

# Essentials 25 Plan Summary

PCY = Per Calendar Year	ESSENTIALS 25	
	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Annual Deductible</b> PCY (choose one)	\$1,500 or \$2,500	\$3,000 or \$5,000
<b>Annual Coinsurance Maximum</b> PCY (Once met, Preferred Providers covered in full.)	\$3,000 or \$5,000	Unlimited
<b>Out-of-Pocket Maximum</b> PCY (includes deductible and coinsurance maximum)	\$4,500 or \$7,500	Unlimited
<b>LIFETIME BENEFIT MAXIMUM</b>	\$2 Million	
COVERED SERVICES	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>PREVENTIVE CARE</b>		
Preventive Care Exams	Not covered	
Immunizations	Not covered	
<b>PROFESSIONAL CARE</b>		
Office Visit including Urgent Care	Deductible waived on first 3 shared visits; 25% †	50%
Other Outpatient Professional Services	25%	50%
Inpatient Professional Care	25%	50%
<b>PHARMACY</b>		
Prescription Drug Benefit	Not covered	
<b>VISION CARE</b>		
Routine Vision Exam	Not covered	
Vision Hardware	Not covered	
<b>DIAGNOSTIC SERVICES</b>		
Outpatient Diagnostic Imaging & Lab Services	25%	50%
Mammography	Deductible waived on first mammogram; 25%	50%
<b>Cancer Screening and Cholesterol Screening</b> (includes pap smears, PSA testing, home colon cancer screening and cholesterol screening)	Deductible waived on each of first tests PCY; 25%	50%
<b>FACILITY CARE</b>		
Inpatient Facility Care	25%	50%
Outpatient Facility Care	25%	50%
Skilled Nursing Facility 45 days PCY	25%	50%
<b>EMERGENCY CARE</b>		
<b>Emergency Room Care</b> (Copay waived if direct admit to an inpatient facility)	\$100 Copay plus 25%	
<b>Ambulance Transportation</b> \$5,000 PCY	25%	
<b>OTHER SERVICES</b>		
Maternity Care	Not covered	
Spinal and Other Manipulations 12 visits PCY	Deductible waived on first 3 shared visits; 25% †	50%
Acupuncture 12 visits PCY	Deductible waived on first 3 shared visits; 25% †	50%
Supplies, Equipment and Prosthetics	Not covered	
Home Health Care 130 home health visits PCY	25%	50%
<b>Hospice Care</b> 6-month benefit maximum Inpatient: 10 days ; Respite: 120 hours PCY	25%	50%
<b>Rehabilitation</b> (including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain) Inpatient: 8 days; Outpatient: 20 visits PCY	25%	50%
<b>Transplants (Organ &amp; Bone Marrow)</b> 12-month waiting period; \$250,000 lifetime benefit	25%	Not covered

† Shared with Office Visits, Spinal and Other Manipulations, Acupuncture and Naturopathic Services. Deductible and coinsurance apply on subsequent office visits.

**NOTE:** All coinsurance amounts are based on allowable charges. Balance billing may apply if provider not contracting with LifeWise Health Plan of Washington.

