

LifeWise Individual Preferred Plan

Benefit Plan Summary

Effective July 1, 2006 - June 30, 2007

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

	PREFERRED				
	\$500	\$1,000	\$2,500	\$5,000	\$7,500
Calendar Year Deductible – Individual¹: (Family is 3x the Individual, except HSA Plans)					
	Preferred		Non-Preferred		
Coinsurance Maximum Per Individual	\$4,000		\$8,000		
Out-of-Pocket Maximum	Deductible + Coinsurance Maximum				
Lifetime Maximum	\$4,000,000				
COVERED SERVICES	Preferred		Non-Preferred		
PREVENTIVE CARE / IMMUNIZATIONS					
Routine Physical Exams Well-Baby Care	20%		Not covered		
Routine Immunizations/Vaccinations	Covered in full ²		Not covered; except for flu shots ²		
Women’s Routine Mammograms	Covered in full ²		40%		
Women’s and Men’s Annual Health Exams	\$20 Copay ²		40%		
PHYSICIAN PROVIDER SERVICES					
Office Visits	20%		40%		
Alternative Care (12 visit PCY limit)	20% (Preferred Providers only)		Not covered		
HOSPITAL SERVICES					
Inpatient & Outpatient Surgery Room & Ancillary Charges Physician Services	20%		40%		
MATERNITY					
All Pre/Post Office Visits & Doctor Delivery Hospital Charges	20%		40%		
EMERGENCY CARE					
Urgent Care	20%		40%		
Hospital Emergency Room Ambulance (\$5,000 PCY limit for Air & Ground)	20% ⁵				
OTHER FACILITIES & SERVICES					
Lab & X-ray Services Medical Supplies & Devices (\$2,500 PCY limit) Home Health Care (130 visit PCY limit)	20%		40%		
Prescription Services (No Mail-Order Program)	No deductible, Generic: \$20 copay, Brand name: 50% coinsurance				
Accident Benefit	First \$1,000 covered in full PCY; then paid as any other illness subject to deductible/coinsurance				
SUPPLEMENTAL BENEFIT OPTIONS					
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

¹ 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.

² Deductible waived.

⁵ \$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).