

WiseEssentials Rx – PPO Network

\$1,850, \$2,500 or \$3,500 Deductible Options



HEALTH PLAN OF WASHINGTON

WiseEssentials Rx offers protection against catastrophic medical expenses at an affordable rate. **You must see a preferred provider with LifeWise Health Plan to receive the 75% benefit level.** (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. First six office visits per calendar year** - You pay 25% co-insurance.
Includes preventive exams, office visits, urgent care and naturopathy visits.
Additional visits after first six are subject to deductible.
- 2. Outpatient Diagnostic X-ray and Lab Services** - Deductible is waived on \$1,750 plan only
You pay 25% co-insurance. Includes major services such as MRI & CAT Scan @ outpatient center.
- 3. Mammography** – You pay 25% co-insurance.
- 4. Preventive Screenings** - Covered in full.
Includes PAP smear, PSA testing, colorectal cancer screening, cholesterol screening & bone density test.
- 5. Alternative Care** - \$25 co-pay for spinal manipulations and acupuncture
(12 visit limit per calendar year (PCY) for each)
- 6. Mental Health outpatient visits** – You pay 25% co-insurance (6 visit limit per calendar year)
- 7. Prescription Drugs – Generic - \$15 co-pay** (\$40 for 90 day mail order)
No coverage for brand name drugs – Pharmacy discount program included
\$3,000 annual maximum per person per calendar year.

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

- **\$100 Emergency room co-pay** (waived if admitted) plus 25% co-insurance
- **25% co-insurance for hospital and physician services** (preferred provider network)
- **\$5,000 annual co-insurance maximum** (preferred providers) plus deductible and co-pays
(After you have met your deductible, you pay 25% of the next \$20,000, then LifeWise covers 100% of allowable charges up to 2 million).
- **2 million lifetime maximum**
- **Inpatient rehabilitation** 8 days PCY
- **Outpatient rehab-** 20 visits PCY
- **Inpatient mental health** 6 days PCY
- **Includes 24 hour “on the job” coverage** (if not covered by L&I)
- **Uses same Preferred Provider network as Premera Blue Cross**
- **No 4th Qtr deductible “carry-over”**

Partial list of Exclusions:

Immunizations, brand name prescription drugs, maternity, acute nursing, durable medical equip, allergy testing/injections, diabetic supplies, chemical dependency, TMJ.

Please note:

This plan is considered a catastrophic plan. If you change to a comprehensive plan at a later date, you will need to satisfy a new nine month waiting period for preexisting conditions you have been diagnosed, treated or medicated for in the past six months.

*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 January 1, 2011.

AGE	\$1,850 DEDUCTIBLE		\$2,500 DEDUCTIBLE		\$3,500 DEDUCTIBLE	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$109	\$128	\$93	\$109	\$83	\$98
25–29	124	143	105	122	95	110
30–34	142	165	121	140	109	126
35–39	170	198	145	169	130	152
40–44	199	234	170	199	153	179
45–49	251	290	214	247	192	222
50–54	307	357	262	305	235	274
55–59	357	414	305	353	274	317
60–64	407	476	347	405	311	364
65>	407	476	347	405	311	364
Per Child	\$92		\$78		\$70	