

## LifeWise Individual HSA Choice Plan

### Benefit Plan Summary

Effective July 1, 2006 - June 30, 2007

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

	HSA CHOICE (HSA QUALIFIED)
<b>Calendar Year Deductible – Individual<sup>1</sup>:</b> (Family is 3x the Individual, except HSA Plans)	\$2,500 individual / \$5,000 family
	Any Provider
<b>Coinsurance Maximum Per Individual</b>	\$1,000 individual / \$2,000 family
<b>Out-of-Pocket Maximum</b>	Deductible + Coinsurance Maximum
<b>Lifetime Maximum</b>	\$4,000,000
<b>COVERED SERVICES</b>	Any Provider
<b>PREVENTIVE CARE / IMMUNIZATIONS</b>	
Routine Physical Exams Well-Baby Care	Not covered
Routine Immunizations/Vaccinations	Not covered
Women’s Routine Mammograms	20% <sup>2</sup>
Women’s and Men’s Annual Health Exams	20% <sup>2</sup>
<b>PHYSICIAN PROVIDER SERVICES</b>	
Office Visits	20%
Alternative Care (12 visit PCY limit)	20%; (Preferred Providers only)
<b>HOSPITAL SERVICES</b>	
Inpatient & Outpatient Surgery Room & Ancillary Charges Physician Services	20%
<b>MATERNITY</b>	
All Pre/Post Office Visits & Doctor Delivery Hospital Charges	20%
<b>EMERGENCY CARE</b>	
Urgent Care	
Hospital Emergency Room Ambulance (\$5,000 PCY limit for Air & Ground)	20%
<b>OTHER FACILITIES &amp; SERVICES</b>	
Lab & X-ray Services Medical Supplies & Devices (\$2,500 PCY limit) Home Health Care (130 visit PCY limit)	20%
Prescription Services (No Mail-Order Program)	Deductible, then 20% coinsurance except generic cardiac preventive drugs covered in full/deductible waived
Accident Benefit	Paid as any other illness subject to deductible/coinsurance
<b>SUPPLEMENTAL BENEFIT OPTIONS</b>	
Prescription Drug Buy-Up Option	Not available
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.