

HEALTHPAYS HSA

CONTROL YOUR MONEY.

HealthPays™ Health Savings Account 2000 Individual/4000 Family Catastrophic Plan-'08 is a qualified, high-deductible health plan that lets you set up a bank account so you can sock away pretax money to use for your health care expenses. You don't need to pay toward your deductible for any preventive care, no matter whether you get care in- or out-of-network. Notice that the coinsurance is slightly lower if you opt for in-network care.

Rates effective July 1, 2008–June 30, 2009.
Rates based on age as of July 1, 2008.

WESTERN WASHINGTON[‡] HEALTHPAYS HSA

	NON-SMOKER	SMOKER
Dependent child under 25*	\$51	\$51
Adult age 24 or under	\$59	\$71
25 - 29	\$65	\$78
30 - 34	\$71	\$86
35 - 39	\$79	\$95
40 - 44	\$96	\$115
45 - 49	\$113	\$136
50 - 54	\$136	\$164
55 - 59	\$168	\$202
60 - 64	\$213	\$256
65 +	\$213	\$256

CENTRAL/EASTERN WASHINGTON[‡] HEALTHPAYS HSA

	NON-SMOKER	SMOKER
Dependent child under 25*	\$52	\$52
Adult age 24 or under	\$60	\$73
25 - 29	\$67	\$80
30 - 34	\$73	\$88
35 - 39	\$81	\$97
40 - 44	\$98	\$118
45 - 49	\$116	\$139
50 - 54	\$140	\$167
55 - 59	\$172	\$206
60 - 64	\$218	\$262
65 +	\$218	\$262

	ALLIANT PLUS IN-NETWORK	ALLIANT PLUS OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	\$2,000 per member or \$4,000 per family	
MEMBER COINSURANCE	10%	20%
OUT-OF-POCKET LIMIT ⁺	\$5,100 per member or \$10,200 per family	
BENEFITS	AFTER DEDUCTIBLE, MEMBER PAYS	
OFFICE VISITS	10%	20%
MANIPULATIVE THERAPY	10%, up to 10 visits PCY [†]	20%, up to 10 visits PCY
ACUPUNCTURE	10%, up to 8 visits PCY	20%
NATUROPATHY	10%, up to 3 visits PCY	20%
MATERNITY CARE	Not covered	Not covered
MENTAL HEALTH SERVICES Inpatient: Limit total days PCY to 12 combined for both in- and out-of-network.	10%	20%
MENTAL HEALTH SERVICES Outpatient: Limit total visits PCY to 12 combined for both in- and out-of-network.	10%	20%
LAB/X-RAY SERVICES	10%	20%
HOSPITAL VISITS – INPATIENT Hospital room and board; inpatient surgery; anesthesia, intensive and coronary care; laboratory tests; radiology services; drugs while in hospital. Maternity care not covered.	10%	20%
PRESCRIPTION DRUGS	Not covered	Not covered
EMERGENCY CARE	10%	10%
VISION CARE	Not covered	Not covered
DEDUCTIBLE DOES NOT APPLY		
PREVENTIVE CARE For children and adults, including physicals and immunizations, as established in Group Health's preventive care schedule.	10%	20% \$300 individual/\$600 family annual benefit maximum

+ Member coinsurance and annual deductible apply to out-of-pocket limit.

† PCY = per calendar year

‡ Western Washington counties: King, Kitsap, Pierce, Snohomish, Island, Thurston, Whatcom, Skagit, San Juan, Mason, Lewis, and Gray's Harbor (ZIP codes: 98541, 98557, 98554, & 98568). Central/Eastern Washington counties: Kittitas, Yakima, Benton, Franklin, Walla Walla, Columbia, Whitman, and Spokane.

* When three or more children are covered, the first two up to age 25 are billed.

NOTE: Children under 18 can not enroll as primary subscriber.

NOTE: This is a summary of benefits. The contents are not to be accepted or construed as a substitute for the provisions of the master policy or agreements. Other terms and conditions apply. Lifetime benefit maximum of \$2 million applies to all plans. All plans cover on-the-job-injury-related health care costs for partners, proprietors, or corporate officers who are not covered by a workers' compensation act, subject to the plan's cost shares and benefit limitations.

Coverage provided by Group Health Options, Inc.