Essential Bronze

Washington plan for individuals and families Start date January 1, 2023



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 ben	efits	
Ambulatory patient serv	ices 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%
Emergency services	Emergency care	Deductible, then 35%
	Ambulance transportation (air and ground)	Deductible, then 35%
Hospitalization	Inpatient services	Deductible, then 35%
	Organ and tissue transplants, inpatient	Deductible, then 35%
Maternity and newborn care	care Prenatal and postnatal care	Deductible, then 35%
	Inpatient delivery and services	Deductible, then 35%
Mental health and substance use disorder services, including behavioral health treatment	nnce Office visit	\$65 copay
	Inpatient hospital: mental/behavioral health	Deductible, then 35%
	Outpatient services	Deductible, then 35%
Prescription drugs	Preferred generic	\$32 copay
Retail/Specialty: 30-day s	upply 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
Rehabilitative and habilitativ	ative Inpatient rehabilitation: 30 days PCY	Deductible, then 35%
services and devices	Physical, speech, occupational, massage therapy: 25 visits combined PCY	Deductible, then 35%
	Durable medical equipment	Deductible, then 35%
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%
Preventive/wellness services	rices Screenings	Covered in full
	Exams and vaccinations	Covered in full
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

This plan is available if you live in one of the following counties:

Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, or Yakima

General exclusions and limitations

Below is a list of some things that this health plan does not cover. A complete list of exclusions is available in the sample benefit booklets available on lifewise.com.

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

- · Services that are not medically necessary
- Cosmetic surgery or reconstructive surgery (except as specifically provided)
- · Experimental or investigative services
- Assisted reproduction
- Weight loss, including surgery, drugs, foods, and exercise programs
- Service in excess of specified benefit maximums
- Services payable by other types of insurance such as property insurance, liability insurance, or motor vehicle insurance
- Services that the provider's license or certification does not allow him or her to perform
- · Services received when you are not covered by this plan
- · Sexual dysfunction
- · Sterilization reversal

For a list of services and procedures that require approval for coverage from your plan before you receive them (pre-approval), visit lifewise.com.

Contact us

For enrollment information or if you have questions about Premera Blue Cross:

- · Visit lifewise.com.
- Call 844-666-WISE (844-666-9473).
- Talk to a **producer**, a licensed professional also known as an agent.

This is only a summary of the major benefits provided by our plans. This is not a contract. On our website, you can find a supplemental guide with information about plan policies and procedures.

Visit lifewise.com/summary-of-benefits for a Summary of Benefits and medical glossary.

Discrimination is against the law. LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with. Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 865-332-6396, Fax: 425-918-5592, TTY: 711, Email <u>AppealsDepartmentInquiries@LifeWiseHealth.com</u>. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://www.hhs.gov/cor/office/file/index.html. You can also file a civil rights complaint with the Washington, D. C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/cor/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electron

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 800-817-3056 (TTY:711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-817-3056 (телетайп: 711). പ്രധ്_ಧം വ്രീടപ്പെപ്പടിയായ നാസ്ട്രൂ, ശ്നേഷ്ട്രയ്പ്പ്പന്നാം ക്രായല്ടാക്ക് പ്രവ്യാത്ത്ത്ത്ത്രം ഉറപ്പ് ഉറപ്പ് ഉറപ്പ്

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056(TTY:711)まで、お電話にてご連絡ください。

ማስታወሻ: የሚናዝሩት ቋንቋ አማርኛ የሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያኅዝዎት ተዘጋጀተዋል፣ ወደ ሚክታለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711). XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساحدة اللغوية تتوافر لك بالمجان. اتصل برقم 3056-817-800 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ້າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib grafis pou ou. Rele 800-817-3056 (TTY: 711)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS:711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).