



LifeWise Benefit Guide

For Clark County, Washington groups with **51+ employees**

For new plans, effective on or after September 1, 2011. These are not "grandfathered" under federal healthcare reform legislation.

Your comprehensive benefits starts and ends here

A portfolio to support the employer's business goals

LifeWise Health Plan of Washington is dedicated to providing Clark County, Washington employers with high-quality healthcare coverage they can choose from. Our plans strike the right balance between coverage and cost to suit what the employer needs for their business. We achieve this by delivering a portfolio of plans that:

- Provide an extensive provider network with negotiated in-network discounts
- Offer health services and resources that encourage proactive employee involvement in health and healthcare
- Include health support programs to help lower costs without reducing benefits
- Offer tax-advantaged healthcare funding opportunities
- Provide alternate funding arrangements available for groups of 100+ employees

Support to help employees make smart decisions about their healthcare

Employers want to give their employees benefits they can use. But employers also want—and need—their employees to start making smart decisions about their health to keep costs manageable.

To support healthcare needs, change behaviors and improve health outcomes, LifeWise provides members with access to a variety of resources:

- A personalized member website with health-support tools and resources
- A 24-Hour NurseLine staffed by registered nurses
- Integrated pharmacy programs to help employees manage medication use and costs
- Disease Management services for the chronically ill
- Case Management services for the critically ill
- An optional Employee Assistance Program to help them cope with everyday stresses and unexpected situations

Medical, Dental, Vision...and more

- Medical
- Prescription drug
- Dental and Orthodontia
- Vision
- HSA, FSA and HRA
- Life and disability*
- COBRA management services*
- Workplace wellness programs*

* Life and disability insurance is offered by LifeWise Assurance Company, COBRA services by LifeWise Administrators and workplace wellness programs by Vivacity. These companies are independent affiliates and are solely responsible for their products.

package

Network strength and discounts

LifeWise offers access to over 29,000 preferred providers in Washington and more than 10,000 providers in Oregon*. So the physicians from whom employees already receive care are likely contracted with LifeWise. Not only do employees have in-network access to most providers in the area, they also receive our in-network discounts for care. This translates to substantially lower out-of-pocket healthcare costs to employees whenever they see a network provider. LifeWise plans also have nationwide coverage which gives employers access to networks of tens of thousands of providers throughout the country. Visit lifewisewa.com and select "Find a Doctor" for more information.

* Quantities per the LifeWise provider information management system as of June 7, 2011. The Oregon provider network of our affiliate LifeWise Health Plan of Oregon is available to our members.



Quality healthcare supports business goals

Medical plans— balancing benefits & price

Employers can choose from an **array of innovative medical plans** to best meet their needs. Plans cover a **wide range of benefits**, and benefit structures are designed so that employees can easily understand their benefits. There are low-deductible and high-deductible plans as well as alternatives that work with tax-advantaged healthcare funding arrangements (please see our Personal Funding Accounts brochure for more information).

LifeWise plans include:

PPO 2007

Traditional PPO plans offering a **wide array of benefits** for employees, plus a **range of deductible, copay, coinsurance and price options** to enable employers to choose a plan that offers **rich first-dollar benefits** and works best for their business.



PPO6 2007

Innovative plans offering a combination of up-front, first-dollar benefits and standard coverage for other services. These plans offer **six shared visits** at a copay for certain professional office-visit care services and provide employees **greater flexibility** in using their healthcare coverage benefits.



To engage members in managing their health, we offer an expanded suite of health support programs.

Programs include:

- **Online Tools**— secure website offering a health assessment, treatment cost estimator, access to claims status, plan benefits, symptom checker and several other useful tools.
- **Optional Employee Assistance Program**— counseling and support to help cope with everyday stress and unexpected situations

PPO HSA 2007

High-deductible PPO plans offering benefits for a wide range of covered services that are **qualified to work in conjunction with an employee-owned health savings account (HSA)**. HSAs offer employees a triple tax advantage and the option to pay for current and future medical expenses.



Traditional 2007

Comprehensive plans offering a variety of deductible options. These plans provide employees **simple and straightforward plan benefits with a wide range of coverage**.





PPO 2007

enable employers to...

- Offer a familiar PPO-style plan with coverage for a **wide range of medical services**
- Select from a **range of deductible options** and offer copays for many services
- Encourage the use of **preventive care benefits**

how they work...

- Specified preventive screenings and services are covered in full
- Unlimited coverage for many professional and naturopathic services
- Acupuncture, and spinal and other manipulations, covered for 12, 24 or an unlimited number of visits
- Unlimited inpatient and outpatient facility care

Cost-share amounts represent members' costs. Not all plan option combinations are offered. See your sales representative for clarification.

COST-SHARE OPTIONS	IN-NETWORK	OUT-OF-NETWORK
Individual Deductible PCY	\$0 \$100 \$200 \$250 \$300 \$500 \$750 \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000 \$7,500 \$10,000	Shared with In-network \$200 \$300 \$400 \$500 \$600 \$750 \$1,000 \$1,500 \$2,000 \$3,000 \$4,000 \$5,000 \$6,000 \$8,000 \$10,000 \$15,000 \$20,000
Family Deductible PCY	None 2x Individual 3x Individual	
Coinsurance	0% 10% 20% 30% 50%	30% 40% 50%
Individual Out-of-Pocket Maximum PCY (Includes Deductible & Coinsurance)	\$1,000 \$1,100 \$1,200 \$1,250 \$1,300 \$1,500 \$1,750 \$2,000 \$2,100 \$2,200 \$2,250 \$2,300 \$2,500 \$2,750 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$6,000 \$7,500 \$8,000 \$10,000 Unlimited	Shared with in-network \$2,000 \$2,200 \$2,300 \$2,400 \$2,500 \$2,600 \$3,000 \$3,500 \$3,750 \$4,000 \$4,200 \$4,400 \$4,500 \$4,600 \$5,000 \$5,500 \$6,000 \$7,000 \$8,000 \$9,000 \$10,000 \$12,000 \$15,000 \$16,000 \$18,000 \$20,000 Unlimited
Family Out-of-Pocket Maximum PCY (Includes Deductible & Coinsurance)	None 2x Individual 3x Individual	
Fourth Quarter Deductible Carryover	Included Excluded	
Office Visit (OV) Cost Share	In-network Deductible & Coinsurance Copay of: \$10 \$15 \$20 \$25 \$30 \$35	Out-of-network Deductible & Coinsurance
Inpatient Cost Share	In-network Deductible & Coinsurance \$250 per admit—unlimited days \$250 per day up to 5 days per admit \$100 per day—unlimited days	
ANNUAL PLAN MAXIMUM	\$2 Million	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

PCY = Per Calendar Year

Unless otherwise noted, benefits apply after deductible is met.

COVERED SERVICES	BENEFIT LIMITS	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE¹			
Preventive Care & Counseling Visit	Unlimited	Covered in Full ²	Not covered
Preventive Screenings			Out-of-network Coinsurance
Immunizations (Seasonal immunizations received at a pharmacy paid as In-network)			Not covered
PROFESSIONAL CARE			
Professional Office Visit (Including Urgent Care)	Unlimited	Office Visit Cost Share	Out-of-network Coinsurance
Other Outpatient Professional Services		In-network Coinsurance	
Inpatient Professional Services			
ALTERNATIVE CARE			
Manipulations (Spinal & Other)	12 visits PCY 24 visits PCY Unlimited	Office Visit Cost Share	Out-of-network Coinsurance
Acupuncture			
Naturopathic Services	Unlimited		
DIAGNOSTIC SERVICES			
Mammography (non-preventive)	Unlimited	In-network Coinsurance In-network Coinsurance (Ded. waived) Covered in Full ²	Out-of-network Coinsurance
Outpatient Diagnostic Imaging & Laboratory Services			
EMERGENCY CARE			
Emergency Care (Copay waived if direct admit to inpatient facility)	Unlimited	In-network Coinsurance In-network Coinsurance PLUS Copay of: \$50 \$75 \$100 \$150 \$200	Same as In-network
Ambulance Transportation (Air & ground)	Air: \$3,000 PCY; Ground: Unlimited Air: \$5,000 PCY; Ground: Unlimited Air: Unlimited; Ground: Unlimited	\$50 copay In-network Coinsurance In-network Coinsurance (Ded. waived)	
FACILITY CARE			
Inpatient Care	Unlimited	Inpatient Cost Share	Out-of-network Coinsurance
Outpatient Facility Care		In-network Coinsurance	
Skilled Nursing Facility		60 days PCY 90 days PCY 120 days PCY 180 days PCY	
MATERNITY			
Maternity (Prenatal, delivery & postnatal care) <i>See Tax Note for Domestic Partners, pg. 18</i>	Unlimited for: subscriber, spouse/domestic partner & dependents subscriber, spouse/domestic partner only	In-network Coinsurance	Out-of-network Coinsurance
OTHER SERVICES			
Mental Health Care	Unlimited	Outpatient: Office Visit Cost Share Inpatient: Inpatient Cost Share	Out-of-network Coinsurance
Chemical Dependency Treatment	Unlimited		
Rehabilitation (Including: Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy)	15 visits/30 days PCY 45 visits/30 days PCY 60 visits/60 days PCY		
Supplies, Equipment, Prosthetics & Orthotics	Unlimited, except \$300 max PCY for foot orthotics that are not diabetes-related	In-network Coinsurance	Out-of-network Coinsurance
Temporomandibular Joint Disorders (TMJ)	\$1,000 PCY; \$5,000 lifetime max	Outpatient: Office Visit Cost Share Inpatient: Inpatient Cost Share	
Home Health Agency Services	130 visits PCY Unlimited	In-network Coinsurance	
Hospice Care	Outpatient: Unlimited (within 6 month lifetime max) Respite: 240 Hours (within 6 month lifetime max) Inpatient: 10 days 30 days Unlimited (within 6 month lifetime max)	Outpatient & Respite: In-network Coinsurance Inpatient: Inpatient Cost Share	
Transplants (Organ & Bone Marrow) (6-month waiting period)	Unlimited, except for \$75,000 donor and \$7,500 travel & lodging limit per transplant	Outpatient: Office Visit Cost Share Inpatient: Inpatient Cost Share	Not covered

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

PCY = Per Calendar Year

¹ A list of preventive screenings/diagnostic tests, along with other preventive services is available on lifewisewa.com in the *Forms for Producers* area of the web site.

² Not subject to copay, deductible or coinsurance.

This is only a brief summary of the major benefits provided by our plans. This is not a contract. For information and details regarding general exclusions and limitations, please refer to page 19.



PPO6 2007

enable employers to...

- Save money on premiums
- Offer **full coverage for some in-network preventive care** and copays for some office visits

how they work...

- Specified preventive screenings and services are covered in full
- Copays apply to first six in-network office visits (shared among certain professional and alternative care benefits) with subsequent visits subject to deductible and coinsurance
- Unlimited coverage for many professional and naturopathic services
- Spinal and other manipulations covered for either 12 visits or an unlimited number of visits
- Unlimited coverage for inpatient and outpatient facility care, subject to deductible and coinsurance

IN = In-network OUT = Out-of-network Not all plan option combinations are offered. See your sales representative for clarification. Cost-share amounts represent members' costs

COST-SHARE OPTIONS	IN	OUT	IN	OUT	IN	OUT
Individual/Family Deductible PCY	\$1,000 / \$3,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$4,000 / \$12,000	\$3,000 / \$9,000	\$6,000 / \$18,000
Coinsurance (Member's percentage of costs, after deductible, based on allowable charges)	20% 30%	50%	20% 30%	50%	20% 30%	50%
Individual/Family Out-of-Pocket Maximum (Includes deductible) PCY	\$4,000 / \$12,000	Unlimited	\$5,500 / \$16,500	Unlimited	\$7,000 / \$21,000	Unlimited
Fourth Quarter Deductible Carryover	Excluded		Excluded		Excluded	
Office Visit (OV) Cost Share	\$25	Ded. / 50%	\$30	Ded. / 50%	\$35	Ded. / 50%
Inpatient Cost Share	20% 30%	50%	20% 30%	50%	20% 30%	50%
ANNUAL PLAN MAXIMUM	\$2 million					

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

PCY = Per Calendar Year

Unless otherwise noted, benefits apply after deductible is met.

COVERED SERVICES	BENEFIT LIMITS	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE¹			
Preventive Care & Counseling Visit	Unlimited	Covered in full ²	Not covered
Preventive Screenings			50%
Immunizations (Seasonal immunizations received at a pharmacy paid as In-network)			Not covered
PROFESSIONAL CARE			
Professional Office Visit (Including Urgent Care)	Unlimited	First 6 visits ³ at Copay, thereafter Coinsurance	50%
Other Outpatient Professional Services		Coinsurance	
Inpatient Professional Services			
ALTERNATIVE CARE			
Manipulations (Spinal & Other)	12 visits PCY Unlimited	Copay ⁴	50%
Acupuncture	12 visits PCY		
Naturopathic Services	Unlimited		
DIAGNOSTIC SERVICES			
Mammography (non-preventive)	Unlimited	Coinsurance	50%
Outpatient Diagnostic Imaging & Laboratory Services			
EMERGENCY CARE			
Emergency Care (Copay waived if direct admit to inpatient facility)	Unlimited	\$100 Copay, then Coinsurance	
Ambulance Transportation (Air & ground)		Coinsurance	
FACILITY CARE			
Inpatient Care	Unlimited	Coinsurance	50%
Outpatient Facility Care			
Skilled Nursing Facility			
MATERNITY			
Maternity (Prenatal, delivery & postnatal care) <i>See Tax Note for Domestic Partners, pg. 18</i>	Unlimited for: subscriber, spouse/domestic partner & dependents subscriber, spouse/domestic partner only	Coinsurance	50%
OTHER SERVICES			
Mental Health Care	Unlimited	Outpatient: Copay ⁴ Inpatient: Coinsurance	50%
Chemical Dependency Treatment	Unlimited		
Rehabilitation (Including: Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy)	Outpatient: 15 visits PCY Inpatient: 30 days PCY		
Supplies, Equipment, Prosthetics & Orthotics	Unlimited, except \$300 max PCY for foot orthotics that are not diabetes-related	Coinsurance	50%
Temporomandibular Joint Disorders (TMJ)	\$1,000 PCY / \$5,000 lifetime max	Outpatient: First 6 visits ³ at Copay, thereafter Coinsurance Inpatient: Coinsurance	
Home Health Agency Services	130 visits PCY	Coinsurance	
Hospice Care	Outpatient: Unlimited (within 6 mo. lifetime max) Respite: 240 hours (within 6 mo. lifetime max) Inpatient: 10 days (within 6 mo. lifetime max)		
Transplants (Organ & Bone Marrow) (6-month waiting period)	Unlimited, except for \$75,000 donor and \$7,500 travel & lodging limit per transplant	Outpatient: First 6 visits ³ at Copay, thereafter Coinsurance Inpatient: Coinsurance	Not covered

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

PCY = Per Calendar Year

¹ A list of preventive screenings/diagnostic tests, along with other preventive services is available on lifewisewa.com in the *Forms for Producers* area of the web site.

² Not subject to copay, deductible or coinsurance.

³ This six-visit limit is a combined total of all specified in-network visits; deductible waived.

⁴ Deductible waived.

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HSA plan options

Our HSA plans provide employers with the flexibility to choose between aggregate or embedded deductible plan options. The employee's plan design is determined by the employer's choice. Please see our [Personal Funding Accounts brochure](#) for more details.

How an aggregate deductible works

When covering more than one person, the family deductible must first be met before anyone in the family is covered for services. For example, if the family deductible is \$5,000, it must be met before the plan pays any benefits for any family member.

Out-of-pocket maximum amounts are also aggregate, requiring the family out-of-pocket maximum to first be met before all services are covered in full for any single family member.

How an embedded deductible works

An embedded deductible works like a traditional PPO health plan deductible. With this type of plan, benefits begin for a single family member once the individual deductible for that member has been met or once the family deductible is met—whichever comes first. For example, for a family of three with an individual embedded deductible of \$2,700 and a family deductible of \$5,400, plan benefits begin for a single family member after the \$2,700 deductible has been met for that person. Once a total of \$5,400 has been applied towards the family deductible, benefits begin for all family members.



Overview of the HSA

A Health Savings Account (HSA) is an employee-owned, fully portable, tax-advantaged account that enables employees to pay for current medical expenses or save for future costs. PPO HSA 2007 plans are qualified to work in combination with an HSA.

When employees enroll in a PPO HSA 2007 plan and meet other IRS eligibility requirements, they may establish an HSA through an HSA administrator or add money to an existing HSA to fund out-of-pocket medical costs. HSA funds may be used to pay for qualified medical expenses including deductible and any coinsurance. HSA funds may be used over time to pay for a broad range of other qualified healthcare expenses as provided under IRS guidelines.*

Utilizing an HSA offers employees a triple tax advantage:

- Contributions are made on a tax-advantaged basis
- Any unused funds carry over from year to year and grow tax-deferred
- When used to pay for qualified medical expenses, funds can be withdrawn tax-free

Opening an HSA

An HSA can be opened if the following criteria are met:

- Employee is covered by a qualified high-deductible health plan such as PPO HSA 2007
- Employee is not covered under another medical plan (including spouse/domestic partner's)**
- Employee is not enrolled in Medicare
- Employee cannot be claimed as a dependent on someone else's tax return**

* This material is not intended to be tax or legal advice. The reader should consult with his or her own tax advisor to determine the tax implications of purchasing the products discussed herein. Advice, if any, included in this material was not intended or written by LifeWise to be used, and that it cannot be used by any taxpayer, for the purpose of avoiding penalties that may be imposed on the taxpayer.

** For more detailed information, please refer to IRS Publication 969, "Health Savings Accounts and Other Tax-Favored Health Plans," available from the IRS Web site, www.irs.gov, or order by calling 1-800-TAXFORM. For tax advice, please talk to your tax advisor.

† Employees enrolling in a high-deductible health plan mid-year should consult with a tax advisor for applicable HSA-contribution limits.

How an HSA Works

Contributions—Employees, employers and third parties may contribute to the HSA. The total of all annual contributions may not exceed the applicable limit set by the IRS.

These amounts will be prorated for periods of eligibility of less than a calendar year.†

Distributions—Employees choose how the funds in their HSA are spent, giving them greater control over their healthcare dollars. They can use the funds to:

- Pay for qualified medical expenses before benefits begin, to help satisfy the required deductible
- Pay coinsurance
- Cover other qualified medical expenses that may not be covered by the health plan, but are reimbursable under IRS guidelines
- Save for future medical expenses through the investment options offered by the HSA custodian or trustee

Portability—Additionally, employees keep the account with them if they change employment or retire.



PPO HSA 2007

enable employers to...

- Provide a quality health plan that is **qualified to be combined with an employee-owned, tax-advantaged Health Savings Account**
- Give employees more control over how they spend their healthcare dollars
- Offer a health plan that has **benefits for preventive care and includes pharmacy benefits**
- Choose between **aggregate deductible** and **embedded deductible options**

how they work...

- Specified preventive screenings and services are covered in full
- Unlimited coverage for many professional and naturopathic services
- Most other covered services, including prescription drugs, are subject to the plan's deductible and coinsurance
- Certain generic preventive drugs are covered in full

DEDUCTIBLE OPTIONS	DESCRIPTION																
Aggregate Deductible (Agg.)	With an aggregate deductible, there is either an Individual deductible (employee only) or a Family deductible (employee + dependents) that must be met before the coinsurance coverage level begins.																
Embedded Deductible (Emb.)	An embedded deductible works like a traditional PPO health plan deductible. With this type of plan, benefits begin for a single family member once the individual deductible for that member has been met or once the family deductible is met—whichever comes first.																
Cost-share amounts represent members' costs	IN-NETWORK							OUT-OF-NETWORK									
COST-SHARE OPTIONS	AGGREGATE				EMBEDDED			AGGREGATE				EMBEDDED					
Individual Deductible/Family PCY	\$1,500/ \$3,000	\$1,700/ \$3,400	\$2,500/ \$5,000	\$5,000/ \$10,000	\$5,950/ \$11,900	\$2,700/ \$5,400	\$5,950/ \$11,900	\$3,000/ \$6,000 or Shared	\$3,400/ \$6,800 or Shared	\$5,000/ \$10,000 or Shared	\$10,000/ \$20,000	\$11,900/ \$23,800	\$5,400/ \$10,800 or Shared	\$11,900/ \$23,800			
Individual/Family Out-of-Pocket Maximum PCY (Includes Deductible & Coinsurance)	\$4,000/ \$8,000	\$4,200/ \$8,400	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,950/ \$11,900	\$5,100/ \$10,200	\$5,950/ \$11,900	Unlimited									
Coinsurance (member's percentage of costs, after deductible, based on allowable charges)	20%				0%			20%				0%			50%		
Fourth Quarter Deductible Carryover	Excluded							Excluded									
Office Visit (OV) Cost Share	In-network Deductible & Coinsurance							Deductible / 50%									
Inpatient Cost Share	In-network Deductible & Coinsurance							Deductible / 50%									
ANNUAL PLAN MAXIMUM	\$2 million																

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

Not all plan option combinations are offered. See your sales representative for clarification.

Unless otherwise noted, benefits apply after deductible is met.

COVERED SERVICES	BENEFIT LIMITS	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE¹			
Preventive Care & Counseling Visit	Unlimited	Covered in full ²	Not covered
Preventive Screenings			50%
Immunizations (Seasonal immunizations received at a pharmacy paid as In-network)			Not covered
PROFESSIONAL CARE			
Professional Office Visit (Including Urgent Care)	Unlimited	In-network Coinsurance	50%
Other Outpatient Professional Services			
Inpatient Professional Services			
ALTERNATIVE CARE			
Manipulations (Spinal & Other)	12 visits PCY Unlimited	In-network Coinsurance	50%
Acupuncture	12 visits PCY		
Naturopathic Services	Unlimited		
DIAGNOSTIC SERVICES			
Mammography (non-preventive)	Unlimited	In-network Coinsurance	50%
Outpatient Diagnostic Imaging & Laboratory Services			
EMERGENCY CARE			
Emergency Care	Unlimited	In-network Coinsurance	
Ambulance Transportation (Air & ground)			
FACILITY CARE			
Inpatient Care	Unlimited	In-network Coinsurance	50%
Outpatient Facility Care			
Skilled Nursing Facility			
MATERNITY			
Maternity (Prenatal, delivery & postnatal care) <i>See Tax Note for Domestic Partners, pg. 18</i>	Unlimited for: subscriber, spouse/domestic partner only subscriber, spouse/domestic partner & dependents	In-network Coinsurance	50%
OTHER SERVICES			
Mental Health Care	Unlimited	In-network Coinsurance	50%
Chemical Dependency Treatment	Unlimited		
Rehabilitation (Including: Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy)	Outpatient: 15 visits PCY Inpatient: 30 days PCY		
Supplies, Equipment, Prosthetics & Orthotics	Unlimited, except \$300 max PCY for foot orthotics that are not diabetes-related		
Temporomandibular Joint Disorders (TMJ)	\$1,000 PCY / \$5,000 lifetime max		
Home Health Agency Services	130 visits PCY		
Hospice Care	Outpatient: Unlimited (within 6 mo. lifetime max) Respite: 240 hours (within 6 mo. lifetime max) Inpatient: 10 days (within 6 mo. lifetime max)		
Transplants (Organ & Bone Marrow) (6-month waiting period)	Unlimited, except for \$75,000 donor and \$7,500 travel & lodging limit per transplant		
PRESCRIPTION DRUGS			
Certain Generic Preventive Drugs Retail & Mail Order	90-day supply, except Specialty Rx: 30-day supply	Covered in full ²	
Retail Pharmacy (Subject to medical deductible)		In-network Coinsurance	
Mail Order Pharmacy (Subject to medical deductible)		In-network Coinsurance	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

PCY = Per Calendar Year

¹ A list of preventive screenings/diagnostic tests, along with other preventive services is available on lifewisewa.com in the *Forms for Producers* area of the web site.

² Not subject to copay, deductible or coinsurance.

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Traditional 2007

enable employers to...

- Offer **access to all providers at the same benefit level** for a wide range of medical services
- Choose from a **range of deductible options**

how they work...

- Access to any licensed or certified provider with the same level of coinsurance benefit coverage
- Specified preventive screenings and services are covered in full
- Unlimited coverage for many professional and naturopathic services (subject to deductible and coinsurance)
- In-network providers accept our allowable charge as payment in full, saving members money.

Cost-share amounts represent members' costs. Not all plan option combinations are offered. See your sales representative for clarification.

COST-SHARE OPTIONS	
Individual Deductible PCY	\$0 \$100 \$200 \$250 \$300 \$500 \$750 \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$4,000 \$5,000 \$7,500 \$10,000
Family Deductible PCY	None 2x Individual 3x Individual
Coinsurance	0% 10% 20% 30% 50%
Individual Out-of-Pocket Maximum PCY (Includes Deductible & Coinsurance)	\$1,000 \$1,100 \$1,200 \$1,250 \$1,300 \$1,500 \$1,750 \$2,000 \$2,100 \$2,200 \$2,250 \$2,300 \$2,500 \$2,750 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000 \$6,000 \$7,500 \$8,000 \$10,000 Unlimited
Family Out-of-Pocket Maximum PCY (Includes Deductible & Coinsurance)	None 2x Individual 3x Individual
Fourth Quarter Deductible Carryover	Included Excluded
Office Visit (OV) Cost Share	Deductible & Coinsurance
Inpatient Cost Share	
ANNUAL PLAN MAXIMUM	\$2 Million

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

PCY = Per Calendar Year

Unless otherwise noted, benefits apply after deductible is met.

COVERED SERVICES	BENEFIT LIMITS	ANY PROVIDER
PREVENTIVE CARE¹		
Preventive Care & Counseling Visit		
Preventive Screenings	Unlimited	Covered in Full ²
Immunizations (Seasonal immunizations received at a pharmacy paid as In-network)		
PROFESSIONAL CARE		
Professional Office Visit (Including Urgent Care)		
Other Outpatient Professional Services	Unlimited	Coinsurance
Inpatient Professional Services		
ALTERNATIVE CARE		
Manipulations (Spinal & Other)	12 visits PCY 24 visits PCY Unlimited	
Acupuncture		Coinsurance
Naturopathic Services	Unlimited	
DIAGNOSTIC SERVICES		
Mammography (non-preventive)		Coinsurance Coinsurance (Ded. waived)
Outpatient Diagnostic Imaging & Laboratory Services	Unlimited	Covered in Full ²
EMERGENCY CARE		
Emergency Care (Copay waived if direct admit to inpatient facility)	Unlimited	Coinsurance Coinsurance PLUS Copay of: \$50 \$75 \$100 \$150 \$200
Ambulance Transportation (Air & ground)	Air: \$3,000 PCY; Ground: Unlimited Air: \$5,000 PCY; Ground: Unlimited Air: Unlimited; Ground: Unlimited	Coinsurance Coinsurance (Ded. waived)
FACILITY CARE		
Inpatient Care	Unlimited	
Outpatient Facility Care		Coinsurance
Skilled Nursing Facility	60 days PCY 90 days PCY 120 days PCY 180 days PCY	
MATERNITY		
Maternity (Prenatal, delivery & postnatal care) <i>See Tax Note for Domestic Partners, pg. 18</i>	Unlimited for: subscriber, spouse/domestic partner only subscriber, spouse/domestic partner & dependents	Coinsurance
OTHER SERVICES		
Mental Health Care	Unlimited	
Chemical Dependency Treatment	Unlimited	
Rehabilitation (Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy)	15 visits/30 days PCY 45 visits/30 days PCY 60 visits/60 days PCY	
Supplies, Equipment, Prosthetics & Orthotics	Unlimited, except \$300 max PCY for foot orthotics that are not diabetes-related	
Temporomandibular Joint Disorders (TMJ)	\$1,000 PCY; \$5,000 lifetime max	Coinsurance
Home Health Agency Services	130 visits PCY Unlimited	
Hospice Care	Outpatient: Unlimited (within 6 month lifetime max) Respite: 240 Hours (within 6 month lifetime max) Inpatient: 10 days, 30 days, Unlimited (within 6 month lifetime max)	
Transplants (Organ & Bone Marrow) (6-month waiting period)	Unlimited, except for \$75,000 donor and \$7,500 travel & lodging limit per transplant	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with LifeWise.

PCY = Per Calendar Year

¹ A list of preventive screenings/diagnostic tests, along with other preventive services is available on lifewisewa.com in the *Forms for Producers* area of the web site.

² Not subject to copay, deductible or coinsurance.

This is only a brief summary of the major benefits provided by our plans. This is not a contract. For information and details regarding general exclusions and limitations, please refer to page 19.

Prescription benefits

With LifeWise, coverage options extend beyond medical coverage and include prescription, vision, hearing and dental plans. These plans allow employers to offer a more attractive employee benefit package and provide valuable coverage to employees for necessary services.

Prescription drug plans

Our Pharmacy benefit plans provide employees access to high-quality, cost-effective drug therapy. Pharmacy benefit coverage, which includes tiered coverage options with copay and coinsurance designs, is required with PPO 2007, PPO6 2007 and Traditional 2007 plans. All PPO HSA 2007 plans automatically include pharmacy benefits. (For more details about PPO HSA 2007 plan pharmacy benefits, see page 13.) For all PPO6 2007 plans, employers may select from among our standard copay and coinsurance plans.

Our plans also encourage members to use generic drugs, when appropriate, by offering generics at a lower cost share than brand-name drugs. This helps reduce overall prescription costs at a time when use of expensive brand-name drugs is one of the single biggest factors contributing to higher healthcare costs.

Tiered Benefit Designs

Tiered benefit designs offer cost-saving incentives for the use of generic drugs from our Preferred Drug List, and they provide greater savings with a convenient mail-service feature.

With all our tiered prescription drug benefits, members pay the lowest out-of-pocket cost for generic drugs (tier 1). Our 3-Tier plans cover preferred brand-name drugs (tier 2) at slightly higher cost than equivalent generics and non-preferred drugs (tier 3) at the highest out-of-pocket cost. Our 2-Tier plans provide the same low cost for generics, but preferred and non-preferred drugs are available at the same level of out-of-pocket cost.

3-TIER PLAN DESIGNS		
TIER 1	TIER 2	TIER 3
Generic drugs	Preferred brand-name drugs	Non-preferred brand-name drugs
Lower copay/coinsurance	Higher copay/coinsurance	Highest copay/coinsurance

2-TIER PLAN DESIGNS	
TIER 1	TIER 2
Generic drugs	Brand-name drugs
Lower copay/coinsurance	Higher copay/coinsurance



Employers enhance their benefit offerings when they add vision, dental or other coverage to their medical benefits package. It also adds up to administrative ease for producers, employers and employees.

- ✓ One sales team
- ✓ One ID card
- ✓ One carrier
- ✓ One website

Prescription Drug Plan Designs

Our 2 and 3-Tier designs offer both standard and configurable plans to best meet employer needs. Employers may choose standard plans that offer a pre-specified set of coverage levels. If more flexibility is needed, additional options are available with our configurable plans, including alternatives for mail service benefits and individual and family deductible levels.

3-TIER								
COST SHARE OPTIONS	STANDARD COPAY PLANS		CONFIGURABLE COPAY PLANS				CONFIGURABLE COINSURANCE PLANS	
	Retail Pharmacy Up to 30-day supply per Rx	\$10 / \$25 / \$45	\$10 / \$30 / \$50	\$5 / \$15 / \$30	\$10 / \$20 / \$40	\$15 / \$25 / \$40	\$15 / \$30 / \$50	\$10 / 30% / 45%
Mail Service Up to 90-day supply per Rx	\$25 / \$62 / \$112	\$25 / \$75 / \$125	\$10 / \$30 / \$60 \$12 / \$37 / \$75	\$20 / \$40 / \$80 \$25 / \$50 / \$100	\$30 / \$50 / \$80 \$37 / \$62 / \$100	\$30 / \$60 / \$100 \$37 / \$75 / \$125	\$25 / 25% / 40%	20% / 35% / 40%
Rx Individual Deductible¹ PCY (Separate from medical plan deductible)	None	\$300	None \$150 \$300	None \$150 \$300	None \$150 \$300	None \$150 \$300	None \$150 \$300	None \$150 \$300
Rx Family Deductible¹ PCY	None	None Same as medical ²	None Same as medical ²	None Same as medical ²	None Same as medical ²	None Same as medical ²	None Same as medical ²	None Same as medical ²
Individual Out-of-Pocket Maximum PCY	None	None	None	None	None	None	None	None

2-TIER			
COST SHARE OPTIONS	STANDARD COINSURANCE PLAN	CONFIGURABLE COPAY PLANS	
	Retail Pharmacy Up to 30-day supply per Rx	\$10 / 50%	\$10 / \$30
Mail Service Up to 90-day supply per Rx	\$25 / 45%	\$20 / \$60 \$25 / \$75	\$30 / \$70 \$37 / \$87
Rx Individual Deductible¹ PCY (Separate from medical plan deductible)	\$500	None \$150 \$300	None \$150 \$300
Rx Family Deductible¹ PCY	None Same as medical ²	None Same as medical ²	None Same as medical ²
Individual Out-of-Pocket Maximum PCY	\$10,000 ³	None	None

PCY = Per Calendar Year

¹ Deductible waived for generics.

² Family deductible is separate from medical deductible; value uses same multiplier as medical deductible.

³ Out-of-pocket (OOP) maximum is in-network only; family OOP maximum is separate from medical OOP maximum; value uses same multiplier as medical OOP maximum; unlimited for out-of-network.

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Additional prescription information

- LifeWise Preferred Drug List applies
- Members are encouraged to choose a generic equivalent (if available) or they will pay the applicable brand-name copay plus the difference between the cost of the brand-name drug and the generic equivalent
- Cost share amounts shown apply to participating network pharmacies
- The cost share for non-participating retail pharmacies is the applicable copay, then 40% of allowable charges—with the member paying any balance that exceeds the allowable charge
- The pharmacy benefit plans listed above are not available with PPO HSA 2007 plans, and the configurable copay and coinsurance pharmacy benefit plans listed above are not available with PPO6 2007 plans

Vision & hearing benefits

Purchase any of these optional benefits to enhance your healthcare coverage:

The following vision options are available with all plans listed in the benefit guide.

VISION	BENEFIT LIMITS	COVERAGE OPTIONS
Vision Exam	Routine Exam, once PCY*	Office Visit Cost Share* Covered in full
Vision Eyewear	\$150 PCY* \$300 PCY \$150 every 2 years \$300 every 2 years	Covered in full

* **PPO6 2007** and **PPO HSA 2007** have combined vision exam (1 PCY) and vision eyewear (\$150 PCY) benefit. **PP06 2007** vision exam subject to copay, and **PPO HSA 2007** vision exam subject to office visit cost share.

HEARING	BENEFIT LIMITS	COVERAGE OPTIONS
Hearing Exam**	Routine Exam, once PCY Routine Exam, once every 2 calendar years	Office Visit Cost Share Covered in full
Hearing Aids & Hardware**	\$1,000 every 3 calendar years \$3,000 every 3 calendar years	Covered in full

** Hearing exam, and hearing aids and hardware benefits not available with **PPO6 2007** and **PPO HSA 2007** plans.

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General exclusions and limitations

Benefit plans typically have exclusions and limitations—what the plans limit or do not cover. The following are general exclusions and limitations for LifeWise Health Plan of Washington benefit plans. Please contact your LifeWise sales representative for more information. For a complete list of the exclusions and limitations, please see the plan contract or visit lifewisewa.com

What is limited or not covered

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

- Any disease, ailment, or condition listed as not covered in the contract
- Caffeine dependence
- Complications of non-covered services
- Conditions arising from acts of war, or service in the military
- Conditions arising from the member's commission of a felony or act of terrorism
- Convenience items (i.e., guest meals and services, television, telephone charges)
- Cosmetic or reconstructive surgery (except as specifically provided) and supplies
- Dental services (except as specifically provided)
- Unless benefit option is selected, a dependent child's pregnancy is not covered, except for treatment of complications
- Dietary and food supplements (except PKU formula)
- Experimental or investigative services
- Hair loss/cranial prosthesis (wig)
- Infertility diagnosis and treatment (except as specifically provided)
- Learning disorders (except as part of covered neurodevelopmental therapy)
- Over-the-counter or non-prescription drugs (except as required by law)
- Private duty nursing
- Services in excess of specified benefit maximums and/or allowable charges
- Services payable by other types of insurance such as motor vehicle insurance or personal liability insurance
- Services received when you are not covered by this program
- Sexual dysfunction
- Vision therapy, eye exercise, and vision surgeries to improve the refractive character of the cornea (LASIK)
- Vocational counseling, vocational rehabilitation and recreational therapy
- Work-related conditions for which you are eligible for benefits from other sources

Waiting periods

Benefits are subject to a waiting period for pre-existing conditions. This waiting period is three months for groups of 51 or more employees. Members under 19 years of age are not subject to the pre-existing condition waiting period. Treatment related to transplants requires a six-month waiting period. Waiting periods may be credited or waived based on prior healthcare coverage.

Tax Note for Domestic Partners

Although the plan may provide for reimbursement of expenses incurred by a domestic partner or same-sex spouse, federal tax laws restrict the plan's ability to reimburse expenses incurred by an individual who is not a tax dependent. Because the tax laws applicable to domestic partners and same-sex spouses are complicated, a tax advisor should be consulted with to determine tax dependent status before any decisions are made under the plan.

More Information

A Supplemental Guide that shares information about Privacy Policies, Provider Organization, Key Utilization Management Procedures and Pharmaceutical Management Procedures is available on our website.

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