

# WiseChoices Prime – PPO Network

## \$1,500 deductible



Family deductible maximum is 3x individual deductible.

**You must see a preferred provider with LifeWise Health Plan to receive the 75% benefit level.**

Please refer to the contract for details on how out of network claims are covered.

**Before the deductible is met:**

These benefits are not subject to the deductible when you use a preferred provider:

- 1. Office visits – 100% after \$30 co-pay**  
Includes office, urgent care, mental health outpatient and naturopathic visits.
- 2. Alternative Care - \$ 25 co-pay** for spinal manipulations and acupuncture  
(12 visit limit per calendar year for each)
- 3. Preventive Care - covered at 100%** (no annual benefit maximum)  
Includes the following when billed as preventive: Routine physical exam, well child care, adult and child Immunizations, routine laboratory, radiology and diagnostic procedures including mammography, pap smear, PSA and colonoscopy. (See contract for complete list of preventive care benefits)
- 4. Vision Care – one routine eye exam covered in full every 2 calendar years.**  
\$200 benefit for frames and lenses and contact lenses every 2 calendar years.
- 5. Prescription Drugs – \$3,000 maximum** per person per calendar year for brand name drugs.  
Retail limited to a 30 day supply. Mail order available. Includes mental health drugs.
  - Tier 1 (Generic) = \$10 retail co-pay, \$25 co-pay for mail order (90 day supply)
  - Tier 2 (Preferred Brand) = 30% retail co-pay, 25% co-pay for mail order
  - Tier 3 (Non-Preferred Brand) = 50% retail co-pay, 45% co-pay for mail order
  - Tier 4 (Specialty drugs) = 30% retail or mail order co-pay

**After the deductible has been met,** all other covered benefits are provided.

- **\$100 Emergency room co-pay** (waived if admitted), plus 30% co-insurance
- **30% co-insurance for hospital and physician services** (PPO network)
- **\$6,500 annual co-insurance max.** plus deductible and co-pays.  
(After you have met your deductible, you pay 30% co-insurance until your out of pocket reaches \$6,500, then LifeWise covers 100% of allowable charges)
- **Includes maternity coverage**
- **Inpatient rehabilitation - 8 days PCY**
- **Outpatient rehabilitation - 20 visits PCY**
- **Includes 24 hour “on the job” coverage**  
(for those not covered by L&I)
- **Uses same Preferred Provider Network as Premera Blue Cross.**
- **No fourth quarter deductible carry-over**

**Partial list of Exclusions:**

chemical dependency, TMJ.

AGE	\$1500 DEDUCTIBLE	
	NS	SMOKER
<25	\$203	\$238
25-29	\$231	\$267
30-34	\$265	\$308
35-39	\$318	\$370
40-44	\$372	\$436
45-49	\$468	\$541
50-54	\$573	\$667
55-59	\$667	\$774
60-64	\$759	\$888
65>	\$759	\$888
Per child	\$171	

\*This flyer was prepared by the Health Insurance Connection, Inc. This is a brief summary of benefits and is not a certificate of coverage. For full coverage provisions, including a description of waiting periods and limitations, refer to a benefit brochure and contract. This summary is not a contract. Rates are scheduled to increase January 1, 2012. However, due to health care reform mandated coverage there could be a slight increase before that date.

# WiseChoices Prime plan benefits

For plans beginning January 1, 2011



HEALTH PLAN OF WASHINGTON

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

(PCY = Per Calendar Year)

MEDICAL PLAN	PREFERRED	NON-PREFERRED
<b>Annual Deductible</b> PCY (Choose one)	Individual: \$1,500 Family: \$4,500	Individual: \$3,000 Family: \$9,000
<b>Coinsurance</b> (what you pay)	30%	50%
<b>Annual Coinsurance Maximum</b>	Individual: \$6,500 Family: 3x Individual	Unlimited
<b>COVERED SERVICES</b> Calendar year maximum: \$2 million		
<b>Office Visits including Urgent Care &amp; Naturopathy</b>	<b>DEDUCTIBLE WAIVED</b> \$30 Copay	
<b>Preventive Care Exams</b> <sup>1</sup> Routine medical exam, sports physical & women's health/well baby exams	Covered in Full <sup>2</sup>	Deductible, then 50%
<b>Preventive Screenings</b> PAP smear, PSA testing, mammography, colonoscopies, cancer screening, cholesterol screening		
<b>Immunizations</b>		Not Covered
<b>Pharmacy–Retail</b> (30-day supply)	Select drug list <sup>3</sup> Retail: \$10 / 30% / 50% / 30% Mail Order: \$25 / 25% / 45% / 30% Brand: \$3,000 PCY limit; Generic: unlimited	Not Covered
<b>Pharmacy–Mail Order</b> (90-day supply)		
<b>Outpatient Diagnostic Imaging &amp; Lab Services</b>	Deductible, then 30%	Deductible, then 50%
<b>Emergency Room Care</b> (copay waived if directly admitted to an inpatient facility)	\$100 copay, then subject to deductible, then 30%	\$100 copay, then subject to deductible, then 30% <sup>4</sup>
<b>Ambulance Transportation</b> (Air: unlimited; Ground: \$5,000 PCY limit)		Deductible, then 30% <sup>4</sup>
<b>Outpatient &amp; Inpatient Facility Care</b>		
<b>Rehabilitation</b> (Outpatient: 20 visits PCY; Inpatient: 8 days PCY) Physical, Occupational, Massage and Speech Therapy; Cardiac & Pulmonary Rehabilitation	Deductible, then 30%	Deductible, then 50%
<b>Durable Medical Equipment &amp; Prosthetics</b>		
<b>Spinal &amp; Other Manipulations</b> (12 visits PCY)	<b>DEDUCTIBLE WAIVED</b> \$25 Copay	Deductible, then 50%
<b>Acupuncture</b> (12 visits PCY)		
<b>Home Health Care</b> (130 visits PCY)		
<b>Skilled Nursing Facility</b> (45 days PCY) Includes room & board, ancillaries & professional fees	Deductible, then 30%	Deductible, then 50%
<b>Hospice Care</b> (Inpatient: 10 days PCY; Respite: 240 hours PCY)		
<b>Maternity Care</b>	Deductible, then 30%	Deductible, then 50%
<b>Vision–Routine Exam</b> (One exam per two year calendar years)	Covered in Full	Covered in Full
<b>Vision Hardware</b> (per two calendar years)	\$200 for frames, lenses and contact lenses	\$200 for frames, lenses and contact lenses
<b>Mental Health–Outpatient Office Visit</b>	<b>DEDUCTIBLE WAIVED</b> \$30 Copay	Deductible, then 50%
<b>Mental Health–Inpatient Facility Care</b>	Deductible, then 30%	
<b>Transplants</b> (12-month waiting period; Organ & Bone Marrow)	Deductible, then 30%	Not Covered

<sup>1</sup> A full list of preventive screenings, tests and other preventive services, is available on [lifewisewa.com](http://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.

<sup>2</sup> Benefits provided at 100% of allowable charges; not subject to deductible, copay or coinsurance.

<sup>3</sup> See the Select Drug List Benefit Booklet on [lifewisewa.com](http://lifewisewa.com) for information.

<sup>4</sup> 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.**

# Essential Preventive Health Services for Adults

## For Non-Grandfathered Plans\*

The routine exams, immunizations and screenings for adults age 18 or older listed below are covered in full when received from a provider within your plan's network.

You will get the most value from your preventive benefits when you:

- Choose an in-network provider.
- Become familiar with the routine preventive procedures, exams and tests your plan covers.
- Plan ahead for exams, screenings and immunizations.

**M** = Men only  
**W** = Women only

Wellness exams	Service schedule
Routine physical exams and check-ups	Every 1–3 years for adults ages 18–64
Health screenings for	Services provided
Abdominal aortic aneurysm	One time for men ages 65–75 who have ever smoked.
Alcohol misuse screening and counseling	By primary health care provider.
Bone density (Osteoporosis screening) <b>W</b>	Every 2 years for women beginning at age 65 or earlier if at high risk for fractures.
Breast cancer (Mammography) <b>W</b>	Every 1–2 years for women, beginning at age 40.
Cervical cancer (PAP smear and HPV testing) <b>W</b>	Women, beginning when sexually active, but no later than 21, every 1–3 years.
Chlamydia infection <b>W</b>	All sexually active young women up to age 24 and older women who are high risk.
Colorectal cancer (Screening colonoscopy or sigmoidoscopy)	At age 50 and every 5–10 years.
Colorectal cancer (fecal occult blood test)	Once a year after age 50.
Depression	Services by primary health care provider.
Diabetes (type 2)	At age 45, then every 3 years.
Genetic testing (referral for BRCA counseling and evaluation) <b>W</b>	Women with high risk family history are referred for genetic counseling and evaluation for BRCA testing.
Gonorrhea infection <b>W</b>	Women at high risk.
Healthy eating assessment and dietary counseling	By primary health care provider, nutritionist or dietitian for adults at high risk for diet-related disease.
High blood pressure	Annually during your physical exam.
High breast cancer risk (Cancer prevention counseling) <b>W</b>	Women at high risk for breast cancer are counseled regarding preventive chemo-therapy.
High cholesterol	All men at age 35 and men ages 20–35 who are high risk for cardiovascular disease. Women at age 45 and those 20–45 who are at high risk.
HIV infection (human immunodeficiency virus)	Adults at high risk.
Obesity screening and counseling for weight loss	Counseling by primary health care provider and interventions for obese adults to promote sustained weight loss.
Prostate cancer (PSA Blood test) <b>M</b>	Men ages 50–70.
Sexually transmitted infection (STI) counseling	Completed during your physical exam.
Syphilis infection	Adults at high risk.
Tobacco use screening and interventions	Services by primary health care provider and treatment interventions to support stopping tobacco use.
Screening for pregnant women	Services provided
Rh (antibody) incompatibility testing	Pregnant women at first visit for pregnancy-related care and at 24–26 weeks gestation.
Breast feeding interventions	Support for breast feeding during pregnancy and after birth.
Chlamydia infection screening	Pregnant women aged 24 and younger and for older pregnant women who are at increased risk.
Hepatitis B infection screening	Pregnant women at their first prenatal visit.
Syphilis testing	Pregnant women on a routine basis.
Urine culture for bacteriuria	Pregnant women during first prenatal visit or at 12–16 weeks gestation.
Adult immunizations	Services provided
Hepatitis A	2 doses
Hepatitis B	3 doses
Herpes Zoster	1 dose
Human Papillomavirus (HPV)	Ages 19–26
Influenza (Flu)	Annually
Measles, Mumps, Rubella	2 doses
Meningococcal	1 dose
Pneumococcal	1 dose for those at risk
Tetanus, Diphtheria, Pertussis (Tdap)	1 dose, then Tetanus booster every 5–10 years
Varicella (Chickenpox)	2 doses, ages 19–65

# Essential Preventive Health Services for Children and Teens

## For Non-Grandfathered Plans\*

The routine exams, immunizations and screenings for children under age 18 listed below are covered in full when received from a provider within your plan's network.

You will get the most value from your preventive benefits when you:

- Choose an in-network provider.
- Become familiar with the routine preventive procedures, exams and tests your plan covers.
- Plan ahead for exams, screenings and immunizations.

Well child exams	Service schedule
Age 0–36 months	7–14 days; and at 1, 2, 4, 6, 9, 12, 15, 18, 24, 30, and 36 months
Age 4–18 years	Annually
Health screenings for	Services provided
Alcohol and drug use	Adolescents, completed during routine physical exam.
Anemia (low red blood cell count)	12 months and 2 years routinely, and also children at high risk.
Autism	At 18 and 24 months, specific Autism screening done in conjunction with a physical exam.
Behavioral problems	Children of all ages.
Cervical abnormalities (PAP smear and HPV testing)	Females, beginning when sexually active, but no later than 21, every 1–3 years.
Congenital hypothyroidism (lack of thyroid secretions)	Newborns
Depression screening	Adolescents are screened by primary health care provider during routine physical exams.
Developmental problems	Structured developmental screening under age 3, completed during routine physical exams.
Hearing	Newborns, then at 4, 5, 6, 8, and 10 years of age.
Height, weight and body mass index (BMI)	Completed during routine physical exam.
HIV (human immunodeficiency virus)	Adolescents at risk.
Lead screening	12 months and 2 years, and children at high risk of exposure to lead.
Lipid disorders (cholesterol and triglycerides)	17–18 years of age and also children at high risk of lipid disorder.
Obesity screening and counseling to improve weight	Children ages 6 years and older, by primary care provider during routine physical exams, or by referral for comprehensive, intensive behavioral interventions.
Oral health assessment	Completed during routine physical exam.
PKU (phenylketonuria – an inherited metabolic deficiency)	Newborns
Sexually transmitted infection (STI) prevention counseling	Adolescents, completed during routine physical exam.
Sickle cell anemia and trait	Newborns
Tuberculin testing	Children at high risk of tuberculosis.
Vision screening	Children 3, 4, 5, 6, 8, and 10 years of age, then once between 11–14 years of age, once between 15–17 years of age, and once between 18–21 years of age.
Immunizations	Services provided
Diphtheria, Tetanus, Pertussis	At 2, 4, and 6 months; once between 15 and 18 months and once between ages 4–6.
Flu (Influenza)	2 doses for the first flu season, then annually.
Haemophilus influenzae type b (HIB)	At 2, 4, and 6 months; once between 15–18 months.
Hepatitis A	At 12–24 months (2 doses).
Hepatitis B	At birth, then once between 1–4 months and once between 6–18 months.
HPV (human papilloma virus)	Between ages 11–18 (3 doses).
Inactivated Polio Virus (IPV)	At 2 and 4 months, once between 6 and 18 months; and once between ages 4–6.
Measles, Mumps, Rubella (MMR)	Once between 12–15 months and once between ages 4–6.
Meningococcal	Once between ages 11 and 18.
Pneumococcal (PCV)	At 2, 4 and 6 months, once again between 12–15 months.
Rotavirus	At 2 and 4 months (Rotarix) or 2, 4 and 6 months (Rotateq).
Varicella (Chickenpox)	Once between 12–15 months and once between ages 4–6.

If you have questions about your preventive coverage, give us a call at **1-800-592-6804**.

\* This list reflects mandates from 2010 Federal Health Care Reform and is subject to change. The list for health plans that are “grandfathered” will be different. In general, a plan will be “grandfathered” only if it was in effect prior to March 23, 2010 and it has not changed significantly since that date. Check with your benefits administrator or LifeWise Customer Service.