

WiseChoices Prime – PPO Network

\$1,500 or \$3,000 deductible options

Family deductible maximum is 3x individual deductible.



HEALTH PLAN OF WASHINGTON

Benefits shown below are available when using a preferred provider.

(Out of network providers are covered with 50% co-insurance with no co-insurance maximum, 2 times the deductible. You will be responsible to pay any amounts over the in network allowed amount, in addition to co-pays, deductible and co-insurance.)

Before the deductible is met:

These benefits are not subject to the deductible when you use a preferred provider:

- 1. Office visits – 100% after \$30 co-pay**
Includes office, urgent care and naturopathic services.
- 2. Alternative Care - \$ 25 co-pay** for spinal manipulations and acupuncture
(12 visit limit per calendar year for each)
- 3. Preventive Care Exam is paid at 100%.**
Immunizations are covered at 100%. You pay 30% co-insurance for mammography.
Preventive screening services are covered in full. (includes pap smear, PSA testing, colorectal cancer screening, cholesterol screening and bone density test)
- 4. Mental Health outpatient visits - \$30 co-pay** (6 visit limit PCY)
- 5. Vision Care – one routine eye exam covered in full every 2 calendar years.**
\$200 benefit for frames and lenses and contact lenses every 2 calendar years.
- 6. Prescription Drugs – \$3,000 maximum** per person per calendar year for brand name drugs.
Retail limited to a 30 day supply. Mail order available. Includes mental health drugs.
 - Tier 1 (Generic) = \$10 retail co-pay, \$25 co-pay for mail order (90 day supply)
 - Tier 2 (Preferred Brand) = 30% retail co-pay, 25% co-pay for mail order
 - Tier 3 (Non-Preferred Brand) = 50% retail co-pay, 45% co-pay for mail order
 - Tier 4 (Specialty drugs) = 30% retail or mail order co-pay

After the deductible has been met, all other covered benefits are provided.

- **\$100 Emergency room co-pay** (waived if admitted), plus 30% co-insurance
- **30% co-insurance for hospital and physician services** (preferred provider network)
- **\$6,500 annual co-insurance max.** plus deductible and co-pays.
(After you have met your deductible, you pay 30% co-insurance until your out of pocket reaches \$6,500, then LifeWise covers 100% of allowable charges up to 2 million)
- **2 million lifetime maximum**
- **Includes maternity coverage**
- **Inpatient rehabilitation - 8 days PCY**
- **Outpatient rehabilitation - 20 visits PCY**
- **Includes 24 hour “on the job” coverage**
(for those not covered by L&I)
- **Uses same Preferred Provider Network as Premera Blue Cross.**

Partial list of Exclusions: chemical dependency, TMJ.

AGE BAND	\$1,500 DEDUCTIBLE		\$3,000 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$177	\$207	\$150	\$175
25-29	201	233	170	197
30-34	231	268	195	226
35-39	277	322	234	272
40-44	324	380	274	321
45-49	408	471	345	398
50-54	499	581	422	491
55-59	581	674	491	569
60-64	661	774	558	653
65>	661	774	558	653
Per Child [†]	\$149		\$126	

*This flyer was prepared by the Health Insurance Connection, Inc. This is a brief summary of benefits and is not a certificate of coverage. For full coverage provisions, including a description of waiting periods and limitations, refer to a benefit brochure and contract. This summary is not a contract. Rates guaranteed until Jan. 1, 2011.