

Medical Benefit Guide

Oregon Groups
51 or more employees

For plans effective on or after
January 1, 2014



Why LifeWise Health Plan of Oregon?

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

Individuals, families, and employers look to us to be their health plan for two simple reasons. We provide them peace of mind, and we actively support and encourage them to live the healthiest lives possible through our coverage, programs and services.

Provider network built to provide quality at a value

The LifeWise network of doctors, hospitals, dentists, and other healthcare providers gives your employees access to high-quality care at lower out-of-pocket costs.

With more than 13,000 preferred providers in Oregon, our strong relationships with them help your employees get the most out of your healthcare dollar. Our network also gives them access to preferred providers across the U.S.

Visit lifewiseor.com and use the Find a Doctor tool to see the doctors in our network.





Service you and your employees will really like

Plan administration made easy

We have streamlined the experience of administering group plans with easy-to-use online tools. So you'll be able to view:

- Administrators Quick Reference Guide
- Employer contract and member benefit booklet
- Medical and dental invoice

You'll also be able to:

- Add and make changes to your employees' enrollment information, including ordering identification cards
- Contribute to and monitor HRA and HSA allocations

Your employees will also get access to online tools to help them manage their healthcare:

- Find providers and compare their costs and qualifications
- Review status of medical, prescription drug and dental claims
- Manage and monitor HSA and FSA
- Access prescription drug information
- Estimate treatment costs
- See how much they've spent on their healthcare

Satisfaction in just one call

Our customer service representatives are trained to resolve most problems in just one phone call.

Through a comprehensive, rigorous education, they are prepared to:

- Support needs about health plan coverage
- Give personalized attention
- Ask the right questions, listen to what members have to say, and address concerns

Plus they engage in ongoing coaching and development to ensure they stay on top of the changes to our health plans and the healthcare industry.

So your employees can expect to receive guidance, help navigate available resources, and gain information needed to resolve a problem.

Support for healthy living



Health support programs

Your employees will receive access to health support programs and online tools to give them the support they may need to maintain good health and lifestyle habits—or change unhealthy ones:

- Personal health support outreach program
- Pregnancy and newborn support program
- Smoking cessation and substance abuse programs
- Disease Management program (for chronic diseases such as high blood pressure, heart disease, diabetes, and more)

Online health support tools

- Find A Doctor tool, which includes user reviews
- Health assessments
- Health trackers
- Access to mobile wellness apps
- Prescription refills with home delivery by mail

Member discounts

Your employees will want to take advantage of this members-only discount program that offers savings on healthcare products and services not covered by their LifeWise health plan:

- Fitness club memberships
- Weight-loss programs
- Alternative care services
- Vision hardware and contacts
- Hearing aids and screenings
- Newborn safety products

In addition, your employees can also receive discounts on leisure activities that are not only good for the body but also good for the soul and make life worth living:

- Travel and hotel stays
- Amusement parks
- Ski resorts
- Professional sporting events

24-Hour NurseLine

Staffed with registered nurses to answer questions about symptoms and conditions, offer home treatment suggestions and give advice like when to go to the emergency room or urgent care, or wait to see their doctor.



LifeWise medical plans

We offer familiar PPO and traditional indemnity plans, and alternatives that work with special healthcare funding arrangements to give employees more control and responsibility over their healthcare spending.

Passport™ Plans

Traditional PPO plans, with a wide array of benefits at a range of deductible, copay, coinsurance and price options. These plans offer rich first-dollar benefits and options for the right level of cost-sharing to suit business needs.

LifeWise HSA™ Plans

High-deductible health plans that offer valuable benefits for covered services and are qualified to work in combination with an employee-owned, tax-advantaged Health Savings Account (HSA). Some of these plans offer a pre-defined employer HSA contribution amount.

LifeWise Universal™ Plans

Traditional indemnity plans offering maximum flexibility in provider choice and a range of cost-share options from which to choose.

Value Plans

The LifeWise Value PPO and HSA plans offer affordable coverage at the minimum value required to comply with the Affordable Care Act's Employer Shared Responsibility requirement.

Personal Funding Accounts

LifeWise offers an integrated system for implementing and administering personal funding accounts: Health Savings Accounts (HSA), Flexible Spending Accounts (FSA), Dependent Care FSA, and Health Reimbursement Arrangements (HRA). These products help you manage their healthcare costs by putting healthcare spending decisions in the hands of your employees.

Additional benefits

Prescription drug coverage

All LifeWise plans include prescription drug coverage that allows members to purchase prescription drugs at negotiated, discounted rates from preferred providers. We offer a selection of copay, coinsurance, drug list and price point options to choose from.

Vision coverage

LifeWise offers optional vision exam and hardware coverage. These benefits are designed with a per-calendar-year cycle to assure employees have access to eye care on a regular basis.



Take your benefits the extra mile

A fully supportive benefits program can effectively contribute to reducing disability and healthcare costs, improving employee health and increasing workforce productivity.

So we've teamed up with USABLE to offer a range of life and disability insurance products to help you create a fully integrated benefits program for your business:

- Group Life Insurance
- Dependent Life coverage
- Accidental Death & Dismemberment coverage
- Short-Term Disability coverage
- Long-Term Disability coverage



Medical Stop Loss for self-funded groups

We offer Stop Loss insurance through our affiliate, LifeWise Assurance Company, to protect your business against unexpected, catastrophic medical claims. This product is available only to self-funded employer groups with 51 or more employees.

Call us to learn more about these products.

Passport PPO plans



To design a Passport PPO plan, choose from the cost share and benefit options listed below and on the following page.

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

PCY = per calendar year

Annual Deductible PCY	Individual (choose one at right) Family = <input type="checkbox"/> 3x Individual deductible ¹ <input type="checkbox"/> 2x Individual deductible <input type="checkbox"/> none
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum PCY	Individual = Includes deductible and copays (choose one at right) Family = <input type="checkbox"/> 3x Individual OOP maximum ² <input type="checkbox"/> 2x Individual OOP maximum
Office visits	Cost share

Annual plan maximum

Passport PPO plans	
Preferred provider	Non-preferred provider
<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250 <input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$3,500 <input type="checkbox"/> \$4,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$5,500 <input type="checkbox"/> \$6,350	<input type="checkbox"/> 2x preferred <input type="checkbox"/> Shared with preferred provider
<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30% <input type="checkbox"/> 50%	20% higher than preferred, except 50% maximum*
<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,100 <input type="checkbox"/> \$1,200 <input type="checkbox"/> \$1,250 <input type="checkbox"/> \$1,300 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$1,750 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,100 <input type="checkbox"/> \$2,200 <input type="checkbox"/> \$2,250 <input type="checkbox"/> \$2,300 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$2,750 <input type="checkbox"/> \$3,000 <input type="checkbox"/> \$3,500 <input type="checkbox"/> \$4,000 <input type="checkbox"/> \$4,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$6,000 <input type="checkbox"/> \$6,350	<input type="checkbox"/> 2x preferred <input type="checkbox"/> Shared with preferred provider
<input type="checkbox"/> deductible and coinsurance → copay of: <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$30 <input type="checkbox"/> \$35	Non-preferred deductible and coinsurance
unlimited	

¹ Annual deductible must not exceed federally mandated maximum of \$12,700 per family.

² Annual out-of-pocket maximum must not exceed federally mandated maximum of \$12,700 per family.

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

PCY = per calendar year

		Passport PPO plans	
		Preferred provider	Non-preferred provider
Preventive office visit	Includes routine sports, men's, women's, children's and well baby exams	Covered in full	Not covered
Preventive Screenings³	Includes mammograms, colonoscopies, PAP & PSA screenings	Covered in full	Non-preferred coinsurance
Immunizations	Vaccines, including HPV	Covered in full	Not covered ⁴
Community Wellness	\$250 PCY	Covered in full	Covered in full
Office visits & Urgent Care	With general physician, pediatrician, internist, nurse practitioner, gynecologist, and obstetrician	Office visit cost share	Non-preferred coinsurance
Outpatient & Inpatient Facility Care	Includes hospital care & professional services	Preferred coinsurance	Non-preferred coinsurance
Maternity	Prenatal, delivery, & postnatal physician care	<input type="checkbox"/> Preferred coinsurance <input type="checkbox"/> Deductible waived, \$300 copay	Non-preferred coinsurance
Chiropractic, Acupuncture and Naturopathic services	Shared limit between all chiropractic, naturopathic and acupuncture services, up to \$1,500 PCY	<input type="checkbox"/> Office visit cost share <input type="checkbox"/> Not covered	<input type="checkbox"/> Non-preferred coinsurance <input type="checkbox"/> Not covered Not covered
Outpatient Diagnostic Imaging & Lab Services	Includes x-rays, MRIs, CAT scans	<input type="checkbox"/> Preferred coinsurance <input type="checkbox"/> Deductible waived, then preferred coinsurance	Non-preferred coinsurance
Emergency Care	Includes ER physician & facility	<input type="checkbox"/> \$125 copay, then deductible, then preferred coinsurance <input type="checkbox"/> Deductible waived, \$125 copay <input type="checkbox"/> Preferred coinsurance	
Ambulance Transportation	Air: <input type="checkbox"/> \$3,000 PCY <input type="checkbox"/> Unlimited; Ground: Unlimited	----- Preferred coinsurance -----	
Skilled Nursing Facility	100 days PCY	Preferred coinsurance	Non-preferred coinsurance
Mental Health & Chemical Dependency Treatment	Residential, Outpatient & Inpatient	Outpatient: office visit cost share; Inpatient: preferred coinsurance	Non-preferred coinsurance
Rehabilitation	Includes Cardiac/Pulmonary Rehab, Chronic Pain & Physical, Occupational, Speech & Massage Therapy <input type="checkbox"/> Outpatient: 20 visits PCY; Inpatient: 30 days PCY <input type="checkbox"/> Outpatient: 45 visits PCY; Inpatient: 60 days PCY	Preferred coinsurance	Non-preferred coinsurance
Medical Equipment	Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related	Preferred coinsurance	Non-preferred coinsurance
Home Health Care	130 visits PCY	Preferred coinsurance	Non-preferred coinsurance
Hospice Care	5 days respite/unlimited home visits for life expectancy of 6 months	Preferred coinsurance	Non-preferred coinsurance
Transplants	\$75,000 donor and \$7,500 travel & lodging limits per transplant	Outpatient: office visit cost share; Inpatient: preferred coinsurance	Not covered

³ A full list of preventive screenings, tests and other preventive services, is available on lifewiseor.com. You can receive these preventive services covered in full if you use preferred providers and are within the frequency, age, risk and gender guidelines outlined in the list.

⁴ Seasonal immunizations provided at a pharmacy will be covered at preferred provider cost share up to the maximum allowable amount.



HSA plans

To design a HSA plan, choose from the cost share and benefit options listed below and on the following page.

Deductible Options

Aggregate Deductible

This is a single deductible for the subscriber and family members on the plan. Benefits begin when the deductible is fully satisfied. (The family out-of-pocket maximum is also an aggregate amount.)

Embedded Deductible

This is combination of deductibles—one amount for each individual family member and one for the whole family. Benefits begin for an individual family member once the individual deductible for that member or the family deductible has been satisfied in full.

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

PCY = per calendar year

		HSA plans													
		Preferred provider								Non-preferred provider					
		Aggregate				Embedded									
Annual Deductible PCY	Individual (choose one at right) Family = 2x Individual deductible	\$5,000	\$5,800	\$1,250	\$1,700	\$2,500	\$2,500	\$3,500	\$3,500	\$5,000	\$5,800	<input type="checkbox"/> 2x preferred <input type="checkbox"/> Shared with preferred provider			
Coinsurance	Amount you pay after your deductible is met	0% — 20% — 30%				30% — 0%				50%					
Out-of-Pocket Maximum PCY	Individual = Includes deductible and copays (choose one at right) Family = 2x Individual OOP maximum	\$5,000	\$5,800	\$4,250	\$5,000	\$5,800	\$5,800	\$5,800	\$5,800	\$5,000	\$5,000	<input type="checkbox"/> Unlimited <input type="checkbox"/> 2x preferred ¹ <input type="checkbox"/> Shared with preferred provider ¹			
Office visits	Cost share	Preferred deductible and coinsurance										Non-preferred deductible and coinsurance			
Annual plan maximum		Unlimited													

¹ Not available with the \$5,000 or \$5,800 deductible plans.

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

		HSA plans	
PCY = per calendar year		Preferred provider	Non-preferred provider
Preventive office visit	Includes routine sports, men's, women's, children's and well baby exams	Covered in full	Not covered
Preventive Screenings²	Includes mammograms, colonoscopies, PAP & PSA screenings	Covered in full	Non-preferred coinsurance
Immunizations	Vaccines, including HPV	Covered in full	Not covered ³
Office visits & Urgent Care	With general physician, pediatrician, internist, nurse practitioner, gynecologist, and obstetrician	Office visit cost share	Non-preferred coinsurance
Outpatient & Inpatient Facility Care	Includes hospital care & professional services	Preferred coinsurance	Non-preferred coinsurance
Maternity	Prenatal, delivery, & postnatal physician care	Preferred coinsurance	Non-preferred coinsurance
Chiropractic, Acupuncture and Naturopathic services	Shared limit between all chiropractic, naturopathic and acupuncture services, up to \$1,500 PCY	<input type="checkbox"/> Office visit cost share <input type="checkbox"/> Not covered	<input type="checkbox"/> Non-preferred coinsurance <input type="checkbox"/> Not covered Not covered
Outpatient Diagnostic Imaging & Lab Services	Includes x-rays, MRIs, CAT scans	Preferred coinsurance	Non-preferred coinsurance
Emergency Care	Includes ER physician & facility	————— Preferred coinsurance —————	
Ambulance Transportation	Air: <input type="checkbox"/> \$3,000 PCY <input type="checkbox"/> Unlimited; Ground: Unlimited	————— Preferred coinsurance —————	
Skilled Nursing Facility	100 days PCY	Preferred coinsurance	Non-preferred coinsurance
Mental Health & Chemical Dependency Treatment	Residential, Outpatient & Inpatient	Preferred coinsurance	Non-preferred coinsurance
Rehabilitation	Includes Cardiac/Pulmonary Rehab, Chronic Pain & Physical, Occupational, Speech & Massage Therapy <input type="checkbox"/> Outpatient: 20 visits PCY; Inpatient: 30 days PCY <input type="checkbox"/> Outpatient: 45 visits PCY; Inpatient: 60 days PCY	Preferred coinsurance	Non-preferred coinsurance
Medical Equipment	Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related	Preferred coinsurance	Non-preferred coinsurance
Home Health Care	130 visits PCY	Preferred coinsurance	Non-preferred coinsurance
Hospice Care	5 days respite/unlimited home visits for life expectancy of 6 months	Preferred coinsurance	Non-preferred coinsurance
Transplants	\$75,000 donor and \$7,500 travel & lodging limits per transplant	Outpatient: office visit cost share; Inpatient: preferred coinsurance	Not covered
Prescription Drugs	Certain Generic Preventive Drugs Retail & Specialty 30-day supply; Mail Order 90-day supply Other Outpatient Drug Coverage Subject to medical deductible. Retail 30-day supply Mail Order 90-day supply	Covered in full	Not covered
		Preferred coinsurance	Not covered

² A full list of preventive screenings, tests and other preventive services, is available on lifewiseor.com. You can receive these preventive services covered in full if you use preferred providers and are within the frequency, age, risk and gender guidelines outlined in the list.

³ Seasonal immunizations provided at a pharmacy will be covered at preferred provider cost share up to the maximum allowable amount.

Universal plans



To design a Universal plan, choose from the cost share and benefit options listed below and on the following page.

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

PCY = per calendar year

Annual Deductible PCY	Individual (choose one at right) Family = <input type="checkbox"/> 3x Individual deductible ¹ <input type="checkbox"/> 2x Individual deductible <input type="checkbox"/> none
Coinsurance	Amount you pay after your deductible is met
Out-of-Pocket Maximum PCY	Individual = Includes deductible and copays (choose one at right) Family = <input type="checkbox"/> 3x Individual OOP maximum ² <input type="checkbox"/> 2x Individual OOP maximum
Office visits	Cost share

Annual plan maximum

LifeWise Universal plans

Any provider

- | | | | |
|---|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$100 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,500 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$3,500 |
| <input type="checkbox"/> \$4,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$5,500 | <input type="checkbox"/> \$6,350 |
|
 | | | |
| <input type="checkbox"/> 0% | <input type="checkbox"/> 10% | <input type="checkbox"/> 20% | <input type="checkbox"/> 25% |
| <input type="checkbox"/> 30% | <input type="checkbox"/> 50% | | |
|
 | | | |
| <input type="checkbox"/> \$750 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$1,100 | <input type="checkbox"/> \$1,200 |
| <input type="checkbox"/> \$1,250 | <input type="checkbox"/> \$1,300 | <input type="checkbox"/> \$1,500 | <input type="checkbox"/> \$1,750 |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$2,100 | <input type="checkbox"/> \$2,200 | <input type="checkbox"/> \$2,250 |
| <input type="checkbox"/> \$2,300 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$2,750 | <input type="checkbox"/> \$3,000 |
| <input type="checkbox"/> \$3,500 | <input type="checkbox"/> \$4,000 | <input type="checkbox"/> \$4,500 | <input type="checkbox"/> \$5,000 |
| <input type="checkbox"/> \$6,000 | <input type="checkbox"/> \$6,350 | | |
|
 | | | |
| <input type="checkbox"/> deductible and coinsurance | | | |
| → copay of: <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 | | | |
| <input type="checkbox"/> \$25 <input type="checkbox"/> \$30 <input type="checkbox"/> \$35 | | | |

Unlimited

¹ Annual deductible must not exceed federally mandated maximum of \$12,700 per family.

² Annual out-of-pocket maximum must not exceed federally mandated maximum of \$12,700 per family.

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

PCY = per calendar year

LifeWise Universal plans

Any provider

Preventive office visit	Includes routine sports, men's, women's, children's and well baby exams	Covered in full
Preventive Screenings³ & Immunizations	Includes mammograms, colonoscopies, PAP & PSA screenings and vaccines, including HPV	Covered in full
Community Wellness	\$250 PCY	Covered in full
Office visits & Urgent Care	With general physician, pediatrician, internist, nurse practitioner, gynecologist, and obstetrician	Office visit cost share
Outpatient & Inpatient Facility Care	Includes hospital care & professional services	Coinsurance
Maternity	Prenatal, delivery, & postnatal physician care	<input type="checkbox"/> Coinsurance <input type="checkbox"/> Deductible waived, \$300 copay
Chiropractic, Acupuncture and Naturopathic services	Shared limit between all chiropractic, naturopathic and acupuncture services, up to \$1,500 PCY	<input type="checkbox"/> Office visit cost share <input type="checkbox"/> Not covered
Outpatient Diagnostic Imaging & Lab Services	Includes x-rays, MRIs, CAT scans	<input type="checkbox"/> Coinsurance <input type="checkbox"/> Deductible waived, coinsurance
Emergency Care	Includes ER physician & facility	<input type="checkbox"/> Coinsurance <input type="checkbox"/> Deductible waived, \$125 copay <input type="checkbox"/> Preferred coinsurance
Ambulance Transportation	Air: <input type="checkbox"/> \$3,000 PCY <input type="checkbox"/> Unlimited; Ground: Unlimited	Coinsurance
Skilled Nursing Facility	100 days PCY	Coinsurance
Mental Health & Chemical Dependency Treatment	Residential, Outpatient & Inpatient	Outpatient: office visit cost share; Inpatient: coinsurance
Rehabilitation	Includes Cardiac/Pulmonary Rehab, Chronic Pain & Physical, Occupational, Speech & Massage Therapy <input type="checkbox"/> Outpatient: 20 visits PCY; Inpatient: 30 days PCY <input type="checkbox"/> Outpatient: 45 visits PCY; Inpatient: 60 days PCY	Coinsurance
Medical Equipment	Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related	Coinsurance
Home Health Care	130 visits PCY	Coinsurance
Hospice Care	5 days respite/unlimited home visits for life expectancy of 6 months	Coinsurance
Transplants	\$75,000 donor and \$7,500 travel & lodging limits per transplant	Preferred providers: Outpatient: office visit cost share; Inpatient: coinsurance Non-preferred providers: not covered

³ A full list of preventive screenings, tests and other preventive services, is available on lifewiseor.com. You can receive these preventive services covered in full if you use preferred providers and are within the frequency, age, risk and gender guidelines outlined in the list.

Value PPO plans



To design a Value PPO plan, choose from the cost share and benefit options listed below and on the following page.

Benefits apply after calendar-year deductible is met, unless otherwise noted. PCY = per calendar year		Value PPO plans				Non-preferred provider
		Preferred provider				
		Value PPO 3500	Value PPO 4000	Value PPO 5500	Value PPO 6350	
Annual Deductible PCY	Individual Family = 2x Individual deductible	\$3,500	\$4,000	\$5,500	\$6,350	2x preferred
Coinsurance	Amount you pay after your deductible is met	20%	20%	20%	0%	50%
Out-of-Pocket Maximum PCY	Individual = Includes deductible and copays Family = 2x Individual OOP maximum	\$6,350	\$6,350	\$6,350	\$6,350	Unlimited
Office visits	Cost share	Preferred deductible and coinsurance			\$45	Non-preferred deductible and coinsurance
Prescription Drugs	Retail 30-day supply	\$15*/50%/50%		\$25**/50%/50%	Preferred deductible and coinsurance	Not covered
	Mail Order 90-day supply	\$45*/50%/50%		\$75**/50%/50%	Preferred deductible and coinsurance	Not covered
	Specialty Rx 30-day supply through specialty pharmacies	Deductible and coinsurance			Preferred deductible and coinsurance	Not covered
	Drug List	Refer to C4 formulary			Refer to C1 formulary	
Annual plan maximum		Unlimited				

* Copay accrues toward OOPM.

**Deductible waived on Tier 1 generic drugs; copay accrues toward OOPM.

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

PCY = per calendar year

Value PPO plans

Preferred provider

Non-preferred provider

		Preferred provider	Non-preferred provider
Preventive office visit	Includes routine sports, men's, women's, children's and well baby exams	Covered in full	Not covered
Preventive Screenings¹	Includes mammograms, colonoscopies, PAP & PSA screenings	Covered in full	Non-preferred coinsurance
Immunizations	Vaccines, including HPV	Covered in full	Not covered ²
Community Wellness	\$250 PCY	Covered in full	Covered in full
Office visits & Urgent Care	With general physician, pediatrician, internist, nurse practitioner, gynecologist, and obstetrician	Preferred office visit cost share	Non-preferred coinsurance
Outpatient & Inpatient Facility Care	Includes hospital care & professional services	Preferred coinsurance	Non-preferred coinsurance
Maternity	Prenatal, delivery, & postnatal physician care	Preferred coinsurance	Non-preferred coinsurance
Chiropractic, Acupuncture and Naturopathic services	Shared limit between all chiropractic, naturopathic and acupuncture services, up to \$1,500 PCY	<input type="checkbox"/> Office visit cost share <input type="checkbox"/> Not covered	<input type="checkbox"/> Non-preferred coinsurance <input type="checkbox"/> Not covered Not covered
Outpatient Diagnostic Imaging & Lab Services	Includes x-rays, MRIs, CAT scans	Preferred coinsurance	Non-preferred coinsurance
Emergency Care	Includes ER physician & facility	————— \$250 copay, then preferred coinsurance —————	
Ambulance Transportation	Air: \$3,000 PCY; Ground: Unlimited	————— Preferred coinsurance —————	
Skilled Nursing Facility	100 days PCY	Preferred coinsurance	Non-preferred coinsurance
Mental Health & Chemical Dependency Treatment	Residential, Outpatient & Inpatient	Outpatient: preferred office visit cost share; Inpatient: preferred coinsurance	Non-preferred coinsurance
Rehabilitation	Includes Cardiac/Pulmonary Rehab, Chronic Pain & Physical, Occupational, Speech & Massage Therapy Outpatient: 20 visits PCY; Inpatient: 30 days PCY	Preferred coinsurance	Non-preferred coinsurance
Medical Equipment	Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related	Preferred coinsurance	Non-preferred coinsurance
Home Health Care	130 visits PCY	Preferred coinsurance	Non-preferred coinsurance
Hospice Care	5 days respite/unlimited home visits for life expectancy of 6 months	Preferred coinsurance	Non-preferred coinsurance
Transplants	\$75,000 donor and \$7,500 travel & lodging limits per transplant	Outpatient: preferred office visit cost share; Inpatient: preferred coinsurance	Not covered

¹ A full list of preventive screenings, tests and other preventive services, is available on lifewiseor.com. You can receive these preventive services covered in full if you use preferred providers and are within the frequency, age, risk and gender guidelines outlined in the list.

² Seasonal immunizations provided at a pharmacy will be covered at preferred provider cost share up to the maximum allowable amount.

Value HSA plans



To design a Value HSA plan, choose from the cost share and benefit options listed below and on the following page.

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

PCY = per calendar year

		Value HSA plans		
		Preferred provider		Non-preferred provider
		Value HSA 3850	Value HSA 5250	
Annual Deductible	Individual Family = 2x Individual deductible	\$3,850	\$5,250	2x preferred
Coinsurance	Amount you pay after your deductible is met	20%	20%	50%
Out-of-Pocket Maximum	Individual = Includes deductible and copays Family = 2x Individual OOP maximum	\$6,350	\$6,350	Unlimited
Office visits	Cost share	Preferred deductible and coinsurance		Non-preferred deductible and coinsurance
Prescription Drugs	Certain Generic Preventive Drugs	Covered in full		Not covered
	Retail 30-day supply (Subject to medical deductible)	Preferred deductible and coinsurance		Not covered
	Mail Order 90-day supply (Subject to medical deductible)	Preferred deductible and coinsurance		Not covered
	Specialty Rx 30-day supply through specialty pharmacies	Preferred deductible and coinsurance		Not covered
	Drug List	Refer to C1 formulary		Not covered
Annual plan maximum		Unlimited		

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

PCY = per calendar year

		Value HSA plans	
		Preferred provider	Non-preferred provider
Preventive office visit	Includes routine sports, men's, women's, children's and well baby exams	Covered in full	Not covered
Preventive Screenings¹	Includes mammograms, colonoscopies, PAP & PSA screenings	Covered in full	Non-preferred coinsurance
Immunizations	Vaccines, including HPV	Covered in full	Not covered ²
Office visits & Urgent Care	With general physician, pediatrician, internist, nurse practitioner, gynecologist, and obstetrician	Preferred office visit cost share	Non-preferred coinsurance
Outpatient & Inpatient Facility Care	Includes hospital care & professional services	Preferred coinsurance	Non-preferred coinsurance
Maternity	Prenatal, delivery, & postnatal physician care	Preferred coinsurance	Non-preferred coinsurance
Chiropractic, Acupuncture and Naturopathic services	Shared limit between all chiropractic, naturopathic and acupuncture services, up to \$1,500 PCY	<input type="checkbox"/> Office visit cost share <input type="checkbox"/> Not covered	<input type="checkbox"/> Non-preferred coinsurance <input type="checkbox"/> Not covered Not covered
Outpatient Diagnostic Imaging & Lab Services	Includes x-rays, MRIs, CAT scans	Preferred coinsurance	Non-preferred coinsurance
Emergency Care	Includes ER physician & facility	Preferred coinsurance	
Ambulance Transportation	Air: \$3,000 PCY; Ground: Unlimited	Preferred coinsurance	
Skilled Nursing Facility	100 days PCY	Preferred coinsurance	Non-preferred coinsurance
Mental Health & Chemical Dependency Treatment	Residential, Outpatient & Inpatient	Outpatient: preferred office visit cost share; Inpatient: preferred coinsurance	Non-preferred coinsurance
Rehabilitation	Includes Cardiac/Pulmonary Rehab, Chronic Pain & Physical, Occupational, Speech & Massage Therapy Outpatient: 20 visits PCY; Inpatient: 30 days PCY	Preferred coinsurance	Non-preferred coinsurance
Medical Equipment	Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related	Preferred coinsurance	Non-preferred coinsurance
Home Health Care	130 visits PCY	Preferred coinsurance	Non-preferred coinsurance
Hospice Care	5 days respite/unlimited home visits for life expectancy of 6 months	Preferred coinsurance	Non-preferred coinsurance
Transplants	\$75,000 donor and \$7,500 travel & lodging limits per transplant	Outpatient: preferred office visit cost share; Inpatient: preferred coinsurance	Not covered

¹ A full list of preventive screenings, tests and other preventive services, is available on lifewiseor.com. You can receive these preventive services covered in full if you use preferred providers and are within the frequency, age, risk and gender guidelines outlined in the list.

² Seasonal immunizations provided at a pharmacy will be covered at preferred provider cost share up to the maximum allowable amount.

Prescription drug coverage

Choose from a variety of prescription drug plans to meet your business needs and your employees' prescription needs.

Outpatient prescription drug plans				
	Generic only	Two-Tier	Three-Tier	Four-Tier
Tier 1 drugs	Generic	Generic	Generic	Generic
Tier 2 drugs		Brand-name	Preferred brand-name	Preferred brand-name
Tier 3 drugs			Non-preferred brand-name	Non-preferred brand-name
Tier 4 drugs				Specialty ¹
Member cost	\$	\$\$	\$\$\$	\$\$\$\$

Generics-Only Drug List (G1)—our prescription drug claims show that 80% of prescriptions filled are for generic drugs.

Open Drug List (A2)—a comprehensive list of generic and brand name drugs.

The Select Drug List (C1, C4)—helps reduce prescription drug costs by excluding medications that are available over-the-counter (OTC)² and brand name drugs that have generic alternatives. This is available only for the 4-tier option.

The Preferred Drug List (B3, B4)—provides access to a range of generic and brand name medications, including most of the OTC and brand name drugs not covered by the Select Drug List.

Prescription benefit options

All prescription drug plans include mail order service for greater savings on long-term medications. Member cost shares shown below include copay (indicated by dollar amount) or coinsurance (indicated by percentage):

Generic only drug plan Drug List G1 formulary	Retail 30-day supply Mail Order 90-day supply Rx Individual Deductible ³ PCY	<input type="checkbox"/> \$15 <input type="checkbox"/> \$37 <input type="checkbox"/> None	<input type="checkbox"/> \$25 <input type="checkbox"/> \$62
Two-Tier drug plan Drug List A2 formulary	Retail 30-day supply Mail Order 90-day supply Rx Individual Deductible ³ PCY	\$10/50% \$25/45% \$500 ⁴	
Three-Tier drug plan Drug List B3 formulary	Retail 30-day supply Mail Order 90-day supply Rx Individual Deductible ³ PCY	<input type="checkbox"/> \$5/\$15/\$30 <input type="checkbox"/> \$12/\$37/\$75 <input type="checkbox"/> None <input type="checkbox"/> \$10/\$30/\$50 <input type="checkbox"/> \$25/\$75/\$125 <input type="checkbox"/> \$250 <input type="checkbox"/> \$5/\$25/\$45 <input type="checkbox"/> \$12/\$62/\$112 <input type="checkbox"/> \$150 <input type="checkbox"/> \$5/\$30/\$50 <input type="checkbox"/> \$12/\$75/\$125 <input type="checkbox"/> None <input type="checkbox"/> \$10/\$40/45% <input type="checkbox"/> \$25/\$100/40% <input type="checkbox"/> None <input type="checkbox"/> \$15/\$25/\$40 <input type="checkbox"/> \$37/\$62/\$100 <input type="checkbox"/> None <input type="checkbox"/> \$10/\$25/\$45 <input type="checkbox"/> \$25/\$62/\$112 <input type="checkbox"/> \$250 <input type="checkbox"/> 50%/50%/50% <input type="checkbox"/> 45%/45%/45% <input type="checkbox"/> None	
Four-Tier drug plan Drug List B4 or C4 formulary	Retail 30-day supply Mail Order 90-day supply Rx Individual Deductible ³ PCY Individual Out-of-Pocket Maximum PCY	\$10/\$40/50%/30% \$25/\$100/45%/30% None \$5,000	

Note: Members must use a participating pharmacy. There is no coverage for retail or mail order drugs if purchased at a non-participating pharmacy.

¹ Specialty Drugs are high-cost (often self-injected) drugs used for treating complex or rare conditions such as rheumatoid arthritis, hepatitis C or multiple sclerosis. Coverage requires that these prescriptions be filled by one of our contracted Specialty Pharmacy providers, up to 30-day supply

² Drug classes excluded because of ample OTC availability include cough and cold, antihistamines and heartburn/acid reflux medications. See a complete list of excluded medications in the pharmacy section of lifewiseor.com.

³ Separate from medical deductible.

⁴ Deductible waived on generics.

Vision coverage

Our vision coverage includes benefits for adults and dependents under the age of 19 (pediatric).

PCY = per calendar year		Vision coverage options	
		Any provider	
Examination Only	Adult eye exam: 1 PCY Pediatric eye exam: 1 PCY	HSA, Value HSA – \$20 copay; All other plans – Subject to office visit cost-share Value PPO 6350, HSA, Value HSA, Universal, Passport – Office visit cost-share; Value PPO 3500, Value PPO 4000, Value PPO 5500 – Waive deductible, 20%; Universal, Passport – Waive deductible, subject to coinsurance	
Examination & Eyewear	Adult eye exam: 1 PCY Adult eyewear: Lenses, frames and/or contacts covered in full. Maximum benefit limit PCY. Pediatric eye exam: 1 PCY Pediatric eyewear: One set of frames and lenses or contacts every 2 years	HSA, Value HSA – \$20 copay; All other plans – Subject to office visit cost-share \$100; \$150; \$200; \$300 Value PPO 6350, HSA, Value HSA, Universal, Passport – Office visit cost-share; Value PPO 3500, Value PPO 4000, Value PPO 5500 – Waive deductible, 20%; Universal, Passport – Waive deductible, subject to coinsurance Value PPO 3500, Value PPO 4000, Value PPO 5500, Value PPO 6350, Universal, Passport – Covered in full; HSA and Value HSA – Deductible, then covered in full	

Note: Pediatric vision exam copay will apply toward out-of-pocket maximum, but adult vision exam copay will not. Vision hardware benefits must be prescribed by a licensed ophthalmologist or optometrist. Contact lenses and glasses following cataract surgery are not paid under the vision benefit plan; these benefits are covered as a medical supply under the medical policy.

General limitations

The following are limitations for the benefit plans described in this guide:

Medical plans

Accidental Dental—\$500 PCY limit, not applicable to all plans.

Biofeedback—\$800 PCY limit

Home Medical Equipment—

Limited to implantable pharmaceutical devices, outpatient supplies and durable medical equipment that are considered medically necessary.

Payment to Non-Preferred Providers—

If services are received from a non-preferred provider, the member will be responsible for any amounts charged in excess of the LifeWise negotiated fees with preferred providers.

Prior Authorization Requirements—

Certain services are subject to prior authorization rules for members to avoid a penalty. For a list of services requiring prior authorization, please contact your LifeWise representative or visit lifewiseor.com.

Outpatient prescription drug plans

- If a member takes a brand-name drug when a generic equivalent is available, the member will be responsible for paying the difference between the cost of the brand-name drug and the generic, plus the applicable copay/coinsurance. Not applicable to all plans.
- Covered drugs include oral contraceptives, diaphragms and cervical caps.
- Over-the-counter medications, infertility medications and any medications related to non-covered services are excluded.

- Non-prescription nicotine replacement therapy drugs are excluded.
- Specialty drugs are limited to a 30-day supply.
- Drug lists are updated as new drugs become available. For current drug lists, please contact your LifeWise representative or visit the Pharmacy section of lifewiseor.com.

More information

A Supplemental Guide that shares information about Privacy Policies, Provider Organization, Key Utilization Management Procedures and Pharmaceutical Management Procedures is available on our website.

This benefit guide is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions, please contact your LifeWise representative.



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that's right for your business, right for your employees.

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