

Essential Silver

Washington plans for individuals & families
beginning January 1, 2014

PCY = per calendar year
Network = LifeWise Connect

| | |
|------------------------------|--|
| Annual Deductible | PCY (choose one) Family = 2x individual (In-network only) |
| Coinsurance | Amount you pay after your deductible is met |
| Out-of-Pocket Maximum | Includes deductible, coinsurance, and copays Family = 2x individual (In-network only) |
| Office Visits | Designated PCP office visit Non-designated PCP or specialist office visit |

10 Essential Benefits Covered Services

| | | | Essential Silver | |
|---|--|--|---|--|
| | | | LifeWise Connect providers | Non-Connect providers |
| Annual Deductible | PCY (choose one) Family = 2x individual (In-network only) | | \$2,000 / \$3,000 | 2x Individual deductible |
| Coinsurance | Amount you pay after your deductible is met | | 20% | 50% |
| Out-of-Pocket Maximum | Includes deductible, coinsurance, and copays Family = 2x individual (In-network only) | | \$6,350 | Unlimited |
| Office Visits | Designated PCP office visit Non-designated PCP or specialist office visit | | \$15 copay \$45 copay | Deductible, then 50% Deductible, then 50% |
| 10 Essential Benefits Covered Services | | | | |
| 1 Ambulatory Patient Services | Outpatient Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY) | | Deductible, then 20% \$15 copay | Deductible, then 50% Deductible, then 50% |
| 2 Emergency Services | Copay waived if directly admitted to an inpatient facility | | ————— \$250 copay, then deductible, then 20% ————— Ambulance: deductible, then 20% | |
| 3 Hospitalization | Inpatient Organ and tissue transplants, inpatient unlimited, except \$20,000 donor coverage limit and \$5,000 travel and lodging per transplant Hospice: unlimited. Respite care: 14 days lifetime | | Deductible, then 20% Deductible, then 20% Deductible, then 20% | Deductible, then 50% Not covered Deductible, then 50% |
| 4 Maternity & Newborn Care | Prenatal, delivery, postnatal | | Deductible, then 20% | Deductible, then 50% |
| 5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment | Office visit Inpatient hospital: mental/behavioral health Outpatient services | | \$45 copay Deductible, then 20% Waive deductible, then 20% | Deductible, then 50% Deductible, then 50% Deductible, then 50% |
| 6 Prescription Drugs <i>3-Tier: Generic/Brand/Specialty</i> | Retail 30-day supply Mail Order 90-day supply; 3x retail Specialty Rx 30-day supply Drug List See X3 formulary | | 2000 plan – \$15/\$50/Deductible, then 20%; 3000 plan – \$10/\$50/Deductible, then 20% | Not covered |
| 7 Rehabilitative & Habilitative Services & Devices <i>Therapy</i> | Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy: 25 visits PCY Durable medical equipment Skilled nursing facility: 60 days PCY | | Deductible, then 20% Deductible, then 20% Deductible, then 20% Deductible, then 20% | Deductible, then 50% Deductible, then 50% Deductible, then 50% Deductible, then 50% |
| 8 Laboratory Services | Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET | | Waive deductible, except for major imaging, then 20% | Deductible, then 50% |
| 9 Preventive/Wellness Services & Chronic Disease Management | Screenings Exams and immunizations | | Covered in full Covered in full | Deductible, then 50% Not covered |
| 10 Pediatric Services, including Vision Care <i>Under 19 years of age</i> | Eye exam: 1 PCY Eyewear: 1 pair lenses/contacts and 1 pair frames PCY Dental: preventive/basic/major Orthodontia (medically necessary only) | | ————— \$45 copay ————— ————— Covered in full ————— Deductible, then 10% / 20% / 50% Deductible, then 50% | Deductible, then 50% Deductible, then 30% / 40% / 50% Deductible, then 50% |

Definitions

Allowable charge:* The negotiated amount for which an in-network provider agrees to provide services or supplies.

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 benefit pays the other 80% of the allowable charge.

Network: A group of doctors, dentists, hospitals, and other healthcare providers that contract with LifeWise to provide services and supplies at negotiated amounts called allowable charges.

Copay: A flat fee you pay for a specific service, such as an office visit, at the time a service is rendered.

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.

Formulary: A list of drugs the plan covers for specific uses. To find the formulary for your plan, go to lifewisewa.com and click the Pharmacy tab.

Out-of-pocket maximum: A preset limit after which your plan pays 100% of the allowable charge for services received in-network. All in-network essential benefits apply to the out-of-pocket maximum.

Producer: Previously referred to as a broker or agent.

Primary care provider (PCP): The provider who helps coordinate your care. You can choose a different primary care provider for each family member from: physicians and internists, physician assistants, and nurse practitioners; ob/gyns and women's health specialists, pediatricians, and geriatric specialists; or naturopaths. To get reduced office visit copay with the PCP plans, you must choose a provider contracted as part of the LifeWise network and inform us this is your designated PCP.

General exclusions and limitations

Benefits are not provided for treatment, surgery, services, drugs, or supplies for any of the following:

- Cosmetic or reconstructive surgery (except as specifically provided)
- Experimental or investigative services
- Infertility
- Learning disorders
- Obesity/morbid obesity, including surgery, drugs, foods, and exercise programs
- Orthognathic surgery (except when repairing a dependent child's congenital abnormality)
- Orthotics, up to \$300 PCY, except for treatment of diabetes, unlimited
- 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

For a list of services and procedures that require an OK for coverage from your plan before you get them (prior authorization), visit lifewisewa.com.

Contact us

For information about how a health plan works, visit lifewisewa.com and click the Health Plan Basics tab. You'll find information there about:

- Help with monthly healthcare dues for low-income members (government subsidies)
- Penalties for people who don't choose a health plan

For information or questions about LifeWise Health Plan of Washington:

- Visit lifewisewa.com
- Call customer service at 800.592.6804 from 8 a.m. to 5 p.m. Pacific time, Monday–Friday
- Talk to your producer

* Note that if you see a non-contracted provider, you will be responsible for the difference between the allowable charge and the provider's billed charges, in addition to the coinsurance and any applicable copay. The allowable charge for a non-contracted provider is determined by LifeWise as described in your benefit book.

This is only a summary of the major benefits provided by our plans. This is not a contract. Please see lifewisewa.com/SBC for the Summary of Benefits and Coverage and Glossary. On our website, you can also find a Supplemental Guide with information about privacy policies, provider organization, key utilization management procedures, and pharmaceutical management procedures.