

Medical and Dental Benefits Guide

Oregon Groups
with 1-50 employees

For plans effective on or after
January 1, 2016



Provider network	4
Wellness rewards	5
Health support programs	6
Tools to manage care and accounts	7
The 10 essential benefits	8
LifeWise medical plans	9
Medical plan summaries	10–24
LifeWise dental plans	26
Dental plan summaries	28–33
Optional benefits	34
Definitions	35
General exclusions and limitations	35

LifeWise offers dental plans that are compliant with the ACA and provide value for your employees.

Welcome to 2016 LifeWise Health Plan of Oregon

We're a local company that has been providing quality healthcare coverage to Oregonians for nearly 30 years. And we are part of a family of companies that provides a range of products and services including medical, dental, life, vision, and wellness programs.

Plans and providers to fit your workforce needs

LifeWise offers a variety of metallic plans, including high-deductible plans with tax-advantaged health savings accounts (HSAs), that balance coverage and cost. Employees can choose from nine provider types, including naturopaths.

Wellness rewards

We spend most of our time at work. What better place to encourage people to make healthy lifestyle choices? We aim to help employers inspire employees to engage in a wellness program based on the latest research to make the greatest impact to their health and well-being. Both your business and your employees can earn rewards for participating in these programs.

Virtual care

All of our plans offer access to virtual care, so your employees can consult with a doctor anytime by phone or online video for a low cost share. Employees also have free access to the 24-Hour NurseLine for advice anytime day or night.

Cost transparency tools

As soon as they enroll, your employees receive instant access to free, easy-to-use online and mobile tools that help them understand and track their medical, dental, and prescription spending, estimate costs, and review claim status.

A provider network built to provide quality at a value

The LifeWise network of doctors, hospitals, and other healthcare providers is designed to offer ready access to high-quality care at lower out-of-pocket costs. Our Dental Preferred network also provides savings and nationwide access to quality dental providers.

Our strong relationships with our provider partners help maximize healthcare dollars by:

- Focusing on quality and cost-effective care
- Helping control rising medical costs
- Providing resources for improved healthcare

All of our plans (except HSA plans) call for members to designate a primary care doctor (PCP) to receive a lower cost share on office visits with their designated PCP versus visiting a provider not designated as their PCP. Members may choose an in-network family medicine doctor, internal medicine doctor, naturopath, pediatrician, geriatric specialist or several other specialists, or a physician's assistant or nurse practitioner.

Passport PPO and HSA plans

LifeWise Passport preferred provider organization (PPO) and HSA plans offer employees savings on health plan costs and give the highest benefit level to employees when they use preferred providers and hospitals. Nonpreferred and nonparticipating or out-of-network facilities and providers are also covered, but at a lower benefit level.*

Healthcare coverage wherever you go

LifeWise also offers a national network of preferred providers for members to access when they need care outside Oregon.

* If a provider is not contracted with LifeWise, the member may be billed for the difference between the amount allowed for the care by LifeWise and the amount the provider charges for that care.

Assure EPO plans

LifeWise Assure exclusive provider organization (EPO) plans cover care from in-network providers in Oregon, Washington, and Alaska. Employees can see providers in the LifeWise network without a referral from their primary care doctor. Emergency care from out-of-network doctors and hospitals is covered. Non-emergency care from out-of-network providers is not covered.

LifeWise Adult Vision Plan

Optional vision benefits include exams and eyewear.

To look for a provider in the LifeWise medical or dental network, visit lifewiseor.com and use the Find a Doctor tool.

Built-in rewards for wellness activities

The built-in wellness rewards program is a simple way to encourage your workforce to engage in wellness activities. These programs are open to members who designate a primary care doctor.

Your employees get access to tools designed to help them maintain and improve their health. Our wellness rewards program rewards both employers and employees. All program participation data sharing and reports are HIPAA-compliant.

Rewards for employers

Employers can earn a premium discount based on employee participation. Ask your LifeWise representative how to get your group involved in a wellness rewards program.

Rewards for employees

Employees earn a \$100 gift card if they participate in health screening, take a health assessment, and designate a primary care doctor (for all plans except HSA plans).

Wellness tools

The wellness reward program offers:

- Health screenings by using physician fax forms or home test kits
- Health assessments when members log in to use the LifeWise online wellness tools



Healthy living tools and resources

LifeWise health support programs help your employees maintain good health and change unhealthy behavior. Our online dental health resource center includes information and videos, Ask a Dentist, and a cost estimator tool for dental procedures.

Health support programs included in all plans

Virtual care gives covered members immediate and convenient access to care from a physician via phone call or online video to treat ailments such as cold and flu symptoms, ear infections, and bronchitis.

24-Hour NurseLine offers free, confidential health advice from a registered nurse by phone anytime day or night.

HealthCompass360° is a whole-person approach to health support that meets members' needs wherever they land on the care continuum—whether they're healthy or navigating complex conditions. Members receive easily accessible, appropriate health support services tailored to their health needs.

Maternity and newborn support program promotes healthier mothers and babies and reduces costs associated with high-risk pregnancies and newborns that end up in neonatal intensive care units.

Exclusive member discounts can save your employees money on fitness club memberships, weight loss programs, and many other health products and services not covered by their health plan.



Easy-to-use online and mobile tools

These tools make it simple for administrators and your employees to manage money, care, and wellness. You can add and make changes to employee enrollment information, including ordering identification cards.

Online tools for members

Members register and log in at lifewiseor.com to use tools securely to:

- Find and compare providers, including qualifications and user reviews by using Find a Doctor.
- Enter different coverage options to see how choices affect costs before deciding on a health plan with the Treatment Cost Estimator
- Review status of medical, dental, and prescription drug claims
- Manage and monitor consumer-driven HSA health plans' spending and saving amounts, including reviewing account balances
- Access pharmacy information and order prescriptions

Manage care and accounts on the go with mobile apps

- LifeWise Mobile app—Find nearby doctors, dentists, and clinics, look up benefits, and check claims.
- ExpressScripts pharmacy app*—Track medications, order prescriptions, find a pharmacy.
- Wellness apps—Track activities, participate in fun fitness challenges, and get healthier.

Customer service experience

All LifeWise customer service representatives are fully trained to provide excellent service to members. Our customer service standard is first-call resolution.

* Express Scripts® is an independent company that provides pharmacy benefit services on behalf of LifeWise.

Tools for plan administrators

We streamlined the experience of administering group plans with easy-to-use online tools.

You can view helpful information such as:

- Administrator's Quick Reference Guide
- Employer contract and member benefit booklet
- Combined medical and dental invoice

You can even contribute and monitor HSA allocations, if applicable.

10 essential benefits

LifeWise offers a wide range of bronze, silver, gold, and platinum plans. Each plan covers 9 of the 10 essential benefits as required by the Affordable Care Act (ACA). You can meet the full ACA requirement by purchasing one of the LifeWise Dental Plan offerings.

The 10 essential benefits LifeWise medical and dental plans cover

These essential benefits focus on prevention and primary care to help people stay healthy. They also aim to manage chronic medical conditions before these conditions become more complex.

- 1 Ambulatory patient services**—such as office visits to your in-network primary care doctor or specialists.
- 2 Emergency services**—for issues that could lead to death or disability if you do not treat them.
- 3 Hospitalization**—covers room and board, tests, drugs, and care from doctors and nurses while admitted; includes organ and tissue transplants, and hospice and respite care.
- 4 Maternity and newborn care**—covers prenatal and postnatal care, delivery and inpatient maternity services, plus newborn child care.
- 5 Mental health and substance use disorder services, including behavioral health treatment**—covers inpatient hospital and outpatient mental and behavioral health.
- 6 Prescription drugs**—covers retail, mail order, and specialty drugs.
- 7 Rehabilitative and habilitative services and devices**—to help gain or regain mental and physical skills in case of injury, disability, or chronic condition. Includes inpatient rehabilitation; physical, speech, and occupational therapy; durable medical equipment; or skilled nursing.
- 8 Laboratory services**—covers lab tests, X-ray services, and pathology, and imaging and diagnostics such as MRI, CT scan, and PET scan.
- 9 Preventive/Wellness services and chronic disease management**—includes mammograms, colonoscopies, vaccines, and more. Covered in full if you use in-network providers for care such as routine physicals, screening, and immunizations. Care management programs and services seek to coordinate care for a variety of chronic conditions, such as diabetes and asthma.
- 10 Pediatric services (vision and dental)**—Children 18 and younger are covered for vision care (eye exam, lenses, and eyewear), but pediatric dental care is not covered and must be purchased separately.

Choose from a range of plans

Help your employees find the right balance between their budget and their healthcare needs.

Passport PPO plans

LifeWise Passport preferred provider organization (PPO) plans offer a combination of up-front, first-dollar benefits and standard coverage for other services. A lower copay applies when the member visits their designated primary care doctor.

Passport HSA plans

LifeWise Passport HSA plans offer valuable benefits for covered services and are qualified to work in combination with an employee-owned, tax-advantaged health savings account (HSA).

Assure EPO plans

LifeWise Assure exclusive provider organization (EPO) plans offer a combination of up-front, first-dollar benefits and standard coverage for other services.

Standard plans

These plans were designed by the Oregon Department of Consumer and Business Services to be included in our plan offerings. They differ from the Passport plans in that they do not offer alternative care coverage.

Employee-only plans

All LifeWise small group plans are available for employees only.





Passport PPO Plans

Passport plans offer a combination of up-front, first-dollar benefits and standard coverage for other services. A lower copay applies when the member visits their designated primary care provider (PCP).

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual out of pocket max
Office visits	Designated PCP office visit: First 2 visits are covered in full. Subsequent visits are subject to PCP copay Non-designated PCP or specialist office visit

Passport Platinum PPO		
	In-network	Out-of-network
	\$500	2x Individual deductible
	10%	50%
	\$2,000	2x in-network out of pocket max
	\$10	50%
	\$20	50%

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY (choose one) Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual out of pocket max
Office visits	Designated PCP office visit: First 2 visits are covered in full. Subsequent visits are subject to PCP copay Non-designated PCP or specialist office visit

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY (choose one) Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual out of pocket max
Office visits	Designated PCP office visit: First 2 visits are covered in full. Subsequent visits are subject to PCP copay Non-designated PCP or specialist office visit

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY (choose one) Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual out of pocket max
Office visits	Designated PCP office visit: First 5 visits are covered at \$25 copay. Subsequent visits are subject to ded, then coinsurance Non-designated PCP or specialist office visit

Passport Gold PPO

In-network			Out-of-network	
\$750	\$1,000	\$1,500	2x Individual deductible	
20%	20%	20%	50%	
\$5,500	\$5,500	\$5,500	2x in-network out of pocket max	
\$10	\$10	\$10	50%	
\$35	\$35	\$35	50%	

Passport Silver PPO

In-network				Out-of-network	
\$2,000	\$2,500	\$3,000	\$4,000	2x Individual deductible	
25%	25%	25%	25%	50%	
\$6,850	\$6,850	\$6,850	\$6,850	2x in-network out of pocket max	
\$20	\$20	\$20	\$20	50%	
\$45	\$45	\$45	\$45	50%	

Passport Bronze PPO

In-network		Out-of-network	
\$5,500	\$6,500	2x Individual deductible	
30%	30%	50%	
\$6,850	\$6,850	2x in-network out of pocket max	
Ded, then coinsurance	Ded, then coinsurance	50%	
Ded, then coinsurance	Ded, then coinsurance	50%	

Passport Platinum PPO

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

		Passport Platinum PPO	
		In-network	Out-of-network
10 Essential Benefits Covered Services			
1 Ambulatory Patient Services	Outpatient	10%	50%
	Spinal manipulation and acupuncture: \$1,500 PCY	\$10	Waive ded., then 50%
2 Emergency Services	Copay waived if directly admitted to an inpatient facility	————— \$250 ————— Ambulance: 10%	
3 Hospitalization	Inpatient	10%	50%
	Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant	10%	Not covered
	Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	10%	50%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal	10%	50%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	\$20	50%
	Inpatient hospital: mental/behavioral health	10%	50%
	Outpatient services	Waive deductible, then 10%	50%
6 Prescription Drugs <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i>	Retail 90-day supply; 3x retail copay	Tier 1 – \$10	Not covered
	Mail Order 90-day supply; 3x retail copay	Tier 2 – \$25	
	Specialty Rx 30-day supply	Tier 3 – \$40	
	Drug List See X4 formulary	Tier 4 – \$120	
7 Rehabilitative & Habilitative Services & Devices Therapy <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i>	Inpatient rehabilitation: 30 days PCY	10%	50%
	Physical, speech, occupational, massage therapy: 30 visits PCY (additional 30 visits available for neurological conditions)	10%	50%
	Durable medical equipment	10%	50%
	Skilled nursing facility: 60 days PCY	10%	50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	Waive deductible, except for major imaging, then 10%	50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings	Covered in full	50%
	Exams and immunizations	Covered in full	Not covered
10 Pediatric Services, including Vision Care <i>Under 19 years of age</i>	Eye exam: 1 PCY	————— \$20 —————	
	Eyewear: 1 set frames/lenses or 1 set contacts every 2 years	————— Covered in full —————	
	Dental: Preventive / Basic / Major	————— Not covered — Standalone for 2016 —————	
	Hearing aids (dependents/children under age 26): 1 item every 3 years	————— Covered in full —————	
Optional benefits			
Adult vision	Vision exam: 1 PCY	————— \$25 —————	
	Eyewear: \$150 PCY	————— Covered in full —————	

Passport Gold PPO

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

		Passport Gold PPO	
		In-network	Out-of-network
10 Essential Benefits Covered Services			
1 Ambulatory Patient Services	Outpatient	20%	50%
	Spinal manipulation and acupuncture: \$1,500 PCY	\$10	Waive ded., then 50%
2 Emergency Services	Copay waived if directly admitted to an inpatient facility	\$200 copay, then 20% Ambulance: 20%	
3 Hospitalization	Inpatient	20%	50%
	Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant	20%	Not covered
	Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	20%	50%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal	20%	50%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	\$35	50%
	Inpatient hospital: mental/behavioral health	20%	50%
	Outpatient services	Waive deductible, then 20%	50%
6 Prescription Drugs <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i>	Retail 90-day supply; 3x retail copay	Tier 1 – \$15	Not covered
	Mail Order 90-day supply; 3x retail copay	Tier 2 – \$40	
	Specialty Rx 30-day supply	Tier 3 – \$80	
	Drug List See X4 formulary	Tier 4 – Deductible, then 20%	
7 Rehabilitative & Habilitative Services & Devices <i>Therapy</i> <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i>	Inpatient rehabilitation: 30 days PCY	20%	50%
	Physical, speech, occupational, massage therapy: 30 visits PCY (additional 30 visits available for neurological conditions)	20%	50%
	Durable medical equipment	20%	50%
	Skilled nursing facility: 60 days PCY	20%	50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	Waive deductible, except for major imaging, then 20%	50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings	Covered in full	50%
	Exams and immunizations	Covered in full	Not covered
10 Pediatric Services, including Vision Care <i>Under 19 years of age</i>	Eye exam: 1 PCY	\$35	
	Eyewear: 1 set frames/lenses or 1 set contacts every 2 years	Covered in full	
	Dental: Preventive / Basic / Major	Not covered—Standalone for 2016	
	Hearing aids (dependents/children under age 26): 1 item every 3 years	Covered in full	
Optional benefits			
Adult vision	Vision exam: 1 PCY	\$25	
	Eyewear: \$150 PCY	Covered in full	

Passport Silver PPO

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

10 Essential Benefits Covered Services

		Passport Silver PPO	
		In-network	Out-of-network
1 Ambulatory Patient Services	Outpatient	25%	50%
	Spinal manipulation and acupuncture: \$1,500 PCY	\$20	Waive ded., then 50%
2 Emergency Services	Copay waived if directly admitted to an inpatient facility	\$250 copay, then 25% Ambulance: 25%	
3 Hospitalization	Inpatient	25%	50%
	Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant	25%	Not covered
	Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	25%	50%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal	25%	50%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	\$45	50%
	Inpatient hospital: mental/behavioral health	25%	50%
	Outpatient services	25%	50%
6 Prescription Drugs <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i>	Retail 90-day supply; 3x retail copay	Tier 1 – \$20	Not covered
	Mail Order 90-day supply; 3x retail copay	Tier 2 – \$65	
	Specialty Rx 30-day supply	Tier 3 – \$120	
	Drug List See X4 formulary	Tier 4 – Deductible, then 25%	
7 Rehabilitative & Habilitative Services & Devices <i>Therapy</i> <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i>	Inpatient rehabilitation: 30 days PCY	25%	50%
	Physical, speech, occupational, massage therapy: 30 visits PCY (additional 30 visits available for neurological conditions)	25%	50%
	Durable medical equipment	25%	50%
	Skilled nursing facility: 60 days PCY	25%	50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	25%	50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings	Covered in full	50%
	Exams and immunizations	Covered in full	Not covered
10 Pediatric Services, including Vision Care <i>Under 19 years of age</i>	Eye exam: 1 PCY	\$45	
	Eyewear: 1 set frames/lenses or 1 set contacts every 2 years	Covered in full	
	Dental: Preventive / Basic / Major	Not covered – Standalone for 2016	
	Hearing aids (dependents/children under age 26): 1 item every 3 years	Covered in full	
Optional benefits			
Adult vision	Vision exam: 1 PCY	\$25	
	Eyewear: \$150 PCY	Covered in full	

Passport Bronze PPO

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

		Passport Bronze PPO	
10 Essential Benefits Covered Services		In-network	Out-of-network
1	Ambulatory Patient Services Outpatient Spinal manipulation and acupuncture: \$1,500 PCY	30%	50%
		\$25	Waive ded., then 50%
2	Emergency Services Copay waived if directly admitted to an inpatient facility	\$250 copay, then 30% Ambulance: 30%	
3	Hospitalization Inpatient Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	30%	50%
		30%	Not covered
		30%	50%
4	Maternity & Newborn Care Prenatal, delivery, postnatal	30%	50%
5	Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment Office visit Inpatient hospital: mental/behavioral health Outpatient services	30%	50%
		30%	50%
		30%	50%
6	Prescription Drugs <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i> Retail 90-day supply; 3x retail copay Mail Order 90-day supply; 3x retail copay Specialty Rx 30-day supply Drug List See X4 formulary	5500 plan – \$35/Ded, then 50%/Ded, then 50% Ded, then 30%	Not covered
		6500 plan – \$25/Ded, then 50%/Ded, then 50%, Ded, then 30%	
7	Rehabilitative & Habilitative Services & Devices Therapy <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i> Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy: 30 visits PCY (additional 30 visits available for neurological conditions) Durable medical equipment Skilled nursing facility: 60 days PCY	30%	50%
		30%	50%
		30%	50%
		30%	50%
8	Laboratory Services Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	30%	50%
9	Preventive/Wellness Services & Chronic Disease Management Screenings Exams and immunizations	Covered in full Covered in full	50% Not covered
10	Pediatric Services, including Vision Care <i>Under 19 years of age</i> Eye exam: 1 PCY Eyewear: 1 set frames/lenses or 1 set contacts every 2 years Dental: Preventive / Basic / Major Hearing aids (dependents/children under age 26): 1 item every 3 years	Coinsurance	
		Covered in full	
		Not covered—Standalone for 2016	
		Covered in full	
Optional benefits			
Adult vision	Vision exam: 1 PCY Eyewear: \$150 PCY	\$25	
		Covered in full	

Passport HSA Plans

HSA plans offer valuable benefits for a wide range of covered services and are qualified to work in combination with an employee-owned, tax-advantaged health savings account (HSA).

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share
PCY = per calendar year

Annual Deductible	PCY Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible and coinsurance Family = 2x individual
Office visits	Cost share

Passport Silver HSA		
	In-network	Out-of-network
	\$3,000	2x Individual deductible
	20%	50%
	\$4,800	2x in-network out of pocket max
	20%	50%

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share
PCY = per calendar year

Annual Deductible	PCY (choose one) Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible and coinsurance Family = 2x individual
Office visits	Cost share

Passport Bronze HSA		
	In-network	Out-of-network
	\$4,500 \$5,500	2x Individual deductible
	30%	50%
	\$6,450 \$6,450	2x in-network out of pocket max
	30%	50%

Passport Silver HSA

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

10 Essential Benefits Covered Services		Passport Silver HSA	
		In-network	Out-of-network
1	Ambulatory Patient Services Outpatient Spinal manipulation and acupuncture	20%	50%
		Not covered	Not covered
2	Emergency Services <i>Includes ambulance</i>	20%	
3	Hospitalization Inpatient Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	20%	50%
		20%	Not covered
		20%	50%
4	Maternity & Newborn Care Prenatal, delivery, postnatal	20%	50%
5	Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment Office visit Inpatient hospital: mental/behavioral health Outpatient services	20%	50%
		20%	50%
		20%	50%
6	Prescription Drugs Retail 90-day supply Mail Order 90-day supply Specialty Rx 30-day supply Drug List See X1 formulary	20%	Not covered
		20%	50%
		20%	50%
		20%	50%
7	Rehabilitative & Habilitative Services & Devices <i>Therapy</i> <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i> Durable medical equipment Skilled nursing facility: 60 days PCY	20%	50%
		20%	50%
		20%	50%
		20%	50%
8	Laboratory Services Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	20%	50%
9	Preventive/Wellness Services & Chronic Disease Management Screenings Exams and immunizations	Covered in full	50%
		Covered in full	Not covered
10	Pediatric Services, including Vision Care <i>Under 19 years of age</i> Eye exam: 1 PCY Eyewear: 1 set frames/lenses or 1 set contacts every 2 years Dental: Preventive / Basic / Major Hearing aids (dependents/children under age 26): 1 item every 3 years	Waive deductible, then 20%	
		Covered in full	
		Not covered—Standalone for 2016	
		Covered in full	
Optional benefits			
Adult vision	Vision exam: 1 PCY Eyewear: \$150 PCY	\$25	
		Covered in full	

Passport Bronze HSA

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

10 Essential Benefits Covered Services		Passport Bronze HSA	
		In-network	Out-of-network
1	Ambulatory Patient Services Outpatient Spinal manipulation and acupuncture	30%	50%
		Not covered	Not covered
2	Emergency Services <i>Includes ambulance</i>	30%	
3	Hospitalization Inpatient Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	30%	50%
		30%	Not covered
		30%	50%
4	Maternity & Newborn Care Prenatal, delivery, postnatal	30%	50%
5	Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment Office visit Inpatient hospital: mental/behavioral health Outpatient services	30%	50%
		30%	
		30%	
6	Prescription Drugs Retail 90-day supply. Mail Order 90-day supply Specialty Rx 30-day supply Drug List See X1 formulary	30%	Not covered
7	Rehabilitative & Habilitative Services & Devices <i>Therapy</i> <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i> Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy: 30 visits PCY (additional 30 visits available for neurological conditions) Durable medical equipment Skilled nursing facility: 60 days PCY	30%	50%
		30%	50%
		30%	50%
		30%	50%
8	Laboratory Services Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	30%	50%
9	Preventive/Wellness Services & Chronic Disease Management Screenings Exams and immunizations	Covered in full	50%
		Covered in full	Not covered
10	Pediatric Services, including Vision Care <i>Under 19 years of age</i> Eye exam: 1 PCY Eyewear: 1 set frames/lenses or 1 set contacts every 2 years Dental: Preventive / Basic / Major Hearing aids (dependents/children under age 26): 1 item every 3 years	Waive deductible, then 20%	
		Covered in full	
		Not covered—Standalone for 2016	
		Covered in full	
Optional benefits			
Adult vision	Vision exam: 1 PCY Eyewear: \$150 PCY	\$25	
		Covered in full	

Assure EPO Plans

Assure exclusive provider organization (EPO) plans offer a combination of up-front, first-dollar benefits and standard coverage for other services. LifeWise Assure exclusive provider organization (EPO) plans cover care from in-network providers in Oregon, Washington, and Alaska.

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual out of pocket max
Office visits	Designated PCP office visit: First 2 visits are covered in full. Subsequent visits are subject to PCP copay
	Non-designated PCP or specialist office visit

Assure Gold EPO

In-network

Annual Deductible	\$1,500
Coinsurance	20%
Out-of-Pocket Maximum	\$4,500
Office visits (Designated PCP)	\$10
Office visits (Non-designated PCP or specialist)	\$40

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY Family = 2x individual deductible
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual out of pocket max
Office visits	Designated PCP office visit: First 2 visits are covered in full. Subsequent visits are subject to PCP copay
	Non-designated PCP or specialist office visit

Assure Silver EPO

In-network

Annual Deductible	\$3,000
Coinsurance	25%
Out-of-Pocket Maximum	\$6,850
Office visits (Designated PCP)	\$25
Office visits (Non-designated PCP or specialist)	\$45

Assure Gold EPO

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

Assure Gold EPO

10 Essential Benefits Covered Services

In-network

1 Ambulatory Patient Services	Outpatient Spinal manipulation and acupuncture: \$1,500 PCY	20% \$10
2 Emergency Services	Copay waived if directly admitted to an inpatient facility	\$200, then 20% Ambulance: 20%
3 Hospitalization	Inpatient Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	20% 20% 20%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal	20%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit Inpatient hospital: mental/behavioral health Outpatient services	\$40 20% 20%
6 Prescription Drugs <i>Rx deductible: \$500</i> <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i>	Retail 90-day supply; 3x retail copay Mail Order 90-day supply; 3x retail copay Specialty Rx 30-day supply Drug List See X4 formulary	Tier 1 – \$10 Tier 2 – Rx deductible, then 20% Tier 3 – Rx deductible, then 20% Tier 4 – Rx deductible, then 20%
7 Rehabilitative & Habilitative Services & Devices Therapy <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i>	Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy; 30 visits PCY (additional 30 visits available for neurological conditions) Durable medical equipment Skilled nursing facility: 60 days PCY	20% 20% 20% 20%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	20%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings Exams and immunizations	Covered in full Covered in full
10 Pediatric Services, including Vision Care <i>Under 19 years of age</i>	Eye exam: 1 PCY Eyewear: 1 set frames/lenses or 1 set contacts every 2 years Dental: Preventive / Basic / Major Hearing aids (dependents/children under age 26): 1 item every 3 years	\$40 Covered in full Not covered—Standalone for 2016 Covered in full

Optional benefits

Adult vision	Vision exam: 1 PCY Eyewear: \$150 PCY	\$25 Covered in full
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Assure Silver EPO

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

Assure Silver EPO

10 Essential Benefits Covered Services

In-network

1 Ambulatory Patient Services	Outpatient	25%
	Spinal manipulation and acupuncture: \$1,500 PCY	\$25
2 Emergency Services	Copay waived if directly admitted to an inpatient facility	\$250, then 25% Ambulance: 25%
3 Hospitalization	Inpatient	25%
	Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant	25%
	Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	25%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal	25%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	\$45
	Inpatient hospital: mental/behavioral health	25%
	Outpatient services	25%
6 Prescription Drugs <i>Rx deductible: \$1500</i> <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i>	Retail 90-day supply; 3x retail copay	Tier 1 – \$25
	Mail Order 90-day supply; 3x retail copay	Tier 2 – Rx deductible, then 25%
	Specialty Rx 30-day supply	Tier 3 – Rx deductible, then 25%
	Drug List See X4 formulary	Tier 4 – Rx deductible, then 25%
7 Rehabilitative & Habilitative Services & Devices Therapy <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i>	Inpatient rehabilitation: 30 days PCY	25%
	Physical, speech, occupational, massage therapy; 30 visits PCY (additional 30 visits available for neurological conditions)	25%
	Durable medical equipment	25%
	Skilled nursing facility: 60 days PCY	25%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	25%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings	Covered in full
	Exams and immunizations	Covered in full
10 Pediatric Services, including Vision Care <i>Under 19 years of age</i>	Eye exam: 1 PCY	\$45
	Eyewear: 1 set frames/lenses or 1 set contacts every 2 years	Covered in full
	Dental: Preventive / Basic / Major	Not covered—Standalone for 2016
	Hearing aids (dependents/children under age 26): 1 item every 3 years	Covered in full

Optional benefits

Adult vision	Vision exam: 1 PCY	\$25
	Eyewear: \$150 PCY	Covered in full

Standard Plans

These plans were designed by the Oregon Department of Consumer and Business Services to be included in our plan offerings. They differ from the Passport plans in that they do not offer alternative care coverage.

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY Family = 2x individual deductible (in-network only)
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x out of pocket max (in-network only)
Office visits	PCP office visit Specialist office visit

Standard Silver

In-network	Out-of-network
\$2,500	2x Individual deductible
30%	50%
\$6,350	Unlimited
\$35	50%
\$70	50%

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Annual Deductible	PCY Family = 2x individual deductible (in-network only)
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x out of pocket max (in-network only)
Office visits	PCP office visit Specialist office visit

Standard Bronze

In-network	Out-of-network
\$5,000	2x Individual deductible
50%	50%
\$6,350	Unlimited
Deductible, then \$60	50%
Deductible, then \$100	50%

Standard Silver

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

10 Essential Benefits Covered Services

		Standard Silver	
		In-network	Out-of-network
1 Ambulatory Patient Services	Outpatient	30%	50%
	Spinal manipulation and acupuncture	Not covered	Not covered
2 Emergency Services		30%	
<i>Includes ambulance</i>			
3 Hospitalization	Inpatient	30%	50%
	Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant	30%	Not covered
	Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	30%	50%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal	30%	50%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	\$70	50%
	Inpatient hospital: mental/behavioral health	30%	50%
	Outpatient services	30%	50%
6 Prescription Drugs <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i>	Retail 90-day supply; 3x retail copay	\$15/\$50/waive deductible, then 50%/waive deductible, then 50%	Not covered
	Mail Order 90-day supply; 3x retail copay		
	Specialty Rx 30-day supply		
	Drug List See X4 formulary		
7 Rehabilitative & Habilitative Services & Devices <i>Therapy</i> <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i>	Inpatient rehabilitation: 30 days PCY	30%	50%
	Physical, speech, occupational, massage therapy: 30 visits PCY (additional 30 visits available for neurological conditions)	\$35	50%
	Durable medical equipment	30%	50%
	Skilled nursing facility: 60 days PCY	30%	50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	30%	50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings	Covered in full	50%
	Exams and immunizations	Covered in full	Not covered
10 Pediatric Services, including Vision Care <i>Under 19 years of age</i>	Eye exam: 1 PCY	Covered in full	
	Eyewear: 1 set frames/lenses or 1 set contacts every 1 year	Covered in full	
	Hearing aids (dependents/children under age 26): 1 item every 3 years	30%	

Standard Bronze

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

		Standard Bronze	
		In-network	Out-of-network
10 Essential Benefits Covered Services			
1 Ambulatory Patient Services	Outpatient	50%	50%
	Spinal manipulation and acupuncture	Not covered	Not covered
2 Emergency Services <i>Includes ambulance</i>		50%	
3 Hospitalization	Inpatient	50%	50%
	Organ and tissue transplants, 2 round trip tickets and 2 weeks lodging per transplant	50%	Not covered
	Hospice: unlimited. Respite care: 5 consecutive days; 30 days lifetime max	50%	50%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal	50%	50%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	Deductible, then \$100	50%
	Inpatient hospital: mental/behavioral health	50%	50%
	Outpatient services	50%	50%
6 Prescription Drugs <i>4-Tier: Generic/Preferred Brand/Non-Preferred Brand/Specialty</i>	Retail 90-day supply; 3x retail copay	Deductible, then: \$20/\$80/50%/50%	Not covered
	Mail Order 90-day supply; 3x retail copay		
	Specialty Rx 30-day supply		
	Drug List See X4 formulary		
7 Rehabilitative & Habilitative Services & Devices <i>Therapy</i> <i>Rehabilitative and habilitative benefits have the same number of visits, but are counted separately.</i>	Inpatient rehabilitation: 30 days PCY	50%	50%
	Physical, speech, occupational, massage therapy: 30 visits PCY (additional 30 visits available for neurological conditions)	Deductible, then \$60	50%
	Durable medical equipment	50%	50%
	Skilled nursing facility: 60 days PCY	50%	50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	50%	50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings	Covered in full	50%
	Exams and immunizations	Covered in full	Not covered
10 Pediatric Services, including Vision Care <i>Under 19 years of age</i>	Eye exam: 1 PCY	Covered in full	
	Eyewear: 1 set frames/lenses or 1 set contacts every 1 year	Covered in full	
	Hearing aids (dependents/children under age 26): 1 item every 3 years	50%	



What to do when they don't know what to do

Your employee's son is sick and it's 4 a.m. Or someone can't sleep because of a funny pain in their side. Times like these they'll be glad they can call the 24-Hour NurseLine. A nurse will help the caller decide what to do—ER? Urgent care? Treat at home? Your employees can call the NurseLine number on the LifeWise ID card anytime, anywhere.

➔ *For more tips like this, visit LifeWise Healthfeed blog (lifewiseor.com/healthfeed)*



Dental coverage

LifeWise employer-sponsored dental plans meet the ACA requirement for providing pediatric dental essential health benefits. It's no secret—good dental health affects your employees' overall health. LifeWise dental plans help both children and adults maintain healthy teeth.

Plus, they have access to a nationwide network of more than 120,000 dentists for dental care.

LifeWise offers dental options that help meet the cost and benefit needs of you and your employees.

Classic Dental Plans

LifeWise Pediatric Dental

Provides your pediatric members with the essential dental benefits that meet the federal ACA requirement

LifeWise Family Dental

Includes comprehensive dental coverage for all of your employees, including an optional family orthodontia benefit

LifeWise Adult Dental Voluntary

Provides your adult employees access to dental benefits on a voluntary basis as a complementary option to their LifeWise Pediatric Dental plan

LifeWise Dental offers great value as a significant part of your employee's benefit package

Comprehensive dental portfolio

LifeWise Pediatric Dental, Family Dental, and Adult Dental Voluntary plans allow flexibility to employers when offering dental benefits to employees. LifeWise Pediatric and Family Dental plans include the required ACA pediatric dental benefits.

Ease of administration

Packaged medical and dental coverage offers administrative ease through one carrier, with one bill, one ID card, one customer service line, one website, and one provider search tool.

Free online tools

Includes helpful online tools through the dental health center with a treatment cost estimator, videos, Ask-A-Dentist and easy access to our dental provider directory.

Plan highlights	LifeWise Pediatric Dental	LifeWise Family Dental	LifeWise Adult Dental Voluntary
Includes mandated pediatric dental essential health benefits (EHBs)	✓	✓	
Access to nationwide contracted dental providers	✓	✓	✓
Freedom to choose any licensed dental provider	✓	✓	✓
Provides full family dental benefits		✓	
Optional orthodontia coverage available for groups with 26 or more enrolled employees		✓	
Includes preventive services with no deductibles		✓	✓
Contributory plan option	✓	✓	
Voluntary-funded plan option			✓
Available as packaged or stand-alone product	✓	✓	✓

Note: For a summary of plan benefits and limitations, see plan details to follow.



Classic Dental

LifeWise Pediatric Dental Plan

With the Pediatric Dental plan from LifeWise, employers can ensure they are compliant with the federal requirement.

The Pediatric Dental plan includes: **Groups (1-50)**

- Maximum flexibility because the member can choose to seek care from any licensed dental care provider
- Essential health benefits for employees and their dependents under age 19
- Coverage for preventive and diagnostic services such as cleanings and X-rays; basic services such as fillings and extractions; and major services like medically necessary orthodontia

The **LifeWise Pediatric Dental plan** covers members under age 19. Employers can select this plan to ensure they are compliant with federal benefit mandates. If you choose a LifeWise metallic plan, you are required to purchase pediatric dental benefits in addition to your medical plan.

Also available from LifeWise are Family Dental plans that include comprehensive benefits for your adult and pediatric members.

The #1 chronic health condition for children is oral decay.

LifeWise Pediatric Dental

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Pediatric Under age 19 Annual Deductible Annual Out-Of-Pocket Maximum (In-network)	LifeWise Pediatric Dental Individual: \$65 Individual: \$350/Family: \$700
ROUTINE DIAGNOSTIC AND PREVENTIVE Cleanings Limited to 2 PCY Routine Oral Exams Limited to 2 PCY Routine X-rays Complete series or panoramic x-ray once every 5 calendar years Space Maintainers For members under age 20 Fluoride Treatments Limited to 2 PCY for members under age 19 Sealants On permanent molars, once every 5 calendar years for members age 15 or younger	10%
BASIC Non-routine Exams 1 PCY Emergency Palliative Treatment Fillings Limit resin-based composite to anterior teeth Endodontic (Root Canal) Treatment Root canal therapy limited to permanent teeth Full-mouth Debridement Once every 2 calendar years Periodontal Maintenance 2 visits PCY Periodontal Scaling Limited to once per quadrant every 2 calendar years Periodontal Surgery Limited to gingivectomy & gingivoplasty Simple Extractions Oral Surgery & Surgical Extractions General Anesthesia Limited to covered dental procedures at a dental care provider's office when dentally necessary	50%
MAJOR Inlays, Onlays & Crowns Resin-based composite and porcelain fused to metal crown on permanent anterior teeth, limited to 4 in a 7-year period, for members age 16–19 Dentures, Partial & Fixed Bridges 1 every 10 years for resin partials only for members age 16–19 Repair of Crowns, Inlays, Bridgework & Dentures Orthodontics¹ for cleft palate or cleft palate with cleft lip When medically necessary	50%

Note: Members can choose any licensed dental care provider. Members are responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

¹ Must be prior-authorized before services are received.



Classic Dental

LifeWise Family Dental Plans

Family Dental plans from LifeWise allow you to provide comprehensive dental benefits for both adults and dependent children. Employers can choose the plan that helps to manage their benefit and cost needs, while providing great coverage and provider choice to their employees.

Family Dental plans include:

- Network savings when members visit an in-network provider
- Maximum flexibility for all members because they can seek care from any licensed dental care provider
- No deductible required for preventive benefits
- Essential health benefits for pediatric members as required by the ACA
- Reduced cost shares for pediatric members
- Cost share and annual maximum options for adult benefits
- Optional family orthodontia coverage

Groups (5–50)

The **LifeWise Family Dental plans** include comprehensive coverage for preventive and diagnostic services such as cleanings and X-rays; basic services such as fillings and extractions; and major services such as bridges and dentures. These and other services are listed in the benefit summary section on the next page.

Groups (2–4)

LifeWise offers two Family Dental options to groups of this size. These plans must be selected with a LifeWise medical plan and require common eligibility.

LifeWise Family Dental plans include pediatric benefits that meet the federal requirements.

LifeWise Family Dental

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Deductible and Coinsurance represent member's cost share

PCY = per calendar year

Pediatric deductible is separate from Family deductible

		For Groups 2-4*		
Pediatric Under age 19	Annual Deductible Annual Out-Of-Pocket Maximum (In-network)	Plan not available for Groups 2-4	Individual: \$50 Individual: \$350/Family: \$700	Individual: \$50 Individual: \$350/Family: \$700
Adult Age 19+	Annual Deductible Annual Maximum		Individual: \$50/Family: \$150 \$1,000	Individual: \$50/Family: \$150 \$1,000
		For Groups 5+		
Pediatric Under age 19	Annual Deductible Annual Out-Of-Pocket Maximum (In-network)	Individual: \$50 Individual: \$350/Family: \$700	Individual: \$50 Individual: \$350/Family: \$700	Individual: \$50 Individual: \$350/Family: \$700
Adult Age 19+	Annual Deductible Annual Maximum	Individual: \$50/Family: \$150 \$1,000/\$1,500/\$2,000	Individual: \$50/Family: \$150 \$1,000/\$1,500	Individual: \$50/Family: \$150 \$1,000
ROUTINE DIAGNOSTIC AND PREVENTIVE ¹				
Cleanings Limited to 2 PCY		Waive ded., then 0%	Waive ded., then 0%	Pediatric: Waive ded., then 0% Adult: Waive ded., then 20%
Routine Oral Exams Limited to 2 PCY				
Routine X-rays Complete series or panoramic X-ray once per 36 consecutive months; Pediatric: Complete series or panoramic x-ray once every 5 calendar years				
Space Maintainers For members under age 20				
Fluoride Treatments Limited to 2 PCY for members under age 19				
Sealants On permanent molars, once every 5 calendar years for members age 15 or younger				
BASIC				
Non-routine Exams 1 PCY		Pediatric: 40%/Adult: 20%	40%	Pediatric: 40%/Adult: 50%
Emergency Palliative Treatment				
Fillings Limited to once per tooth surface every 2 calendar years; Pediatric: Limit resin-based composite to anterior teeth				
Endodontic (Root Canal) Treatment 1 per tooth every 2 calendar years; Pediatric: Root canal therapy limited to permanent teeth				
Full-mouth Debridement Limited to once every 3 calendar years; Pediatric: Once every 2 calendar years				
Periodontal Maintenance Limited to 4 visits per calendar year; Pediatric: 2 visits PCY.				
Periodontal Scaling Limited to once per quadrant every 2 calendar years				
Periodontal Surgery 1 per quadrant per 5 calendar years; Pediatric: Limited to gingivectomy & gingivoplasty				
Simple Extractions				
Oral Surgery & Surgical Extractions				
General Anesthesia Limited to covered dental procedures at a dental care provider's office when dentally necessary				
MAJOR				
Inlays, Onlays & Crowns Replacements limited to once per tooth every 7 years; Pediatric: Resin-based composite and porcelain fused to metal crown on permanent anterior teeth, limited to 4 in a 7-year period, for members age 16-19		50%	50%	50%
Dentures, Partials & Fixed Bridges Limited to 1 every 7 years; Pediatric: 1 every 10 years for resin partials only for members age 16-19				
Repair of Crowns, Inlays, Bridgework & Dentures				
Orthodontics for cleft palate or cleft palate with cleft lip Pediatric only: When medically necessary, subject to prior authorization				
OPTIONAL BENEFITS ² : Family Orthodontics				
Diagnostic Services and Active/Retention Treatment including Appliances		Waive ded., then 50% up to lifetime maximum		
Monthly Orthodontic Adjustments including Retention Treatment		Waive ded., then 50% up to lifetime maximum		
Lifetime Maximum per person		\$1,500		

Note: Members can choose any licensed dental care provider. Members are responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

* Available to groups from two to four employees with 100 percent participation.

¹ Annual deductible waived for diagnostic and preventive services.

² For Groups of 26 or more enrolled employees.



Classic Dental

Adult Dental Voluntary Plans

Adult Dental Voluntary plans allow employers the opportunity to offer their adult employees and dependents a valuable adult dental benefit without having to fund it. This can enhance any benefit offering to attract and retain employees.

With Adult Dental Voluntary employers can:

- Provide employees the opportunity to purchase dental coverage at lower group rates
- Offer a plan that can be fully funded by employees, or elect to fund a portion of the premiums (up to 50%)
- Reduce employee benefit expenses
- Offer a plan that allows employees the freedom to choose any licensed dentist for coverage

Groups (5–50)

LifeWise Adult Dental Voluntary plans cover members age 19 and older. Adults will enjoy not having a deductible on preventive services and the freedom to visit any licensed dentist of their choice for coverage.

Adult Dental Voluntary is available to groups with 5 or more employees. The minimum required participation is the greater of 5 employees or 30% of eligible employees.

Among employees, dental remains one of the most popular voluntary benefits that an employer can offer

LifeWise Adult Dental Voluntary

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

Deductible and Coinsurance represent member's cost share

Adult Age 19+	Annual Deductible Annual Maximum	For Groups 5+		
		Individual: \$50/Family: \$150 \$1,000	Individual: \$50/Family: \$150 \$1,000	Individual: \$50/Family: \$150 \$1,000
ROUTINE DIAGNOSTIC AND PREVENTIVE¹				
Cleanings Limited to 2 PCY				
Routine Oral Exams Limited to 2 PCY				
Routine X-rays Complete series or panoramic X-ray once per 36 consecutive months				
Space Maintainers For members under age 20				
BASIC²				
Non-routine Exams 1 PCY				
Emergency Palliative Treatment				
Fillings Limited to once per tooth surface every 2 calendar years				
Periodontal Maintenance Limited to 4 visits per calendar year				
Recementing of Crowns, Inlays, Bridgework & Dentures				
Simple Extractions				
MAJOR³				
Inlays, Onlays & Crowns Replacements limited to once per tooth every 7 years				
Dentures, Partials & Fixed Bridges Limited to 1 every 7 years				
Repair of Crowns, Inlays, Bridgework & Dentures				
Endodontic (Root Canal) Treatment 1 per tooth every 2 calendar years				
Full-mouth Debridement Limited to once every 3 calendar years				
Periodontal Scaling Limited to once per quadrant every 2 calendar years				
Periodontal Surgery 1 per quadrant per 5 calendar years				
Oral Surgery & Surgical Extractions				
General Anesthesia Limited to covered dental procedures at a dental care provider's office when dentally necessary				

Note: Members can choose any licensed dental care provider. Members are responsible for non-preferred provider charges in excess of LifeWise's maximum allowable amounts.

¹ Annual deductible waived for diagnostic and preventive services.

² A 3-month waiting period applies to basic services, if the group has not had continuous dental coverage for the prior 3-month period.

³ A 12-month waiting period applies to major services, if the group has not had continuous dental coverage for the prior 12-month period.



Optional benefits

Life and disability

Employers can offer an integrated benefits program to help reduce disability and healthcare costs, improve health, and increase workforce productivity.

Through our partner, USABLE Life, groups will find flexible products, high-quality customer service, and fast, reliable claims service.

Several package options are available for groups with 1–50 employees.

Employers with 10 or more enrolled employees can choose from the following products:

Group life insurance

- Group term life—Provides benefits to a beneficiary in the event of an employee's death
- Accidental death and dismemberment (AD&D)—Provides benefits in the event that a death or dismemberment is caused by an accident
- Dependent life—Provides benefits to the employee in the event of a dependent's death
- Supplemental life and AD&D—Provides additional coverage options for your employees

Disability coverage

- Short-term disability coverage—Protects a portion of employees' income in the event of a disability
- Long-term disability coverage—Provides employees and their families the income needed to help meet financial commitments and give them financial stability

Definitions

Allowed amount:* The negotiated amount for which a contracted provider agrees to provide services or supplies.

Annual Benefit Maximum (Dental): This is the total amount of benefit the Plan pays for certain Covered Services.

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

Copay: A flat fee your employee pays for a specific service, such as an office visit, at the time they receive service.

* Note that if they see a non-contracted provider, your employee will be responsible for the difference between the allowed amount and the provider's billed charges, in addition to the coinsurance and any applicable copay. The allowed amount for a non-contracted provider is determined by LifeWise as described in the member's benefit book.

Covered in full: Services the plan pays for in full. Benefits provided at 100% of the allowed amount; not subject to deductible or coinsurance.

Deductible: The amount of money your employee pays every year before the plan pays for certain services.

Formulary: A list of drugs the plan covers for specific uses. Not all generic, name-brand, and specialty drugs are included in the formulary. To find the formulary for your plan, go to lifewiseor.com and select Pharmacy on the Member Services tab.

In-network: A group of doctors, dentists, hospitals, and other healthcare providers that contract with LifeWise to provide services and supplies at negotiated amounts called allowed amounts.

Out-of-pocket maximum: A preset limit after which the plan pays 100% of the allowed amount for services received in-network. All in-network essential benefits apply to the out-of-pocket maximum.

Primary care provider (PCP): The provider who helps coordinate your employee's care. They can choose a different primary care provider for each family member from: family medicine doctor, internal medicine doctor, naturopath, pediatrician, geriatric specialist or several other specialists, or a physician's assistant or nurse practitioner. To get a reduced office visit copay (with all except HSA plans), your employee must choose a provider contracted as part of the LifeWise network and inform us this is your designated PCP.

General exclusions

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 (Note: This exclusion does not apply to sexual dysfunction diagnoses listed in the current Diagnostic and Statistical Manual (DSM))
- Sterilization reversal
- Temporomandibular joint (TMJ) disorder

For a list of services and procedures that require approval for coverage from your plan before you receive them (prior authorization), visit lifewiseor.com.

Prior authorization

Certain medical services and prescriptions require prior authorization (approval from the health plan). See your LifeWise representative for more information.

This is only a summary of the major benefits provided by our plans. This is not a contract. Please see lifewiseor.com/SBC for the Summary of Benefits and Coverage and Glossary. On our website, you can also find a Supplemental Guide with information about privacy policies, provider organization, key utilization management procedures, and pharmaceutical management procedures.

This is only a summary of the major benefits provided by our plans. This is not a contract. To see the Summary of Benefits and Coverage and Glossary, visit the Shop for Plans section on lifewiseor.com. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please contact your LifeWise sales team.



Contact us

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lifewiseor.com