



LifeWise Health Plans

for individuals & families



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Our health plans are all about you

A history of providing exceptional service. We're proud of our local connection, and we're always working to serve you better. We're all about making things easier, friendlier, faster. We offer a wide array of coverage and cost options, so you get the plan that's right for you. All of our plans include:

- ✓ **Choice and value**—plan selections for different coverage needs and budgets.
- ✓ **Extensive provider network**—direct access to over 24,000 providers in Washington. LifeWise even saves you money by negotiating fees with doctors and other health-care providers on your behalf.
- ✓ **Expedited claims processing**—hardly any paperwork required.
- ✓ **Service excellence**—local team dedicated to providing attentive customer service, claims information and answers to membership questions.
- ✓ **Integrated health-care support services**—programs, resources and support to help you manage your personal health, including our free and confidential 24-hour NurseLine.



What's included with a LifeWise plan?

All plans cover inpatient and outpatient professional care and surgery, as well as **Preventive Office Visits and Screenings**

Preventive office visits and screenings

Stay on top of your health with preventive care. There's no need to pay your deductible for covered exams and screenings.

Preventive exams

We're here to make staying healthy easier. So go ahead, get that check-up—the following exams are all included:

- Routine physicals and physicals for school, sports and employment
- Women's or men's annual exams
- Well-baby and newborn exams

Preventive screenings

Preventive screenings are tests your doctor uses to make sure everything's going well. The following screenings are covered:

- **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:** Bone density screening (osteoporosis)

* A colonoscopy is a different service with different coverage. See your benefit booklet for details.



Professional office visits

If you get sick or injure yourself, your visit to the doctor's office or urgent care is covered.

Diagnostic imaging and lab services

All of our plans provide diagnostic services such as X-rays, MRIs, EKGs, mammograms and other lab services.

Alternative care

Spinal manipulations, chiropractic, acupuncture and naturopathy are covered on all plans.

Emergency care

No worries—emergency room care and ambulance transportation is covered on all plans.

So what's an emergency? It's the sudden and severe onset of symptoms that you believe indicate a serious condition that could jeopardize your health if not treated immediately. So if you have severe pain, think you might be having a heart attack or suspect you've broken a bone, head for the emergency room.

WiseEssentials and WiseChoices plans

WiseEssentials plan

With the **WiseEssentials™** plan, you get a great low monthly rate with the security of knowing that you're covered. This plan is the most affordable of our health plans, featuring high deductibles, lean benefits and low monthly rates.

Preferred provider benefits include:

- ✓ You pay 25% coinsurance on your first six office visits, preventive care exams and naturopathic visits (deductible waived)
- ✓ Preventive screenings are covered in full
- ✓ You pay a \$25 copay on acupuncture and spinal and other manipulations (deductible waived)
- ✓ Pharmacy discount program available to reduce the cost of your prescriptions (see page 9 for more details)

WiseChoices plans

With a **WiseChoices™** plan, you'll receive the widest range of covered benefits. These plans offer low deductible options and fixed copays for several services. Preferred provider benefits include:

- ✓ You pay fixed copays for preventive exams, office visits (including urgent care), naturopathy, spinal and other manipulations and acupuncture (deductible waived)
- ✓ Preventive screenings and immunizations are covered in full
- ✓ Covered services include mammography, maternity care and vision care

- ✓ 3-Tier Pharmacy Benefit—you pay a fixed copay based upon the type of prescription you're purchasing (deductible waived):

Tier 1: Generic drugs

A low-cost alternative to brand-name prescriptions (\$10 copay for 30 day retail supply; \$25 copay for 90 day mail-order supply)

Tier 2: Preferred brand-name drugs

A brand-name prescription that has been proven clinically safe and effective by approved medical journals and may be opted for if there isn't an identical or similar generic drug that can be used instead (\$45 copay for 30 day retail supply; \$112.50 copay for 90 day mail-order supply)

Tier 3: Non-preferred brand-name drugs

A brand-name prescription that hasn't been fully reviewed by the Pharmacy and Therapeutics Committee and lacks proof of safety or effectiveness; or there is a similar drug that works at least as well and costs less (50% of total retail cost for 30 day supply; 45% of total cost for 90 day mail-order supply)

WiseEssentials plan benefits

| | WiseEssentials | |
|---|--|--|
| | PREFERRED | NON-PREFERRED |
| MEDICAL PLAN (PCY = Per Calendar Year) | | |
| Annual Deductible PCY (choose one) | \$1,750 / \$2,500 / \$3,500 | \$3,500 / \$5,000 / \$7,000 |
| Coinsurance (what you pay) | 25% | 50% |
| Annual Coinsurance Maximum | \$5,000 | Unlimited |
| Out-of-Pocket Maximum (Deductible + coinsurance maximum) | \$6,750 / \$7,500 / \$8,500 | Unlimited |
| COVERED SERVICES (Lifetime maximum \$2 million) | | |
| Office Visits including Urgent Care & Naturopathy | DEDUCTIBLE WAIVED on first 6 visits then 25%; additional visits subject to deductible then 25% | Deductible, then 50% |
| Preventive Care Exams <i>Routine medical exam, sports physical & women's health/well baby exams</i> | | |
| Preventive Screenings <i>PAP smear, PSA testing, colorectal cancer screening, cholesterol screening & bone density test</i> | | |
| Immunizations | Covered in Full | |
| Pharmacy-Retail (30-day supply) <i>Brand: \$3,000 PCY limit; Generic: unlimited</i> | Not Covered | Not Covered |
| Pharmacy-Mail Service (90-day supply) <i>Brand: \$3,000 PCY limit; Generic: unlimited</i> | Not Covered (Pharmacy discount program* available) | Not Covered (Pharmacy discount program* available) |
| Outpatient Diagnostic Imaging & Lab Services | DEDUCTIBLE WAIVED then 25% for \$1,750 deductible plan only Deductible, then 25% for all others | Deductible, then 50% |
| Mammography | DEDUCTIBLE WAIVED then 25% | |
| Emergency Room Care <i>Copay waived if direct admit to an inpatient facility</i> | \$100 copay, then subject to deductible, then 25% | \$100 copay, then subject to deductible, then 25%** |
| Ambulance Transportation <i>Air: unlimited; Ground: \$5,000 PCY limit</i> | Deductible, then 25% | Deductible, then 25%** |
| Outpatient & Inpatient Facility Care | Deductible, then 25% | Deductible, then 50% |
| Rehabilitation (Outpatient: 20 visits PCY; Inpatient: 8 days PCY) <i>Physical, occupational, massage & speech therapy; cardiac & pulmonary rehabilitation</i> | | |
| Durable Medical Equipment and Prosthetics (\$5,000 PCY) | Not Covered | Not Covered |
| Spinal and Other Manipulations (12 visits PCY) | DEDUCTIBLE WAIVED \$25 Copay | Deductible, then 50% |
| Acupuncture (12 visits PCY) | | |
| Home Health Care (130 visits PCY) | Deductible, then 25% | Deductible, then 50% |
| Skilled Nursing Facility (45 days PCY) <i>Includes room and board, ancillaries & professional fees</i> | | |
| Hospice Care (Inpatient: 10 days PCY; Respite: 240 hours PCY) | | |
| Maternity Care | Not Covered | Not Covered |
| Vision-Routine Exam (One exam per two calendar years) | Not Covered | Not Covered |
| Vision Hardware (Per two calendar years) | | |
| Mental Health-Outpatient Office Visit (6 visits PCY) | DEDUCTIBLE WAIVED then 25% | Deductible, then 50% |
| Mental Health-Inpatient Facility Care (6 days PCY) | Deductible, then 25% | |
| Transplants (12-month waiting period; \$250,000 lifetime benefit) <i>Organ & bone marrow</i> | Deductible, then 25% | Not Covered |

* 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 proper purposes.

** Unlike services received at other non-preferred providers, this service is subject to the preferred provider deductible and coinsurance.

WiseChoices plan benefits

| WiseChoices 20 | WiseChoices 30 | Applies to all WiseChoices plans |
|---|---|---|
| PREFERRED | PREFERRED | NON-PREFERRED |
| \$1,000 Individual or \$3,000 Family | \$1,500 Individual or \$4,500 Family | \$3,000 Individual or \$9,000 Family |
| 20% | 30% | 50% |
| \$8,500 Individual or Family = 3x Individual | \$8,500 Individual or Family = 3x Individual | Unlimited |
| \$9,500 Individual or Family = 3x Individual | \$10,000 Individual or Family = 3x Individual | Unlimited |
| | | |
| DEDUCTIBLE WAIVED \$30 Copay | DEDUCTIBLE WAIVED \$30 Copay | Deductible, then 50% |
| Covered in Full | Covered in Full | |
| | | Not Covered |
| \$10/\$45/50% | \$10/\$45/50% | Preferred network cost + 40% |
| \$25/\$112.50/45% | \$25/\$112.50/45% | |
| Deductible, then 20% | Deductible, then 30% | Deductible, then 50% |
| DEDUCTIBLE WAIVED then 20% | DEDUCTIBLE WAIVED then 30% | |
| \$100 copay, then subject to deductible, then 20% | \$100 copay, then subject to deductible, then 30% | \$100 copay, then subject to deductible, then coinsurance** |
| | | Deductible, then coinsurance** |
| Deductible, then 20% | Deductible, then 30% | Deductible, then 50% |
| | | |
| DEDUCTIBLE WAIVED \$25 Copay | DEDUCTIBLE WAIVED \$25 Copay | Deductible, then 50% |
| | | |
| Deductible, then 20% | Deductible, then 30% | Deductible, then 50% |
| | | |
| Deductible, then 20% | Deductible, then 30% | Deductible, then 50% |
| Covered in Full | Covered in Full | Covered in Full |
| \$200 for frames, lenses & contact lenses | \$200 for frames, lenses & contact lenses | \$200 for frames, lenses & contact lenses |
| DEDUCTIBLE WAIVED \$30 Copay | DEDUCTIBLE WAIVED \$30 Copay | Deductible, then 50% |
| Deductible, then 20% | Deductible, then 30% | |
| | | |
| Deductible, then 20% | Deductible, then 30% | Not Covered |

Deductible, coinsurance and copay represent what you pay.

Benefits apply after calendar year deductible is met, unless otherwise noted as "Deductible Waived," "Copay" or "Covered in Full."

This is only a summary of the major benefits provided by our plans. This is not a contract.

WiseSavings plan (HSA-qualified)

WiseSavings plan

The **WiseSavings™** plan is an HSA-qualified, high-deductible health plan designed to work with an HSA account to help you actively manage your health care, and save for current and future medical expenses.

*The **WiseSavings plan** offers an extensive provider network (no referrals needed), comprehensive medical coverage and dedicated customer service, while providing the opportunity to save for your medical expenses.*

How does the deductible on the WiseSavings plans differ from other LifeWise plans?

As an individual, you must meet your deductible before your coinsurance applies. However, if you elect the WiseSavings family plan, the deductible can be met by any combination of family members on behalf of the entire family. If one person in a family of four satisfies the WiseSavings family deductible early in the plan year, the remaining three people only pay coinsurance for the remainder of the plan year.

What is an HSA?

An HSA is an individually-owned, fully portable account that you establish, manage and fund. It allows you to set aside funds to pay for your health care on a tax-advantaged basis, and works in conjunction with HSA-qualified health plans such as the WiseSavings plan. HSAs are administered by financial institutions that have been approved by the IRS to offer these types of accounts.

How can HSA funds be used to pay out-of-pocket costs?

You can use your contributed tax-advantaged HSA funds to pay for your coinsurance, deductible and other qualified medical expenses. And, by choosing preferred providers, you'll save even more by taking advantage of our negotiated rates.

What are the benefits of an HSA?

You can get the most out of your WiseSavings plan by opening an HSA account with an authorized financial institution. With your HSA account, you make deposits and withdrawals, just like you would with a regular savings account, except the money may be tax-free if the funds are used to cover qualified medical expenses. Your HSA can provide a triple tax advantage:

- ✓ Contributions are made on a tax-advantaged basis.
- ✓ Unused funds rollover from year to year and grow tax-deferred. Unlike Flexible Spending Account funds, unused HSA funds are not forfeited each year and may be used to reduce your out-of-pocket medical costs in the future.
- ✓ When used to pay for qualified medical expenses, funds can be withdrawn tax-free.

Who is eligible for an HSA?

You can open an HSA if you meet the following criteria:

- ✓ You are enrolled in a qualified, high-deductible medical plan such as WiseSavings
- ✓ You are not covered under another medical plan (including your spouse's)
- ✓ You are not enrolled in Medicare
- ✓ You cannot be claimed as a dependent on someone else's tax return

How do I establish an HSA?

You can establish an HSA by working with a private institution that has been approved by the IRS to manage and maintain Health Savings Accounts. Web sites such as www.hsafinder.com can help you find authorized institutions such as HSA Bank (www.hsabank.com).

WiseSavings plan benefits

| | WiseSavings (Individual) | | WiseSavings (Family) | |
|--|---|----------------------|---|----------------------|
| MEDICAL PLAN <small>(PCY = Per Calendar Year)</small> | PREFERRED | NON-PREFERRED | PREFERRED | NON-PREFERRED |
| Annual Deductible <small>PCY (Choose one)</small> | \$1,750 / \$3,000 Per Individual | | \$3,500 / \$6,000 Family** | |
| Coinsurance <small>(what you pay)</small> | 20% | 40% | 20% | 40% |
| Annual Coinsurance Maximum | \$2,500 / \$1,750 | Unlimited | \$5,000 / \$3,500 | Unlimited |
| Out-of-Pocket Maximum <small>(Deductible + coinsurance maximum)</small> | \$4,250 / \$4,750 | Unlimited | \$8,500 / \$9,500 | Unlimited |
| COVERED SERVICES <small>(Lifetime maximum \$2 million)</small> | | | | |
| Office Visits including Urgent Care & Naturopathy | Deductible, then 20% | Deductible, then 40% | Deductible, then 20% | Deductible, then 40% |
| Preventive Care Exams <small>(\$300 PCY)</small> <small>Routine medical exam, sports physical & women's health/ well baby exams</small> | Covered in Full | Not Covered | Covered in Full | Not Covered |
| Preventive Screenings <small>PAP smear, PSA testing, colorectal cancer screening, cholesterol screening & bone density test</small> | Deductible, then 20% | Deductible, then 40% | Deductible, then 20% | Deductible, then 40% |
| Immunizations | Covered in Full | Not Covered | Covered in Full | Not Covered |
| Pharmacy—Retail <small>(30-day supply)</small> | Not Covered Pharmacy discount program* available | | Not Covered Pharmacy discount program* available | |
| Pharmacy—Mail Service <small>(90-day supply)</small> | | | | |
| Outpatient Diagnostic Imaging & Lab Services | Deductible, then 20% | Deductible, then 40% | Deductible, then 20% | Deductible, then 40% |
| Mammography | DEDUCTIBLE WAIVED then 20% | | DEDUCTIBLE WAIVED then 20% | |
| Emergency Room Care | Deductible, then 20% | Deductible, then 20% | Deductible, then 20% | Deductible, then 20% |
| Ambulance Transportation <small>Air: unlimited; Ground: \$5,000 PCY limit</small> | | | | |
| Outpatient & Inpatient Facility Care | Deductible, then 20% | Deductible, then 40% | Deductible, then 20% | Deductible, then 40% |
| Rehabilitation <small>(Outpatient: 15 visits PCY; Inpatient: 10 days PCY)</small> <small>Physical, occupational, massage and speech therapy; cardiac & pulmonary rehabilitation</small> | | | | |
| Durable Medical Equipment & Prosthetics <small>(\$5,000 PCY)</small> | | | | |
| Spinal & Other Manipulations <small>(12 visits PCY)</small> | Deductible, then 20% | Deductible, then 40% | Deductible, then 20% | Deductible, then 40% |
| Acupuncture <small>(12 visits PCY)</small> | Deductible, then 20% | Deductible, then 40% | Deductible, then 20% | Deductible, then 40% |
| Home Health Care <small>(120 visits PCY)</small> | | | | |
| Skilled Nursing Facility <small>(20 days PCY)</small> <small>Includes room & board, ancillaries & professional fees</small> | | | | |
| Hospice Care <small>(Inpatient: 10 days PCY; Respite: 240 hours PCY)</small> | | | | |
| Maternity Care | Not Covered | | Not Covered | |
| Vision—Routine Exam <small>(One exam per two calendar years)</small> | Not Covered | | Not Covered | |
| Vision Hardware <small>(Per two calendar years)</small> | | | | |
| Mental Health—Outpatient Office Visit <small>(6 visits PCY)</small> | Deductible, then 20% | Deductible, then 40% | Deductible, then 20% | Deductible, then 40% |
| Mental Health—Inpatient Facility Care <small>(6 days PCY)</small> | | | | |
| Transplants <small>(12-month waiting period; \$250,000 lifetime benefit)</small> <small>Organ & Bone Marrow</small> | Deductible, then 20% | Not Covered | Deductible, then 20% | Not Covered |

* 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 proper purposes.

** Family = Individual + 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.

Deductible, coinsurance and copay represent what you pay. Benefits apply after calendar year deductible is met, unless otherwise noted as "Deductible Waived," "Copay" or "Covered in Full."

This is only a summary of the major benefits provided by our plans. This is not a contract.

Additional values and discounts

When you choose a LifeWise of Washington plan, you get more for your money.

Pharmacy discount program

Instantly save up to 50% on generic prescription drugs and up to 18% on brand-name drugs at select retail pharmacies for qualifying drugs. To receive your pharmacy discount, simply show your LifeWise ID card at any participating network pharmacy.

Visit www.lifewisewa.com/Rxdiscount for more information.

The pharmacy discount program is available to WiseEssentials 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.

24-hour NurseLine

Illnesses and injuries usually don't happen at convenient times. That's why we offer the free and confidential 24-hour NurseLine. The NurseLine is staffed with registered nurses trained to answer questions about symptoms and conditions, offer home treatment suggestions and give advice—like whether you should go to the emergency room, urgent care or call your doctor the next day.

Health and disease management program

This program is offered to all LifeWise members living with chronic diseases like heart disease or diabetes. In most cases, an outreach nurse will be available to help you manage your illness. For more information on health conditions, visit the "Staying Healthy" section of our Web site, www.lifewisewa.com.



24-hour coverage—on and off the job

As a LifeWise member, you'll receive 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.

Extras!

This program offers you a wide range of special discounts from 10%–60% off on health products and services from top U.S. companies.

For information on Extras!, visit the "Member Discounts" section of our Web site, www.lifewisewa.com.

How to enroll in a LifeWise plan

How to enroll in a health plan

Talk to an agent or broker—find out about which LifeWise health plan is right for you. They can also help you submit an online application.

OR

Apply online at www.lifewisewa.com—get a quote, complete the application and submit it electronically on our secure site. Online prompts will guide you step-by-step through the application process.

OR

Apply by mail—complete, sign and date a LifeWise enrollment application, then send it to us in the pre-addressed envelope provided.

Are you eligible?

Our WiseEssentials, WiseChoices and WiseSavings 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 who are primarily dependent on you for support.



As a LifeWise member, you'll have access to order new ID cards, check claims status, review your benefits and estimate treatment costs using our online secure portal.

Visit www.lifewisewa.com for details!

Helpful definitions

Allowable charge: A fee that LifeWise has negotiated with preferred providers.

Balance billing: Additional charges a non-preferred provider may hold you responsible for.

Benefit: The portion of services your health plan pays for.

Coinsurance: Your share of the fee for a service. If your plan's coinsurance share is 20%, you pay 20% of the allowable charge and your plan pays the other 80%.

Coinsurance maximum: A preset limit after which your plan pays at 100% of the allowable charge.

Copay: A flat fee you pay for a specific service, like an office visit, at the time a service is rendered. Copays don't apply towards a deductible or coinsurance maximum.

Covered in full: Services your plan pays for in full. Benefits provided at 100% of the allowable charges; not subject to deductible or coinsurance.

Deductible: The amount of money you pay every year before the plan pays for certain services.



Out-of-pocket maximum: The most you will pay towards your deductible and coinsurance maximum for covered services during a calendar year.

Your deductible + coinsurance max = your out-of-pocket max

Network: A group of doctors, hospitals and other health-care providers that have been contracted to provide services and supplies at negotiated amounts called "allowable charges."

Provider: Your physician or other health-care specialist. A preferred provider is a provider that belongs to the LifeWise network.

General Exclusions & 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:

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 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.
- Routine Vision Care is not covered under WiseEssentials and WiseSavings plans.
- Allergy testing and injections are not covered under the WiseEssentials plan.
- Disposable diabetic supplies are not covered under the WiseEssentials and WiseSavings plans.

Start enjoying the LifeWise advantage!

Talk to your agent or broker 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

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.