

# LifeWise Cascade Gold 600

Washington plan for individuals and families

Start date January 1, 2024



Health Plan of Washington

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

You have access to the **LifeWise Primary Network** of providers.

<b>Annual deductible</b>	Per calendar year (PCY) Family = 2x individual (in-network only)	\$600	
<b>Coinsurance</b>	Amount you pay after your deductible is met	20%	
<b>Out-of-pocket maximum</b>	Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$6,100	
<b>10 essential health benefits</b>			
<b>1 Ambulatory patient services</b>	Outpatient services	Deductible, then \$350 copay	
<b>Professional visits and services</b>	Designated PCP professional visit	\$15 copay	
	Specialist professional visit	\$40 copay	
	Urgent care	\$35 copay	
	Chiropractic adjustments: 10 visits PCY; Acupuncture: 12 visits PCY	\$15 copay	
	<b>2 Emergency services</b>	Emergency care (copay waived if directly admitted to an inpatient facility) Ambulance transportation (air and ground)	Deductible, then \$450 copay \$375 copay
<b>3 Hospitalization</b>	Inpatient services	\$525 copay per day, up to 5 days per admit	
	Organ and tissue transplants, inpatient	\$525 copay per day, up to 5 days per admit	
<b>4 Maternity and newborn care</b>	Prenatal and postnatal care	No charge	
	Inpatient delivery and services	\$525 copay per day, up to 5 days per admit	
	Abortion	No charge	
<b>5 Mental health and substance use disorder services, including behavioral health treatment</b>	Professional visits	\$15 copay	
	Inpatient hospital: mental/behavioral health	\$525 copay per day, up to 5 days per admit	
	Outpatient services	\$15 copay	
<b>6 Prescription drugs</b>	Preferred generic	\$10 copay	
	Retail/Specialty: 30-day supply	Preferred brand	\$60 copay
	(Mail order: 90-day supply, copay x3)	Non-preferred drugs	\$100 copay
		Specialty	\$100 copay
	Drug list	<b>M4</b>	
<b>7 Rehabilitative and habilitative services and devices</b>	Inpatient rehabilitation: 30 days PCY	\$525 copay per day, up to 5 days per admit	
	Physical, speech, occupational, massage therapy: 25 visits combined PCY	\$25 copay	
	Durable medical equipment	Deductible, then 20%	
<b>8 Laboratory services</b>	Basic x-ray, imaging, standard ultrasound	\$30 copay	
	Basic diagnostic lab and professional services	\$20 copay	
	Major imaging, including MRI, CT, PET (preapproval required for certain services)	Deductible, then \$300 copay	
	Mammograms	No charge	
<b>9 Preventive/wellness services</b>	Screenings	No charge	
	Exams and vaccinations	No charge	
<b>10 Pediatric vision under 19 years of age</b>	Eye exam: 1 PCY	No charge	
	Eyewear: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	No charge	
<b>Virtual care</b>	Doctor On Demand: general medicine	See professional visits and services	
	Boulder Care or Workit Health: Mental health including substance use disorder	See professional visits and services	
	All other virtual providers	See professional visits and services	

