTY: 711)。

Vietnamese CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi cho chúng tôi theo số điện thoại có trên thư từ đính kèm, mặt trước thẻ id của quý vị hoặc số điện thoại được niêm yết trên www.wpsic.com, www.arisehealthplan.com hoặc www.epiclife.com (TTY: 711).

Pennsylvania Dutch GEB ACHT: Wann du Deitsch schwetzst, du kannscht Schprooch Services griege, mitaus Koschd. Ruf uns mit der Nummer uff die attached correspondence, die vonne Seide vun der ID Kaarde odder die Nummer uff www.wpsic.com, www.arisehealthplan.com or www.epiclife.com (TTY: 711).

Lao ສໍາລັບທ່ານທີ່ລິມໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອເພື່ອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ທ່ານສາມາດໂທຫາພວກເຮົາໄດ້ທີ່ໝາຍເລກຢູ່ເທິງຈົດໝາຍຕິດຕໍ່ທີ່ຕິດຕໍາ, ດ້ານໜ້າບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ໝາຍເລກທີ່ລະບຸໃນ www.wpsic.com, www.arisehealthplan.com or www.epiclife.com (TTY: 711).