

# LifeWise HSA Plan Summary

PCY = Per Calendar Year	LIFEWISE HSA	
	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Annual Deductible</b> PCY (choose one)	\$1,700 or \$2,500 Individual \$3,400 or \$5,000 Family (aggregate)	
<b>Annual Coinsurance Maximum</b> PCY (Once met, Preferred Providers covered in full.)	\$1,600 or \$800 Individual \$2,650 or \$1,050 Family (aggregate)	
<b>Out-of-Pocket Maximum</b> PCY (includes deductible and coinsurance maximum)	\$3,300 Individual or \$6,050 Family	Unlimited
<b>LIFETIME BENEFIT MAXIMUM</b>	\$2 Million	
COVERED SERVICES	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>PREVENTIVE CARE</b>		
<b>Preventive Care Exams</b> \$300 PCY (routine medical and well-baby exams)	Covered in full*	Not covered
<b>Immunizations</b> unlimited	Covered in full*	Not covered
<b>PROFESSIONAL CARE</b>		
<b>Office Visit</b> including Urgent Care	20%	40%
<b>Other Outpatient Professional Services</b>	20%	40%
<b>Inpatient Professional Care</b>	20%	40%
<b>PHARMACY</b>		
<b>Prescription Drug Benefit</b>	Not covered	
<b>VISION CARE</b>		
<b>Routine Vision Exam</b>	Not covered	
<b>Vision Hardware</b>	Not covered	
<b>DIAGNOSTIC SERVICES</b>		
<b>Outpatient Diagnostic Imaging &amp; Lab Services</b>	20%	40%
<b>Mammography</b>	Deductible waived on first mammogram; 20%	40%
<b>Cancer Screening and Cholesterol Screening</b> (includes pap smears, PSA testing, home colon cancer screening and cholesterol screening)	20%	40%
<b>FACILITY CARE</b>		
<b>Inpatient Facility Care</b>	20%	40%
<b>Outpatient Facility Care</b>	20%	40%
<b>Skilled Nursing Facility</b> 20 days PCY	20%	40%
<b>EMERGENCY CARE</b>		
<b>Emergency Room Care</b>	20%	
<b>Ambulance Transportation</b> \$5,000 PCY	20%	
<b>OTHER SERVICES</b>		
<b>Maternity Care</b> including prenatal care	Not covered	
<b>Spinal and Other Manipulations</b> 12 visits PCY	20%	40%
<b>Acupuncture</b> 12 visits PCY	20%	40%
<b>Supplies, Equipment and Prosthetics</b> \$5,000 PCY	20%	40%
<b>Home Health Care</b> 120 visits PCY	20%	40%
<b>Hospice Care</b> 6-month benefit maximum Inpatient: 10 days ; Respite: 120 hours PCY	20%	40%
<b>Rehabilitation</b> (including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain), Inpatient: 10 days; Outpatient: 15 visits PCY	20%	40%
<b>Transplants (Organ &amp; Bone Marrow)</b> 12-month waiting period; \$250,000 lifetime benefit	20%	Not covered

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

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

This is only a summary of the major benefits provided by our LifeWise HSA plan. It is not a contract.

013906 (05-2005)

