

## LifeWise Individual Value Plan

### Benefit Plan Summary

Effective July 1, 2006 - June 30, 2007

The deductibles, copays and coinsurance percentages below represent what you pay.

	VALUE			
	\$1,000	\$2,500	\$5,000	\$7,500
<b>Calendar Year Deductible – Individual<sup>1</sup>:</b> (Family is 3x the Individual, except HSA Plans)				
	Preferred		Non-Preferred	
<b>Coinsurance Maximum Per Individual</b>	\$5,000		\$10,000	
<b>Out-of-Pocket Maximum</b>	Deductible + Coinsurance Maximum			
<b>Lifetime Maximum</b>	\$4,000,000			
<b>COVERED SERVICES</b>	Preferred		Non-Preferred	
<b>PREVENTIVE CARE / IMMUNIZATIONS</b>				
Routine Physical Exams Well-Baby Care	Not covered			
Routine Immunizations/Vaccinations	Not covered			
Women's Routine Mammograms	Covered in full <sup>2</sup>		50%	
Women's and Men's Annual Health Exams	\$20 Copay <sup>2</sup>		50%	
<b>PHYSICIAN PROVIDER SERVICES</b>				
Office Visits	30% <sup>4</sup>		50%	
Alternative Care (12 visit PCY limit)	Not covered			
<b>HOSPITAL SERVICES</b>				
Inpatient & Outpatient Surgery Room & Ancillary Charges Physician Services	30%		50%	
<b>MATERNITY</b>				
All Pre/Post Office Visits & Doctor Delivery Hospital Charges	30%		50%	
<b>EMERGENCY CARE</b>				
Urgent Care	30% <sup>4</sup>		50%	
Hospital Emergency Room Ambulance (\$5,000 PCY limit for Air & Ground)	30% <sup>5</sup>			
<b>OTHER FACILITIES &amp; SERVICES</b>				
Lab & X-ray Services Medical Supplies & Devices (\$2,500 PCY limit) Home Health Care (130 visit PCY limit)	30%		50%	
Prescription Services (No Mail-Order Program)	Not covered			
Accident Benefit	Paid as any other illness subject to deductible/coinsurance			
<b>SUPPLEMENTAL BENEFIT OPTIONS</b>				
Prescription Drug Buy-Up Option	No deductible; 50% coinsurance; \$2,000 PCY limit			
Alcohol Dependency Treatment	This optional benefit is available at an additional cost. It is limited to \$4,500 in any 24 consecutive months.			

Please note that this is only a general outline of the important features of this benefit plan for individuals and families in Oregon. The full terms and conditions of these plans are provided in the policy at the time of purchase.

**PCY = Per Calendar Year**

<sup>1</sup> Family Deductible for Plus, Preferred and Value plans = 3x the Individual. Family Deductible for HSA plans is 2x the Individual deductible and applies when an individual and a spouse or one (1) or more dependents are enrolled. Therefore, prior to benefits being paid, the entire family deductible must be met.

<sup>2</sup> Deductible waived.

<sup>4</sup> For Preferred Providers deductible waived for the first three office visits per calendar year but subject to 30% coinsurance. Fourth and subsequent office visits subject to deductible and 30% coinsurance. This is a shared benefit between office visits and urgent care.

<sup>5</sup> \$100 copay is charged, then subject to deductible and applicable coinsurance. Copay is waived if admitted to the same hospital within 24 hours (except HSA CHOICE & HSA PPO Plans).