

WiseSavings plan benefits

For plans beginning January 1, 2012



HEALTH PLAN OF WASHINGTON

These plans are “non-grandfathered” under federal healthcare reform legislation.

(PCY = Per Calendar Year)

MEDICAL PLAN	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED
Annual Deductible PCY (Choose one)	\$1,880 / \$3,000 Per Individual		\$3,760 / \$6,000 Family ¹	
Coinsurance (what you pay)	20%	40%	20%	40%
Annual Coinsurance Maximum	\$2,500 / \$1,750	Unlimited	\$5,000 / \$3,500	Unlimited
COVERED SERVICES Calendar year maximum: \$2 million				
Office Visits including Urgent Care & Naturopathy	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%
Preventive Care Exams ² Routine medical exam, sports physical & women's health/well baby exams	Covered in Full ³	Not Covered	Covered in Full ³	Not Covered
Preventive Screenings PAP smear, PSA testing, mammography, colonoscopies, cancer screening, cholesterol screening	Covered in Full ³	Deductible, then 40%	Covered in Full ³	Deductible, then 40%
Immunizations	Covered in Full ³	Not Covered	Covered in Full ³	Not Covered
Pharmacy–Retail	Not Covered Pharmacy discount program ⁴ available		Not Covered Pharmacy discount program ⁴ available	
Pharmacy–Mail Order				
Outpatient Diagnostic Imaging & Lab Services	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%
Emergency Room Care	Deductible, then 20%	Deductible, then 20% ⁵	Deductible, then 20%	Deductible, then 20% ⁵
Ambulance Transportation Air: unlimited; Ground: \$5,000 PCY limit				
Outpatient & Inpatient Facility Care	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%
Rehabilitation (Outpatient: 15 visits PCY; Inpatient: 10 days PCY) Physical, Occupational, Massage and Speech Therapy; Cardiac & Pulmonary Rehabilitation				
Durable Medical Equipment & Prosthetics				
Spinal & Other Manipulations (12 visits PCY)	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%
Acupuncture (12 visits PCY)	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%
Home Health Care (120 visits PCY)				
Skilled Nursing Facility (20 days PCY) Includes room & board, ancillaries & professional fees				
Hospice Care (Inpatient: 10 days PCY; Respite: 240 hours PCY)				
Maternity Care	Not Covered		Not Covered	
Vision–Routine Exam	Not Covered		Not Covered	
Vision Hardware				
Mental Health–Outpatient Office Visit	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%
Mental Health–Inpatient Facility Care				
Transplants (12-month waiting period; Organ & Bone Marrow)	Deductible, then 20%	Not Covered	Deductible, then 20%	Not Covered

¹ Family = Individual + one or more family members. Services for all family members covered under the same HSA-qualified plan are applied to the family deductible. The family deductible must be met before services are covered for any enrolled family members.

² A full list of preventive screenings, tests and other preventive services, is available on lifewisewa.com. You can receive these preventive services covered in full if you use preferred providers and are within the frequency, age, risk and gender guidelines outlined in the list.

³ Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

⁴ In order to validate current eligibility for this discount, the pharmacy will transmit your information to LifeWise Health Plan of Washington, including the details of the prescription to be filled. The information may also be used for other proper purposes.

⁵ Unlike services received at other non-preferred providers, this service is subject to the preferred provider deductible and coinsurance.

Deductible, coinsurance and copay represent what you pay. Benefits apply after calendar year deductible is met, unless otherwise noted as “Deductible Waived,” “Copay” or “Covered in Full.”

This is only a summary of the major benefits provided by our plans. This is not a contract.