

LifeWise Cascade Select Silver

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 Alpine Network of providers.

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|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Annual deductible | Per calendar year (PCY) Family = 2x individual (in-network only) | \$2,500 |
| Coinsurance | Amount you pay after your deductible is met | 30% |
| Out-of-pocket maximum | Includes deductible, coinsurance, and copays Family = 2x individual (in-network only) | \$8,500 |
| 10 essential health benefits | | |
| 1 Ambulatory patient services | Outpatient services | Facility: deductible, then \$600 copay Physician fee: deductible, then \$200 copay |
| Office visits | Designated PCP office visit | \$30 copay |
| | Specialist office visit | \$65 copay |
| | Urgent care | \$65 copay |
| | Spinal manipulation: 10 visits PCY; Acupuncture: 12 visits PCY | \$30 copay |
| 2 Emergency services | Emergency care (copay waived if directly admitted to an inpatient facility) | Deductible, then \$800 copay |
| | Ambulance transportation (air and ground) | \$375 copay |
| 3 Hospitalization | Inpatient services | Deductible, then \$800 copay per day, up to 5 days per admit |
| | Organ and tissue transplants, inpatient | Deductible, then \$800 copay per day, up to 5 days per admit |
| 4 Maternity and newborn care | Prenatal and postnatal care | Deductible, then \$800 copay per day, up to 5 days per admit |
| | Inpatient delivery and services | Deductible, then \$800 copay per day, up to 5 days per admit |
| 5 Mental health and substance use disorder services, including behavioral health treatment | Office visit | \$30 copay |
| | Inpatient hospital: mental/behavioral health | Deductible, then \$800 copay per day, up to 5 days per admit |
| | Outpatient services | \$30 copay |
| 6 Prescription drugs | Preferred generic | \$25 copay |
| | Retail/Specialty: 30-day supply | Preferred brand |
| | Mail order: 90-day supply (copay x3) | Non-preferred drugs |
| | Specialty | Deductible, then \$750 copay |
| | Drug list | Deductible, then \$250 copay |
| | | M4 |
| 7 Rehabilitative and habilitative services and devices | Inpatient rehabilitation: 30 days PCY | Deductible, then \$800 copay per day, up to 5 days per admit |
| | Physical, speech, occupational, massage therapy: 25 visits combined PCY | \$40 copay |
| | Durable medical equipment | Deductible, then 30% |
| 8 Laboratory services | Includes x-ray, ,basic imaging and diagnostic, standard ultrasound | \$65 copay |
| | pathology | \$40 copay |
| | Major imaging, including MRI, CT, PET (preapproval required for certain services) | Deductible, then 30% |
| 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 | Covered in full |
| | 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 | \$30 copay |
| | Boulder Care or Workit Health: Mental health including substance use disorder | \$30 copay |
| | All other virtual providers | \$65 copay |

