

Passport 30 Plan Summary

PCY = Per Calendar Year	PASSPORT 30	
	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Annual Deductible PCY (choose one)	\$500, \$1,000 or \$1,500*	\$1,000, \$2,000 or \$3,000*
Annual Coinsurance Maximum PCY (Once met, Preferred Providers covered in full.)	\$4,000*	Unlimited
Out-of-Pocket Maximum PCY (includes deductible and coinsurance maximum)	\$4,500, \$5,000 or \$5,500*	Unlimited
LIFETIME BENEFIT MAXIMUM	\$2 Million	
COVERED SERVICES	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
PREVENTIVE CARE		
Preventive Care Exams \$300 PCY (routine medical and well-baby exams)	Covered in full*	Not covered
Immunizations unlimited	Covered in full*	Not covered
PROFESSIONAL CARE		
Office Visit including Urgent Care	Deductible waived on first 3 shared visits; 30% †	50%
Other Outpatient Professional Services	30%	50%
Inpatient Professional Care	30%	50%
PHARMACY		
Prescription Drug Benefit (separate annual deductible applies; prescriptions limited to 30-day supply)	Generic drugs: no deductible; unlimited; 20% Brand-name drugs: \$500 deductible; 50% (\$5,000 PCY on brand-name drugs)	
VISION CARE		
Routine Vision Exam one exam per 2 calendar years	Covered in full*	
Vision Hardware no-deductible benefit per 2 calendar years	\$200 for frames, lenses and contact lenses	
DIAGNOSTIC SERVICES		
Outpatient Diagnostic Imaging & Lab Services	30%	50%
Mammography	Deductible waived on first mammogram; 30%	50%
Cancer Screening and Cholesterol Screening (includes pap smears, PSA testing, home colon cancer screening and cholesterol screening)	Deductible waived: 30%	50%
FACILITY CARE		
Inpatient Facility Care	30%	50%
Outpatient Facility Care	30%	50%
Skilled Nursing Facility 45 days PCY	30%	50%
EMERGENCY CARE		
Emergency Room Care (Copay waived if direct admit to an inpatient facility)	\$100 Copay plus 30%	
Ambulance Transportation \$5,000 PCY	30%	
OTHER SERVICES		
Maternity Care including prenatal care	30%**	50%**
Spinal and Other Manipulations 12 visits PCY	Deductible waived on first 3 shared visits; 30% †	50%
Acupuncture 12 visits PCY	Deductible waived on first 3 shared visits; 30% †	50%
Supplies, Equipment and Prosthetics \$5,000 PCY	30%	50%
Home Health Care 130 home health visits PCY	30%	50%
Hospice Care 6-month benefit maximum Inpatient: 10 days ; Respite: 120 hours PCY	30%	50%
Rehabilitation (including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain) Inpatient: 8 days; Outpatient: 20 visits PCY	30%	50%
Transplants (Organ & Bone Marrow) 12-month waiting period; \$250,000 lifetime benefit	30%	Not covered

† Family = 3x individual

* Benefits provided at 100%; not subject to deductible or coinsurance.

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

** Only covered with \$500 or \$1,000 deductible.

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 Passport 30 plan. It is not a contract.

014994 (05-2005)

