

HSA-Qualified

for plans beginning September 1, 2011

These plans are “non-grandfathered” under federal healthcare reform legislation.

MEDICAL BENEFITS	PREFERRED PROVIDERS		NON-PREFERRED PROVIDERS
Annual Deductible PCY (choose one)	\$3,000 Individual \$6,000 Family ¹	\$5,950 Individual \$11,900 Family ¹	Shared with preferred provider deductible
Coinsurance ² (what you pay)	25%	0%	50%
Annual Coinsurance Maximum ³	\$2,950 Individual \$5,900 Family	\$0	\$5,900 Individual \$11,800 Family
Calendar Year Maximum	\$2,000,000		
COVERED SERVICES	PREFERRED PROVIDERS		NON-PREFERRED PROVIDERS
PREVENTIVE CARE			
Preventive Care Exams (routine medical exam, sports physical and women’s health exams/well baby)	Covered in full ⁴	Covered in full ⁴	Deductible, then 50%
Preventive Screenings (includes mammograms, colonoscopies, PAP & PSA screenings) ⁵			
Immunizations (includes HPV vaccine)			
PROFESSIONAL CARE			
Office Visit including Urgent Care and Naturopathy	Deductible, then 25%	Deductible, then covered in full	Deductible, then 50%
Other Outpatient and Inpatient Professional Services			
ALTERNATIVE CARE			
Chiropractic 12 visits PCY (visits shared with Acupuncture)	Deductible, then 25%	Deductible, then covered in full	Deductible, then 50%
Acupuncture 12 visits PCY (visits shared with Chiropractic)			
DIAGNOSTIC SERVICES			
Outpatient Diagnostic Imaging and Lab Services	Deductible, then 25%	Deductible, then covered in full	Deductible, then 50%
PHARMACY			
Retail: 30-day supply Mail Order: 90-day supply	Generics ⁶	Deductible, then covered in full	Not covered
	Preferred Brand & Non-Preferred Brand	Not covered	
EMERGENCY CARE			
Emergency Room Care	Deductible, then 25%	Deductible, then covered in full	Preferred provider deductible, then preferred provider coinsurance
Ambulance Transportation Air (unlimited); Ground (\$5,000 PCY limit)			
FACILITY CARE			
Inpatient Facility Care	Deductible, then 25%	Deductible, then covered in full	Deductible, then 50%
Outpatient Facility Care			
Skilled Nursing Facility 45 days PCY; includes room and board, ancillaries and professional fees			
MATERNITY			
Maternity Care	Deductible, then 25%	Deductible, then covered in full	Deductible, then 50%
VISION CARE			
Routine Vision Exam 1 exam PCY	Deductible, then 25%	Deductible, then covered in full	Deductible, then 50%
OTHER SERVICES			
Home Medical Equipment and Supplies	Deductible, then 25%	Deductible, then covered in full	Deductible, then 50%
Home Health Care 130 visits PCY			
Hospice Care Inpatient: 10 days, Respite: 240 hours per 6 months lifetime maximum			
Rehabilitation (Includes Physical, Occupational & Speech Therapy, Cardiac & Pulmonary Rehab; & Chronic Pain) Outpatient: 20 visits PCY; Inpatient: 8 days PCY)			
Transplants (Organ & Bone Marrow) 24-month waiting period; Donor and travel limits apply			
Alcohol Dependency Treatment	This optional benefit is available at an additional cost.		

Deductible, coinsurance and copay represent what you pay. All coinsurance amounts are based on maximum allowable amounts. Benefits apply after calendar year deductible is met, unless otherwise noted as “no deductible,” “copay,” or “covered in full.”

PCY= Per Calendar Year

¹ Family equals individual plus one or more family members. Services for all family members covered under the same HSA-qualified plan get applied to the same deductible. The family deductible must be met before services are covered for any enrolled family members.

² All coinsurance amounts are the member's percentage of maximum allowable amounts after deductible

³ Does not include deductible

⁴ Benefits provided at 100% of maximum allowable amounts; not subject to deductible or coinsurance

⁵ A full list of preventive screenings, tests and other preventive services, is available on lifewiseor.com. You can receive these preventive services covered in full if you use preferred providers and are within the frequency, age, risk and gender guidelines outlined in the list.

⁶ Certain preventive generic drugs are covered at 100%.

This is only a summary of major benefits. It is not a contract.