



WiseChoices

Consider a WiseChoices Plan if you:

- Would like to choose between a zero dollar deductible and other deductible options
- Are looking for up-front benefits, such as preventive office visits, immunizations and preventive screenings
- Want a plan that provides fixed copays for professional care and alternative care
- Want a broad range of covered services such as maternity care and vision care
- Would like prescription drug coverage

WiseChoices™ Benefit highlights

Coinsurance and copay represent WHAT YOU PAY.

All preferred provider services are NOT subject to deductible, and coinsurance is either 20% or 30%.

PCY - Per Calendar Year	WiseChoices 0 20		WiseChoices 0 30	
	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED
Annual Deductible PCY (choose one) (family = 3x)†	None	\$3,000	None	\$3,000
Annual Coinsurance Maximum (family = 3x)†	\$9,500	Unlimited	\$9,500	Unlimited
Out-of-Pocket Maximum PCY (family = 3x)† (Includes annual deductible and coinsurance maximum; once met, Preferred Providers covered in full)	\$9,500	Unlimited	\$9,500	Unlimited
LIFETIME BENEFIT MAXIMUM	\$2,000,000		\$2,000,000	
COVERED SERVICES				
PREVENTIVE CARE				
Preventive Exams (includes routine medical exam, sports physical, men's and women's health exam and well baby exam)	\$30 Copay	50%	\$30 Copay	50%
Immunizations	Covered in full	Not covered	Covered in full	Not covered
Preventive Screenings (includes Pap smear, PSA testing, home colon cancer screening, cholesterol screening and bone density test)	Covered in full	50%	Covered in full	50%
PROFESSIONAL CARE				
Office Visits and Urgent Care	\$30 Copay	50%	\$30 Copay	50%
Outpatient and Inpatient Professional Services	20% (Coinsurance only)		30% (Coinsurance only)	
ALTERNATIVE CARE				
Spinal and Other Manipulations 12 visits PCY	\$25 Copay		\$25 Copay	
Acupuncture 12 visits PCY	\$25 Copay	50%	\$25 Copay	50%
Naturopathy	\$30 Copay		\$30 Copay	
Massage Therapy* Inpatient: 8 days; Outpatient: 20 visits PCY	20% (Coinsurance only)		30% (Coinsurance only)	
DIAGNOSTIC SERVICES				
Outpatient Diagnostic X-ray and Lab Services	20% (Coinsurance only)	50%	30% (Coinsurance only)	50%
Mammography				
PHARMACY**				
Retail Pharmacy Up to 30-day supply	\$10/\$45/50%	In-network + 40%	\$10/\$45/50%	In-network + 40%
Mail Service Up to 90-day supply	\$25/\$112.50/45%		\$25/\$112.50/45%	
EMERGENCY CARE				
Emergency Room Care (copay waived if admitted)	\$100 Copay plus 20%		\$100 Copay plus 30%	
Ambulance Transportation Air - unlimited	20% (Coinsurance only)		30% (Coinsurance only)	
Ambulance Transportation Ground - \$5,000 PCY	20% (Coinsurance only)		30% (Coinsurance only)	
FACILITY CARE				
Inpatient & Outpatient Facility Care	20% (Coinsurance only)	50%	30% (Coinsurance only)	50%
Skilled Nursing Facility 45 days PCY				
MATERNITY including prenatal care	20% (Coinsurance only)	50%	30% (Coinsurance only)	50%
VISION CARE				
Routine Vision Exam one exam per 2 calendar years	Covered in full		Covered in full	
Vision Hardware per 2 calendar years	\$200 for frames, lenses and contact lenses		\$200 for frames, lenses and contact lenses	

† Family = 3x individual for the deductible and coinsurance maximum.

* Shared with physical, occupational and speech therapy; cardiac and pulmonary rehabilitation; and chronic pain.

** Cost share for generic/preferred/non-preferred brands. Benefit for generic drugs unlimited. Benefit for all brand-name drugs limited to \$3,000 per calendar year.

Note: All coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracted with LifeWise Health Plan of Washington. Please note that this is a general summary. Your individual health plan contract will describe the actual terms, conditions and exclusions of coverage.

Rates

LifeWise rates apply to each person enrolled in a plan and are based on tobacco use, age range and chosen deductible amount.

To determine the monthly rate for each plan:

Step 1 Choose one of the deductible amounts available for WiseChoices. If you choose to cover three or more people in your family (including yourself) your deductible amount will be 3x the individual deductible amount. Deductible amounts are shown in the benefit highlights. (Only one plan per application may be selected.)

Step 2 Identify the individual rate for the benefit plan based on the chosen deductible amount, your current age range and tobacco use. Circle the appropriate monthly rate.

Step 3 Repeat step 2 for each person who will be covered under this plan.

Step 4 Add up all of the circled amounts. This is your total monthly rate for the plan you selected.

Notes:

- For children covered on their own plan, please use the “25 & under” rate.
- To qualify for non-smoker rate, an individual must not have used any tobacco product during the past 12 months.

WiseChoices				
\$0 Deductible				
		20		30
AGE BAND	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$160	\$187	\$146	\$170
25-29	\$181	\$210	\$164	\$191
30-34	\$209	\$243	\$190	\$221
35-39	\$249	\$290	\$227	\$264
40-44	\$296	\$344	\$269	\$312
45-49	\$369	\$429	\$335	\$390
50-54	\$452	\$526	\$411	\$478
55-59	\$527	\$613	\$479	\$557
60-64	\$600	\$700	\$547	\$636
65+	\$600	\$700	\$547	\$636
Per Child [†]	\$134		\$121	

[†]Applies to dependent children applying on the same plan as a parent or legal guardian.

How to enroll:

- Select a deductible amount and the appropriate monthly rate.
- The fastest way to enroll is to go online at: **www.lifewisewa.com**
- Click on the “Get Quotes and Apply Online!” link. This will take you through a paperless enrollment process

OR

- Complete the enclosed LifeWise Enrollment Application and the Washington State Standard Health Questionnaire (one per person)
- Sign, date and return the forms in the pre-addressed envelope (provided)

Our plans are available to permanent Washington State Residents, except those eligible for Medicare.

Notes:

- Plan Enrollment applications postmarked by the 5th of the month and approved will be effective on the 15th of the same month. Applications postmarked by the 20th of the month, and approved, will be effective on the first day of the following month.
- If a paper application is submitted, you will not be notified that you have been accepted until you get your member package. If your application is denied, you will receive a letter of explanation within 15 business days of our receiving the completed application.

When you fill out your application for coverage, you can choose to pay your monthly rate through an automatic bank withdrawal. You also may elect to receive a monthly billing instead.

Start enjoying the LifeWise advantage.

Talk to your broker or agent about a LifeWise plan today, or call us directly at:

1-800-592-6804

(1-800-842-5357 TDD for the hearing impaired)

www.lifewisewa.com

General exclusions & limitations

Benefit plans typically have exclusions and limitations—what the plans do not cover. Listed here are general exclusions and limitations for LifeWise Health Plan of Washington benefit plans.

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
- Mental or psychiatric conditions
- Neurodevelopmental disabilities
- Obesity/morbid obesity
- Orthognathic surgery
- 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 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 to coverage

- Maternity/obstetrical care and prescriptions are not covered under WiseEssentials and WiseSavings plans.
- Vision Care is not covered under under WiseEssentials and WiseSavings plans.