

Essential Bronze EPO 6350



Washington EPO plan for individuals & families
Beginning January 1, 2016

This LifeWise EPO plan covers healthcare from providers in the LifeWise Connect EPO network in Washington, Oregon, and Alaska. This plan also covers emergency care from out-of-network providers. However, you will pay the full cost of non-emergency care from out-of-network providers. To find doctors and hospitals in the LifeWise Connect EPO network, go to lifewisewa.com and use the Find a Doctor tool.

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LifeWise Connect network providers

Annual Deductible	Per Calendar Year (PCY) Family = 2x individual (<i>in-network only</i>)	\$6,350
Coinsurance	Amount you pay after your deductible is met	20%
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual (<i>in-network only</i>)	\$6,850
10 Essential Benefits Covered Services		
1 Ambulatory Patient Services	Outpatient services	Deductible, then 20%
Office Visits	Designated PCP office visit	\$30 copay
	Non-designated PCP & specialist office visit	Deductible, then 20%
	Urgent care	Deductible, then 20%
	Virtual care	\$15 copay
	Spinal manipulation: 10 visits PCY;	\$30 copay
	Acupuncture: 12 visits PCY	
2 Emergency Services	Emergency care (<i>copay waived if directly admitted to an inpatient facility</i>)	\$250 copay, then deductible, then 20%
	Ambulance	Deductible, then 20%
3 Hospitalization	Inpatient services	Deductible, then 20%
	Organ and tissue transplants, inpatient	Deductible, then 20%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal care	Deductible, then 20%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	Deductible, then 20%
	Inpatient hospital: mental/behavioral health	Deductible, then 20%
	Outpatient services	Deductible, then 20%
6 Prescription Drugs	Generic	Deductible, then 20%
<i>Retail/Specialty: 30-day supply</i>	Preferred brand	Deductible, then 20%
<i>Mail Order: 90-day supply</i>	Non-preferred brand	Deductible, then 20%
	Specialty	Deductible, then 20%
	Drug formulary	X1
7 Rehabilitative & Habilitative Services & Devices	Inpatient rehabilitation: 30 days PCY	Deductible, then 20%
	Physical, speech, occupational, massage therapy: 25 visits combined PCY	Deductible, then 20%
	Durable medical equipment	Deductible, then 20%
8 Laboratory Services	Includes x-ray, pathology, imaging/diagnostic, ultrasound	Deductible, then 20%
	Major imaging including MRI, CT, PET (<i>prior authorization required for certain services</i>)	Deductible, then 20%
9 Preventive/Wellness Services	Screenings	Covered in full
	Exams and immunizations	Covered in full
10 Pediatric Vision	Eye exam: 1 PCY	\$30 copay
<i>Under 19 years of age</i>	Eyewear: 1 pair of glasses PCY (frames & lenses); 12-month supply of contacts PCY, in lieu of glasses (frames & lenses)	Covered in full

LifeWise Health Plan of Washington does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment & benefit determinations.

Definitions

Allowed Amount: When providers have a contract with us, the amount your health plan has agreed to pay healthcare providers for services or supplies. You'll be responsible only for any applicable cost sharing, including deductibles, copays, coinsurance, charges in excess of the stated benefit maximums and charges for services and supplies not covered under this plan. In-network providers cannot bill you for charges over the allowed amount.

Coinsurance: Your share of the cost for a service. If your plan's coinsurance is 20%, you pay 20% of the allowed amount and your plan pays the other 80% of the allowed amount.

Copay: A flat fee you pay for a specific service, such as an office visit, at the time you receive service.

Covered in full: Services of which your plan pays the total cost, at 100% of the allowed amount. You do not pay deductibles, coinsurance or copays for these services.

Deductible: The amount of money you pay every year for covered services before the plan pays for certain benefits.

Exclusive Provider Organization (EPO): Plans that only cover the cost of care from an in-network provider in Oregon, Washington and Alaska, unless you have a medical emergency. If you receive non-emergency care from an out-of-network healthcare provider you will be responsible for the full cost of that care.

Formulary: A list of drugs covered by a health plan. Not all generic, brand-name and specialty drugs are included in every formulary.

In-network: Doctors, dentists, hospitals, and other healthcare providers that are contracted to provide services and supplies at negotiated amounts called allowed amounts.

Out-of-pocket maximum: The maximum amount of money you will pay for covered services in a calendar year. After you've paid this amount, your plan pays 100% of the allowed amount for services received from in-network providers.

Primary care provider (PCP): The doctor or other healthcare provider you see for most of your routine healthcare needs, often known as your "family doctor." You can choose a different primary care provider for each family member. Your PCP can be a family practice physician, general practice provider, geriatric practice provider, gynecologist, internist, nurse practitioner, obstetrician, pediatrician, physician assistant or naturopath.

Urgent Care: Urgent care is for conditions that require immediate medical attention when your doctor is not available, but are not severe or life-threatening. For urgent conditions, care from an out-of-network urgent care facility is not covered.

General exclusions and limitations

Benefits are not provided for treatment, surgery, services, drugs, or supplies for any of the following:

- Cosmetic surgery or reconstructive surgery (except as specifically provided)
- Experimental or investigative services
- Infertility
- Obesity/morbid obesity, including surgery, drugs, foods, and exercise programs
- Orthognathic surgery (except when repairing a dependent child's congenital abnormality)
- Service in excess of specified benefit maximums
- Services payable by other types of insurance coverage
- Services received when you are not covered by this program
- Sexual dysfunction
- Sterilization reversal

For a list of services and procedures that require approval for coverage from your plan before you receive them (prior authorization), visit [lifewisewa.com](https://www.lifewisewa.com).

Contact Us

For information about how a health plan works, see Health Plan Basics on [lifewisewa.com](https://www.lifewisewa.com). You'll find information about:

- Monthly healthcare rates for low-income members (government subsidies)
- Penalties for people who don't choose a health plan
- How to find an in-network doctor

For information or questions about LifeWise Health Plan of Washington:

- Visit [lifewisewa.com](https://www.lifewisewa.com)
- Call Customer Service at **800.592.6804** from 8 a.m. to 5 p.m. Pacific time, Monday–Friday