

LifeWise Essential Plan Comparison

Washington Individual and Family Plans

Start date January 1, 2021



Health Plan of Washington

LifeWise Essential plans are exclusive provider organization (EPO) plans. Care outside of the plan's network is not covered, except for emergencies. See last page for important plan information.

	Essential Gold	Essential Silver Low Deductible	Essential Silver High Deductible
Members have access to the LifeWise Primary Network of providers.			
Annual deductible: Per calendar year (PCY) Family = 2x individual (in-network only)	\$1,000	\$2,600	\$3,500
Coinsurance: Amount you pay after your deductible is met	30%	30%	30%
Out-of-pocket maximum: Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$6,600	\$7,550	\$7,200
Ambulatory patient services office visits			
Outpatient services	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Designated PCP office visit	\$30 copay	\$25 copay	\$25 copay
Non-designated PCP & specialist office visit	\$60 copay	\$55 copay	\$60 copay
Urgent care	\$60 copay	\$60 copay	\$60 copay
Spinal manipulation (10 visits PCY)	\$30 copay	\$25 copay	\$25 copay
Acupuncture (12 visits PCY)	\$30 copay	\$25 copay	\$25 copay
Emergency services			
Emergency care (copay waived if directly admitted to an inpatient facility)	\$250 copay, then deductible, then 30%	\$225 copay per visit, deductible, then 30%	\$225 copay per visit, deductible, then 30%
Ambulance transportation (air and ground)	Deductible then 30%	Deductible, then 30%	Deductible, then 30%
Hospitalization			
Inpatient services	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Organ and tissue transplants, inpatient			
Maternity and newborn care	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Mental health and substance use disorder services, including behavioral health			
Office visit	\$60 copay	\$55 copay	\$60 copay
Inpatient hospital: mental/behavioral health	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Outpatient services	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Prescription drugs			
Retail and specialty: 30-day supply			
Mail order: 90-day supply (copay x3)			
Preferred generic	\$10 copay	\$20 copay	\$10 copay
Preferred brand	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Non-preferred drugs	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Specialty	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Rehabilitative and habilitative services and devices			
Inpatient rehabilitation: 30 days PCY	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Physical, speech, occupational, massage therapy: 25 visits combined PCY			
Durable medical equipment			
Laboratory services			
Includes x-ray, pathology, imaging/diagnostic, standard ultrasound	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Major imaging including MRI, CT, PET			
Preventive and wellness services			
Screenings	Covered in full	Covered in full	Covered in full
Exams and vaccinations			
Pediatric vision			
Under 19 years of age			
Eye exam: 1 PCY	\$30 copay	\$30 copay	\$30 copay
Eyewear: 1 pair of glasses PCY (frames and lenses) or 12-month supply of contacts PCY, in lieu of glasses	Covered in full	Covered in full	Covered in full
Virtual care			
Doctor On Demand: general medicine, behavioral health	\$5 copay	\$5 copay	\$5 copay
Boulder Care or Workit Health: Substance use disorder	\$5 copay	\$5 copay	\$5 copay
All other virtual providers	Subject to standard cost shares	Subject to standard cost shares	Subject to standard cost shares

LifeWise Essential health plans are available through Washington Healthplanfinder if you live in one of the following counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, or Yakima

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	Essential Bronze	Essential Bronze HSA	Essential Bronze II
Members have access to the LifeWise Primary Network of providers.			
Annual deductible: Per calendar year (PCY) Family = 2x individual (in-network only)	\$6,450	\$6,100	\$7,100
Coinsurance: Amount you pay after your deductible is met	30%	40%	40%
Out-of-pocket maximum: Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$8,500	\$6,900	\$8,500
Ambulatory patient services office visits			
Outpatient services	Deductible, then 30%		Deductible, then 40%
Designated PCP office visit	\$30 copay		\$50 copay
Non-designated PCP & specialist office visit	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Urgent care	\$60 copay		Deductible, then 40%
Spinal manipulation (10 visits PCY)	Deductible, then 30%		Deductible, then 40%
Acupuncture (12 visits PCY)	Deductible, then 30%		Deductible, then 40%
Emergency services			
Emergency care (copay waived if directly admitted to an inpatient facility)	\$250 copay, then deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Ambulance transportation (air and ground)	Deductible then 30%		
Hospitalization			
Inpatient services	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Organ and tissue transplants, inpatient			
Maternity and newborn care	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Mental health and substance use disorder services, including behavioral health			
Office visit	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Inpatient hospital: mental/behavioral health			
Outpatient services			
Prescription drugs			
Retail and specialty: 30-day supply			
Mail order: 90-day supply (copay x3)			
Preferred generic	\$20 copay	Deductible, then 40%	\$35 copay
Preferred brand	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Non-preferred drugs	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Specialty	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%
Rehabilitative and habilitative services and devices			
Inpatient rehabilitation: 30 days PCY	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Physical, speech, occupational, massage therapy: 25 visits combined PCY			
Durable medical equipment			
Laboratory services			
Includes x-ray, pathology, imaging/diagnostic, standard ultrasound	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Major imaging including MRI, CT, PET			
Preventive and wellness services			
Screenings	Covered in full	Covered in full	Covered in full
Exams and vaccinations			
Pediatric vision			
Under 19 years of age			
Eye exam: 1 PCY	\$30 copay	Deductible waived, then 40%	\$30 copay
Eyewear: 1 pair of glasses PCY (frames, lenses) or 12-month supply of contacts PCY, in lieu of glasses	Covered in full	Covered in full	Covered in full
Virtual care			
Doctor On Demand: general medicine	\$5 copay	Deductible, then 40%	\$5 copay
Doctor On Demand: behavioral health	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
Boulder Care or Workit Health: Substance use disorder	Deductible, then 30%	Deductible, then 40%	Deductible, then 40%
All other virtual providers	Subject to standard cost shares	Subject to standard cost shares	Subject to standard cost shares

LifeWise Essential health plans are available through Washington Healthplanfinder if you live in one of the following counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, or Yakima

LifeWise Cascade Plan Comparison

Washington Individual and Family Plans

Start date January 1, 2021



Health Plan of Washington

LifeWise Cascade plans are exclusive provider organization (EPO) plans. Care outside of the plan's network is not covered, except for emergencies. See last page for important plan information.

	Gold	Silver	Bronze
Members have access to the LifeWise Primary Network of providers.			
Annual deductible: Per calendar year (PCY) Family = 2x individual (in-network only)	\$500	\$2,000	\$6,000
Coinsurance: Amount you pay after your deductible is met	20%	30%	40%
Out-of-pocket maximum: Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$5,250	\$7,800	\$8,550
Ambulatory patient services office visits			
Outpatient services	Deductible, then 20%	Deductible, then 30%	Deductible, then 40%
Designated PCP office visit	\$15 copay	\$25 copay	\$50 copay
Non-designated PCP & specialist office visit	\$40 copay	\$60 copay	Deductible, then \$100 copay
Urgent care	\$35 copay	\$60 copay	\$100 copay
Spinal manipulation (10 visits PCY)	\$15 copay	\$25 copay	\$50 copay
Acupuncture (12 visits PCY)	\$15 copay	\$25 copay	\$50 copay
Emergency services			
Emergency care	Deductible, then \$450 copay	Deductible, then \$800 copay	Deductible, then 40%
Ambulance transportation (air and ground)	\$375 copay	\$375 copay	Deductible, then 40%
Hospitalization			
Inpatient services	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Organ and tissue transplants, inpatient	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Maternity and newborn care	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Mental health and substance use disorder services, including behavioral health			
Office visit	\$15 copay	\$25 copay	\$50 copay
Inpatient hospital: mental/behavioral health	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Outpatient services	\$15 copay	\$25 copay	\$50 copay
Prescription drugs			
Retail and specialty: 30-day supply			
Mail order: 90-day supply (copay x3)			
Preferred generic	\$10 copay	\$20 copay	\$32 copay
Preferred brand	\$60 copay	\$70 copay	Deductible, then 40%
Non-preferred drugs	\$100 copay	Deductible, then \$250 copay	Deductible, then 40%
Specialty	\$100 copay	\$250 copay	Deductible, then \$250 copay
Rehabilitative and habilitative services and devices			
Inpatient rehabilitation	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Outpatient rehabilitation: 25 PCY	\$25 copay	\$35 copay	Deductible, then 40%
Physical and occupational	\$25 copay	\$35 copay	Deductible, then 40%
Therapy: 30 visits combined PCY	\$25 copay	\$35 copay	Deductible, then 40%
Speech Therapy: 30 visits PCY	Deductible, then 20%	Deductible, then 30%	Deductible, then 40%
Durable medical equipment			
Laboratory services			
Outpatient and professional services	\$20 copay	\$35 copay	Deductible, then 40%
X-ray and diagnostic imaging	\$30 copay	\$60 copay	Deductible, then 40%
Advanced Imaging (CT/PET scans, MRIs)	Deductible, then \$300 copay	Deductible, then 30%	Deductible, then 40%
Preventive and wellness services			
Screenings	Covered in full	Covered in full	Covered in full
Exams and vaccinations			
Pediatric vision			
Under 19 years of age			
Eye exam: 1 PCY	Covered in full	Covered in full	Covered in full
Eyewear: 1 pair of glasses PCY (frames, lenses) or 12-month supply of contacts PCY, in lieu of glasses			
Virtual care			
Doctor On Demand: general medicine, behavioral health	\$5 copay	\$5 copay	\$5 copay
Boulder Care or Workit Health: Substance use disorder	\$5 copay	\$5 copay	\$5 copay
All other virtual providers	Subject to standard cost shares	Subject to standard cost shares	Subject to standard cost shares

LifeWise Cascade health plans are available through Washington Healthplanfinder if you live in one of the following counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, or Yakima

LifeWise Cascade Select Plan Comparison

Washington Individual and Family Plans

Start date January 1, 2021



Health Plan of Washington

LifeWise Cascade Select plans are exclusive provider organization (EPO) plans. Care outside of the plan's network is not covered, except for emergencies. See last page for important plan information.

	Gold	Silver	Bronze
Members have access to the LifeWise Alpine Network of providers.			
Annual deductible: Per calendar year (PCY) Family = 2x individual (in-network only)	\$500	\$2,000	\$6,000
Coinsurance: Amount you pay after your deductible is met	20%	30%	40%
Out-of-pocket maximum: Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$5,250	\$7,800	\$8,550
Ambulatory patient services office visits			
Outpatient services	Deductible, then 20%	Deductible, then 30%	Deductible, then 40%
Designated PCP office visit	\$15 copay	\$25 copay	\$50 copay
Non-designated PCP & specialist office visit	\$40 copay	\$60 copay	Deductible, then \$100 copay
Urgent care	\$35 copay	\$60 copay	\$100 copay
Spinal manipulation (10 visits PCY)	\$15 copay	\$25 copay	\$50 copay
Acupuncture (12 visits PCY)	\$15 copay	\$25 copay	\$50 copay
Emergency services			
Emergency care	Deductible, then \$450 copay	Deductible, then \$800 copay	Deductible, then 40%
Ambulance transportation (air and ground)	\$375 copay	\$375 copay	Deductible, then 40%
Hospitalization			
Inpatient services	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Organ and tissue transplants, inpatient	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Maternity and newborn care	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Mental health and substance use disorder services, including behavioral health			
Office visit	\$15 copay	\$25 copay	\$50 copay
Inpatient hospital: mental/behavioral health	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Outpatient services	\$15 copay	\$25 copay	\$50 copay
Prescription drugs			
Retail and specialty: 30-day supply			
Mail order: 90-day supply (copay x3)			
Preferred generic	\$10 copay	\$20 copay	\$32 copay
Preferred brand	\$60 copay	\$70 copay	Deductible, then 40%
Non-preferred drugs	\$100 copay	Deductible, then \$250 copay	Deductible, then 40%
Specialty	\$100 copay	\$250 copay	Deductible, then \$250 copay
Rehabilitative and habilitative services and devices			
Inpatient rehabilitation	\$525 copay per day	Deductible, then \$800 copay	Deductible, then 40%
Outpatient rehabilitation: 25 PCY	\$25 copay	\$35 copay	Deductible, then 40%
Physical and occupational	\$25 copay	\$35 copay	Deductible, then 40%
Therapy: 30 visits combined PCY	\$25 copay	\$35 copay	Deductible, then 40%
Speech Therapy: 30 visits PCY	Deductible, then 20%	Deductible, then 30%	Deductible, then 40%
Durable medical equipment			
Laboratory services			
Outpatient and professional services	\$20 copay	\$35 copay	Deductible, then 40%
X-ray and diagnostic imaging	\$30 copay	\$60 copay	Deductible, then 40%
Advanced Imaging (CT/PET scans, MRIs)	Deductible, then \$300 copay	Deductible, then 30%	Deductible, then 40%
Preventive and wellness services			
Screenings	Covered in full	Covered in full	Covered in full
Exams and vaccinations			
Pediatric vision			
Under 19 years of age			
Eye exam: 1 PCY	Covered in full	Covered in full	Covered in full
Eyewear: 1 pair of glasses PCY (frames and lenses) or 12-month supply of contacts PCY, in lieu of glasses			
Virtual care			
Doctor On Demand: general medicine, behavioral health	\$5 copay	\$5 copay	\$5 copay
Boulder Care or Workit Health: Substance use disorder	\$5 copay	\$5 copay	\$5 copay
All other virtual providers	Subject to standard cost shares	Subject to standard cost shares	Subject to standard cost shares

LifeWise Cascade Select health plans are available through Washington Healthplanfinder if you live in one of the following counties: Adams, Benton, or Klickitat

LifeWise Primary Plan Comparison

Washington Individual and Family Plans

Start date January 1, 2021



Health Plan of Washington

LifeWise Primary plans are exclusive provider organization (EPO) plans. Care outside of the plan's network is not covered, except for emergencies. See last page for important plan information.

	Primary Gold	Primary Silver
	Members have access to the LifeWise Primary Network of providers.	
Annual deductible: Per calendar year (PCY) Family = 2x individual (in-network only)	\$1,500	\$3,000
Coinsurance: Amount you pay after your deductible is met	30%	30%
Out-of-pocket maximum: Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$6,600	\$8,150
Ambulatory patient services office visits		
Outpatient services	Deductible, then 30%	Deductible, then 30%
Designated PCP office visit	\$30 copay	\$30 copay
Non-designated PCP & specialist office visit	\$60 copay	\$60 copay
Urgent care	\$60 copay	\$60 copay
Spinal manipulation (10 visits PCY)	\$30 copay	\$30 copay
Acupuncture (12 visits PCY)	\$30 copay	\$30 copay
Emergency services		
Emergency care (copay waived if directly admitted to an inpatient facility)	\$250 copay, then deductible, then 30%	\$250 copay, then deductible, then 30%
Ambulance transportation (air and ground)	Deductible then 30%	Deductible, then 30%
Hospitalization		
Inpatient services	Deductible, then 30%	Deductible, then 30%
Organ and tissue transplants, inpatient		
Maternity and newborn care	Deductible, then 30%	Deductible, then 30%
Mental health and substance use disorder services, including behavioral health		
Office visit	\$60 copay	\$60 copay
Inpatient hospital: mental/behavioral health	Deductible, then 30%	Deductible, then 30%
Outpatient services	Deductible, then 30%	Deductible, then 30%
Prescription drugs		
Retail and specialty: 30-day supply		
Mail order: 90-day supply (copay x3)		
Preferred generic	\$10 copay	\$20 copay
Preferred brand	Deductible, then 30%	Deductible, then 30%
Non-preferred drugs	Deductible, then 30%	Deductible, then 30%
Specialty	Deductible, then 50%	Deductible, then 50%
Rehabilitative and habilitative services and devices		
Inpatient rehabilitation: 30 days PCY	Deductible, then 30%	Deductible, then 30%
Physical, speech, occupational, massage therapy: 25 visits combined PCY		
Durable medical equipment		
Laboratory services		
Includes x-ray, pathology, imaging/diagnostic, standard ultrasound	Deductible, then 30%	Deductible, then 30%
Major imaging including MRI, CT, PET		
Preventive and wellness services		
Screenings	Covered in full	Covered in full
Exams and vaccinations		
Pediatric vision		
Under 19 years of age		
Eye exam: 1 PCY	\$30 copay	\$30 copay
Eyewear: 1 pair of glasses PCY (frames and lenses) or 12-month supply of contacts PCY, in lieu of glasses	Covered in full	Covered in full
Virtual care		
Doctor On Demand: general medicine, behavioral health	\$5 copay	\$5 copay
Boulder Care or Workit Health: Substance use disorder	\$5 copay	\$5 copay
All other virtual providers	Subject to standard cost shares	Subject to standard cost shares

LifeWise Primary health plans are available through a licensed agent, also known as a producer, if you live in one of the following counties: Pierce, Snohomish, or Spokane

Understanding your health plan should be simple and easy.

Allowed amount: The amount we pay for healthcare services. When you receive services from in-network providers, you'll be responsible for cost shares (deductibles, copays, and coinsurance) and charges for services not covered by the health plan. In-network providers will not bill you for charges over the allowed amount. If you receive services from out-of-network providers, you are responsible for all amounts not paid by us.

Cascade Care: Qualified health plans designed by the Washington Health Benefit Exchange. These plans typically have lower deductibles and more benefits with copays. Cascade Care plans are available through the Exchange.

Coinsurance: Your percentage of the cost for a service. You pay 100% until your deductible is paid for the calendar year. After that, if your plan's coinsurance is 30%, you pay 30% of the allowed amount and your plan pays the other 70%.

Copay: This is a flat fee you pay for a specific service (such as an office visit) at the time you receive the service.

Covered in full: A benefit that does not require cost shares. You do not pay deductibles, coinsurance, or copays for services that are covered in full.

Deductible: The amount you pay in medical costs before your health plan begins to pay. Amounts over the allowed amount for the service do not count toward the deductible.

Drug list: A list, sometimes called a formulary, of drugs covered by the plan. Not all drugs are included in every drug list.

Exclusive provider organization (EPO): With this plan type, most services are only covered when received from in-network providers. Use the Find a Doctor tool on lifewisewa.com to find in-network providers.

Federal poverty level (FPL): A measure of household income, set by federal guidelines, used to determine if you are eligible for government subsidies to help pay for healthcare coverage purchased through the state or federal exchange.

Health savings account (HSA): A savings account through a bank that is available to individuals who are enrolled in a qualified high-deductible health plan. The funds contributed to a health savings account are used to pay qualified medical expenses not covered by the health plan.

High-deductible health plan (HDHP): A health plan that meets IRS requirements for use with a health savings account. A high-deductible health plan requires you to meet the annual deductible before most services are covered.

In-network: Doctors, dentists, pharmacies, 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 of allowed amounts you will pay for covered services from an in-network provider per calendar year. After you've met your out-of-pocket maximum, the plan pays 100% for in-network services for the rest of the year.

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

Urgent care: Conditions that need treatment right away but are not severe or life threatening. For urgent conditions, care for an out-of-network provider is not covered.

Virtual care: Visit with a provider, such as a doctor or licensed therapist, by video or phone.

Important note: If you see a non-contracted provider, you will be responsible for the difference between the allowed amount and the provider's billed charges, in addition to the deductible, coinsurance, and any applicable copay. The allowed amount for a non-contracted provider is determined by LifeWise as described in your plan benefit book.

General exclusions and limitations

Below is a list of some things that this health plan does not cover. A complete list of exclusions is available in the sample benefit booklets available on lifewise.com.

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

- Services that are not medically necessary
- Cosmetic surgery or reconstructive surgery (except as specifically provided)
- Experimental or investigational services
- Assisted reproduction
- Weight loss, including surgery, drugs, foods, and exercise programs
- Service in excess of specific benefit maximums
- Services payable by other types of insurance, such as property insurance, liability insurance, or motor vehicle insurance
- Services received when you are not covered by this plan
- Services that the provider's license or certification does not allow him or her to perform. It also does not cover a provider that does not have the license or certification that the state requires.
- Sexual dysfunction
- Sterilization reversal
- Services from out-of-network providers, except for emergency care

Some services, equipment, and drugs require prior authorization from Premera to be covered. For a list of services and procedures that require approval for coverage from your plan before you receive them (pre-approval), visit lifewise.com.

Contact us

For enrollment information or if you have questions about LifeWise Health Plan of Washington:

- Visit lifewise.com.
- Call **844-666-WISE (844-666-9473)**.
- Talk to a **producer**, a licensed professional also known as an agent.

This document is not a contract. It is only a summary of major benefits provided by these plans. On our website, you can find a supplemental guide with information about plan policies and procedures.



Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-817-3056 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-817-3056 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.