

Essential Bronze

Washington plan for individuals and families

Start date January 1, 2023



Health Plan of Washington

LifeWise Essential plans are exclusive provider organization (EPO) plans. Care outside of your plan's network is not covered, except for emergencies. See next page for important plan information.

You have access to the **LifeWise Primary Network** of providers.

Annual deductible	Per calendar year (PCY) Family = 2x individual (in-network only)	\$6,400
Coinsurance	Amount you pay after your deductible is met	35%
Out-of-pocket maximum	Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$8,600
10 essential health benefits		
1 Ambulatory patient services	Outpatient services	Deductible, then 35%
Office visits	Designated PCP office visit	\$50 copay
	Specialist office visit	Deductible, then \$110 copay
	Urgent care	Deductible, then 35%
	Spinal manipulation: 10 visits PCY; Acupuncture: 12 visits PCY	Deductible, then 35%
2 Emergency services	Emergency care	Deductible, then 35%
	Ambulance transportation (air and ground)	Deductible, then 35%
3 Hospitalization	Inpatient services	Deductible, then 35%
	Organ and tissue transplants, inpatient	Deductible, then 35%
4 Maternity and newborn care	Prenatal and postnatal care	Deductible, then 35%
	Inpatient delivery and services	Deductible, then 35%
5 Mental health and substance use disorder services, including behavioral health treatment	Office visit	\$65 copay
	Inpatient hospital: mental/behavioral health	Deductible, then 35%
	Outpatient services	Deductible, then 35%
6 Prescription drugs	Preferred generic	\$32 copay
Retail/Specialty: 30-day supply	Preferred brand	Deductible, then 35%
Mail order: 90-day supply (copay x3)	Non-preferred drugs	Deductible, then 40%
	Specialty	Deductible, then 50%
	Drug list	M4
7 Rehabilitative and habilitative services and devices	Inpatient rehabilitation: 30 days PCY	Deductible, then 35%
	Physical, speech, occupational, massage therapy: 25 visits combined PCY	Deductible, then 35%
	Durable medical equipment	Deductible, then 35%
8 Laboratory services	Includes x-ray, pathology, imaging and diagnostic, standard ultrasound	Deductible, then 35%
	Major imaging, including MRI, CT, PET (preapproval required for certain services)	Deductible, then 35%
9 Preventive/wellness services	Screenings	Covered in full
	Exams and vaccinations	Covered in full
10 Pediatric vision under 19 years of age	Eye exam: 1 PCY	\$30 copay
	Eyewear: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Covered in full
Virtual care	Doctor On Demand: general medicine	\$50 copay
	Boulder Care or Workit Health: Mental health including substance use disorder	\$65 copay
	All other virtual providers	Deductible, then \$110 copay

