

Now, choose the best

Let's dive into the details and make a selection

This is a good time to reference the Monthly Rates sheet we included so you can compare plan costs.

This is an overview of PREFERRED PROVIDER deductible, coinsurance and copay levels only. Deductible, coinsurance and copay represent what you pay. Non-preferred provider deductible, coinsurance and copay levels are not shown and are higher in most instances.

| PCY= Per Calendar Year Lifetime maximum: \$2 million | WiseSimplicity | WiseEssentials Rx | WiseEssentials Copay |
|---|--|---|---|
| Annual Deductible PCY (Choose one) | \$10,000 | \$1,850 / \$2,500 / \$3,500 | \$5,000 / \$7,500 |
| Coinsurance (what you pay) | 0% | 25% | 25% |
| Annual Coinsurance Maximum | \$0 | \$5,000 | \$5,000 |
| Office Visits (includes Urgent Care & Naturopathy) | Deductible, then covered in full | DEDUCTIBLE WAIVED on first 6 visits PCY, you pay 25%; additional visits subject to deductible, then 25% | DEDUCTIBLE WAIVED on first 3 visits PCY, you pay \$25 copay only; additional visits subject to deductible, then 25% |
| Preventive Care Exams | Covered in full* (only 1 exam PCY) | | |
| Preventive Screenings | Deductible, then covered in full | Covered in full* | Covered in full* |
| Immunizations | Deductible, then covered in full | Not covered | Not covered |
| Pharmacy Retail (30-day supply) Mail Order (90-day supply) | Not covered; pharmacy discount program available | Generics only Retail: \$15; Mail Order: \$40 \$3,000 PCY limit | Not covered; pharmacy discount program available |
| Outpatient Diagnostic Imaging & Lab Services | Deductible, then covered in full | DEDUCTIBLE WAIVED, then 25% for \$1,850 deductible plan only Deductible, then 25% for all others | Deductible, then 25% |
| Mammography | Covered in full* | DEDUCTIBLE WAIVED, then 25% | DEDUCTIBLE WAIVED, then 25% |
| Emergency Room Care (Copay waived if direct admit to an inpatient facility) | \$100 Copay, then subject to deductible, then covered in full | \$100 Copay, then subject to deductible, then 25% | \$100 Copay, then subject to deductible, then 25% |
| Ambulance Transportation (Air: Unlimited; Ground: \$5,000 PCY limit) | Deductible, then covered in full | Deductible, then 25% | Deductible, then 25% |
| Alternative Care (Spinal Manipulations—12 visits PCY) (Acupuncture—12 visits PCY) | Deductible, then covered in full | DEDUCTIBLE WAIVED, \$25 Copay | DEDUCTIBLE WAIVED, \$25 Copay |
| Inpatient / Outpatient Facility Care | Deductible, then covered in full | Deductible, then 25% | Deductible, then 25% |
| Rehabilitation (Outpatient: 20 visits PCY; Inpatient: 8 days PCY) Physical, Occupational, Massage & Speech Therapy; Cardiac & Pulmonary Rehabilitation) | Deductible, then covered in full | Deductible, then 25% | Deductible, then 25% |
| Durable Medical Equipment & Prosthetics (\$5,000 PCY) | Not covered | Not covered | Not covered |
| Mental Health Outpatient: 6 visits PCY Inpatient: 6 days PCY | Deductible, then covered in full | DEDUCTIBLE WAIVED, then 25% Deductible, then 25% | DEDUCTIBLE WAIVED, \$25 Copay Deductible, then 25% |
| Maternity Care | Not covered | Not covered | Not covered |
| Vision Care Routine Exam (1 exam per 2 calendar years) Vision Hardware (per 2 calendar years) | Not covered | Not covered | Not covered |

* Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

** Family = Individual plus one or more family members. Services for all family members covered under the same HSA-qualified plan are applied to the family deductible. The family deductible must be met before services are covered for any enrolled family members.

Note: Benefits apply after calendar year deductible is met, unless otherwise noted as "deductible waived," "copay" or "covered in full."



plan for you

| WiseSavings (HSA) | WiseChoices Prime |
|---|---|
| Individual: \$1,820 / \$3,000 Family**: \$3,640 / \$6,000 | Individual: \$1,500 / \$3,000 Family: \$4,500 / \$9,000 |
| 20% | 30% |
| Individual: \$2,500 / \$1,750 Family**: \$5,000 / \$3,500 | Individual: \$6,500 Family = 3x Individual |
| Deductible, then 20% | DEDUCTIBLE WAIVED, \$30 Copay |
| Covered in full* \$300 PCY limit | |
| Deductible, then 20% | Covered in full* |
| Covered in full* | Covered in full* |
| Not covered; pharmacy discount program available | Retail: \$10 / 30% / 50% / 30% Mail Order: \$25 / 25% / 45% / 30% <i>Brand: \$3,000 PCY limit; Generic: unlimited</i> |
| Deductible, then 20% | Deductible, then 30% |
| DEDUCTIBLE WAIVED, then 20% | DEDUCTIBLE WAIVED, then 30% |
| Deductible, then 20% | \$100 Copay, then subject to deductible, then 30% |
| Deductible, then 20% | Deductible, then 30% |
| Deductible, then 20% | DEDUCTIBLE WAIVED, \$25 Copay |
| Deductible, then 20% | Deductible, then 30% |
| Deductible, then 20% Outpatient: 15 visits PCY only Inpatient: 10 days PCY only | Deductible, then 30% |
| Deductible, then 20% | Deductible, then 30% |
| Deductible, then 20% | DEDUCTIBLE WAIVED, \$30 Copay Deductible, then 30% |
| Not covered | Deductible, then 30% |
| Not covered | Covered in full* \$200 for frames, lenses & contact lenses |

Stay on top of your health with preventive care.

The following are included in your LifeWise plan:

Preventive Exams

- Routine physicals and physicals for school, sports and employment
- Women's or men's annual exams
- Well-baby and newborn exams
- Preventive immunizations (includes HPV vaccine)*

Preventive Screenings

- **Cancer Screenings:** Cervical (PAP), prostate (PSA), and colorectal** cancer screenings
- **Infectious Disease Screenings:** Chlamydia antibody and hepatitis antigen screenings
- **Metabolic, Nutrition and Endocrine Screenings:** Glucose testing (blood sugar) and anemia (iron deficiency) screenings
- **Heart and Vascular Disease Screenings:** Lipid panel/ lipoprotein/high cholesterol screenings and high blood pressure testing
- **Musculoskeletal Disorder Screening:** Bone density screening (osteoporosis)

Our plans also include:

- Home Health Care
- Skilled Nursing
- Transplant Coverage

* Not covered on WiseEssentials Rx and WiseEssentials Copay plans.

** A colonoscopy is covered under surgical services benefit. See your benefit booklet for details.



options



Get MORE for your money

Nationwide network coverage

The LifeWise network includes thousands of physicians, specialists and facilities in Washington so you have a choice when it comes to your medical care. You're also covered when you travel nationwide by visiting a preferred provider with our partner network, PHCS/MultiPlan.

Online tools to help keep you healthy

As a LifeWise member you'll have access to our secure website that includes tools to help you assess, manage and improve your health. Our secure website offers a health assessment, treatment cost estimator, access to your claims status, your plan benefits, a symptom checker and several other useful tools.

24-hour NurseLine

Staffed by registered nurses who can answer your questions about symptoms and conditions. Plus, home treatment suggestions and helpful advice about where to get care.

24-hour coverage—on and off the job

24-hour coverage for all enrolled family members, including coverage for occupational conditions not covered by workers' compensation or other industrial insurance provided by your employer.

Pharmacy discount program[†]

Instantly save on qualifying drugs at select retail pharmacies. Simply show your LifeWise ID card at any participating network pharmacy. Visit lifewisewa.com/rxdiscout for more information.

Health support and disease management

LifeWise supports your health and helps you get the most from your healthcare providers. We offer a variety of information and services including personalized support from an outreach nurse when you're faced with complex care needs.

[†] The pharmacy discount program is available to WiseSimplicity, WiseEssentials Copay and WiseSavings members only. In order to validate current eligibility for this discount, the pharmacy will transmit your information to LifeWise Health Plan of Washington, including the details of the prescription to be filled. The information may also be used for other appropriate purposes.



General exclusions and limitations

Benefit plans typically have exclusions and limitations—what the plans do not cover. The following are general exclusions and limitations for the LifeWise benefit plans:

Am I eligible?

Our WiseSimplicity, WiseEssentials Rx, WiseEssentials Copay, WiseSavings, and WiseChoices Prime plans are only available to Washington residents under the age of 65 and exclude those eligible for Medicare. Eligible family members include you, your legal spouse and unmarried children under age 25.

What is not covered?

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Chemical dependency or tobacco addiction
- Cosmetic or reconstructive surgery (except as specifically provided)
- Dental services (except as specifically provided)
- Experimental or investigative services
- Hearing examinations or hardware
- Infertility
- Learning disorders
- Neurodevelopmental disabilities
- Obesity/morbid obesity
- Orthognathic surgery (except when repairing a dependent child's congenital abnormality)
- Orthotics, except for treatment of diabetes
- Over-the-counter or non-prescription drugs
- Services in excess of specified benefit maximums
- Services payable by other types of insurance coverage
- Services received when you are not covered by this program
- Sexual dysfunction
- Sterilization (on WiseChoices Prime and WiseEssentials Rx only) and sterilization reversal
- Temporomandibular joint (TMJ) disorder

Waiting periods

There is a 9-month waiting period for pre-existing conditions, unless otherwise specified. Treatment related to transplants requires a 12-month waiting period.

Other exclusions and limitations

- Maternity/obstetrical care is not covered under WiseSimplicity, WiseEssentials Rx, WiseEssentials Copay and WiseSavings plans.
- Prescriptions are not covered under WiseSimplicity, WiseEssentials Copay and WiseSavings plans.
- Routine Vision Care is not covered under WiseSimplicity, WiseEssentials Rx, WiseEssentials Copay and WiseSavings plans.
- Allergy testing and injections are not covered under the WiseSimplicity, WiseEssentials Rx and WiseEssentials Copay plans.
- Disposable diabetic supplies are not covered under the WiseSimplicity, WiseEssentials Copay and WiseSavings plans.

**Start enjoying the
LifeWise advantage!**

**Talk to your producer about the plan
that's right for you.**

Please note that this brochure is not a contract, nor is it a complete explanation of plan benefits or exclusions and limitations for LifeWise Health Plan of Washington plans. The complete terms of coverage are determined by the contract.