LifeWise Cascade Gold 600

Washington plan for individuals and families Start date January 1, 2024



| See next page for important p | | |
|--|---|---|
| Annual deductible | Per calendar year (PCY) Family = 2x individual (in-network only) | \$600 |
| Coinsurance | Amount you pay after your deductible is met | 20% |
| Out-of-pocket maximum | Includes deductible, coinsurance, and copays Family = 2x individual (in-network only) | \$6,100 |
| 10 essential health benefits | | |
| Ambulatory patient services | Outpatient services | Deductible, then \$350 copay |
| Professional visits and services | Designated PCP professional visit | \$15 copay |
| | Specialist professional visit | \$40 copay |
| | Urgent care | \$35 copay |
| | Chiropractic adjustments: 10 visits PCY; Acupuncture: 12 visits PCY | \$15 copay |
| Emergency services | Emergency care (copay waived if directly admitted to an inpatient facility) | Deductible, then \$450 copay |
| | Ambulance transportation (air and ground) | \$375 copay |
| Hospitalization | Inpatient services | \$525 copay per day, up to 5 days per admit |
| | Organ and tissue transplants, inpatient | \$525 copay per day, up to 5 days per admit |
| Maternity and newborn care | Prenatal and postnatal care | No charge |
| | Inpatient delivery and services | \$525 copay per day, up to 5 days per admit |
| | Abortion | No charge |
| Mental health and substance use disorder services, including behavioral health treatment | Professional visits | \$15 copay |
| | Inpatient hospital: mental/behavioral health | \$525 copay per day, up to 5 days per admit |
| | Outpatient services | \$15 copay |
| Prescription drugs | Preferred generic | \$10 copay |
| Retail/Specialty: 30-day supply | Preferred brand | \$60 copay |
| (Mail order: 90-day supply, copay x3) | Non-preferred drugs | \$100 copay |
| | Specialty | \$100 copay |
| | Drug list | M4 |
| Rehabilitative and habilitative services and devices | Inpatient rehabilitation: 30 days PCY | \$525 copay per day, up to 5 days per admit |
| | Physical, speech, occupational, massage therapy: 25 visits combined PCY | \$25 copay |
| | Durable medical equipment | Deductible, then 20% |
| Laboratory services | Basic x-ray, imaging, standard ultrasound | \$30 copay |
| | Basic diagnostic lab and professional services | \$20 copay |
| | Major imaging, including MRI, CT, PET (preapproval required for certain services) | Deductible, then \$300 copay |
| | Mammograms | No charge |
| Preventive/wellness services | Screenings | No charge |
| | Exams and vaccinations | No charge |
| Pediatric vision under 19 years of age | Eye exam: 1 PCY | No charge |
| | Eyewear: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses) | No charge |
| Virtual care | Doctor On Demand: general medicine | See professional visits and services |
| | Boulder Care or Workit Health: Mental health including substance use disorder | See professional visits and services |
| | All other virtual providers | See professional visits and services |

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

Asotin, Clallam, Columbia, Garfield, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, or Whitman.

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 them 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 (preapproval), 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 or treat them differently because 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 languages in the prediction of the provides free language services and information must be 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 AppealsDepartmentInquiries@LifeWiseHealth.com. 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, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D. C. 20201, 1-800-368-1019, 800-597-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of

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). പ്രധ്ത്രം വ്രീടന്റെ പ്രാംഗത്ത്രം українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-817-3056 (тту: 711) ч

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: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፣ ወደ ሚከተለው ቁተር 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 3056-18-800 (رقم هاتف الصم والبكع: 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, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis 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).

توجه: اگر به زبان فار سی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (307-11-300) 177-308 تماس بگیرید.