

WiseEssentials Rx 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
Annual Deductible PCY (Choose one)	\$1,850 / \$2,500 / \$3,500	\$3,700 / \$5,000 / \$7,000
Coinsurance (what you pay)	25%	50%
Annual Coinsurance Maximum	\$5,000	Unlimited
COVERED SERVICES Calendar year maximum: \$2 million		
Office Visits including Urgent Care & Naturopathy	DEDUCTIBLE WAIVED on first 6 visits PCY, you pay 25%; additional visits subject to deductible, then 25%	Deductible, then 50%
Preventive Care Exams ¹ Routine medical exam, sports physical & women's health/well baby exams	Covered in Full ²	
Preventive Screenings PAP smear, PSA testing, mammography, colonoscopies, cancer screening, cholesterol screening		
Immunizations		Not Covered
Pharmacy–Retail (30-day supply)	Generics only Retail: \$15	Not Covered
Pharmacy–Mail Order (90-day supply)	Mail Order: \$40	
Outpatient Diagnostic Imaging & Lab Services	DEDUCTIBLE WAIVED then 25% for \$1,850 deductible plan only Deductible, then 25% for all others	Deductible, then 50%
Emergency Room Care (copay waived if directly admitted to an inpatient facility)	\$100 copay, then subject to deductible, then 25%	\$100 copay, then subject to deductible, then 25% ³
Ambulance Transportation (Air: unlimited; Ground: \$5,000 PCY limit)	Deductible, then 25%	Deductible, then 25% ³
Outpatient & Inpatient Facility Care	Deductible, then 25%	Deductible, then 50%
Rehabilitation (Outpatient: 20 visits PCY; Inpatient: 8 days PCY) Physical, Occupational, Massage and Speech Therapy; Cardiac & Pulmonary Rehabilitation		
Durable Medical Equipment & Prosthetics	Not Covered	Not Covered
Spinal & Other Manipulations (12 visits PCY)	DEDUCTIBLE WAIVED \$25 Copay	Deductible, then 50%
Acupuncture (12 visits PCY)		
Home Health Care (130 visits PCY)	Deductible, then 25%	Deductible, then 50%
Skilled Nursing Facility (45 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 WAIVED on first 6 visits PCY, you pay 25%; additional visits subject to deductible, then 25%	Deductible, then 50%
Mental Health–Inpatient Facility Care	Deductible, then 25%	
Transplants (12-month waiting period; Organ & Bone Marrow)	Deductible, then 25%	Not Covered

¹ 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.

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

³ 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.