

# Essential Silver 2000 CSR3



In Exchange Oregon PPO plan for individuals & families with income between 100-150% of the Federal Poverty Level (FPL)  
Beginning January 1, 2016

		Essential Silver 2000 CSR3	
		LifeWise network providers	Non-LifeWise network providers
<b>Annual Deductible</b>	Per Calendar Year (PCY) Family = 2x individual ( <i>in-network</i> )	\$200	\$400
<b>Coinsurance</b>	Amount you pay after your deductible is met	30%	50%
<b>Out-of-Pocket Maximum</b>	Includes deductible, coinsurance, and copays Family = 2x individual ( <i>in-network</i> )	\$500	Unlimited
<b>10 Essential Benefits Covered Services</b>			
<b>1 Ambulatory Patient Services</b>	Outpatient services	Deductible, then 30%	Deductible, then 50%
<b>Office Visits</b>	Designated PCP office visit	\$10 copay, first 2 PCP visits covered in full	Deductible, then 50%
	Non-designated PCP & specialist office visit	\$30 copay	Deductible, then 50%
	Virtual care	\$10 copay	Deductible, then 50%
	Chiropractic and acupuncture: 12 visits combined PCY	\$25 copay	Deductible, then 50%
	Urgent care	\$30 copay	Deductible, then 50%
<b>2 Emergency Services</b>	Emergency care ( <i>copay waived if directly admitted to an inpatient facility</i> )	\$50 copay, then deductible, then 30%	Same as in-network
	Ambulance	Deductible, then 30%	Same as in-network
<b>3 Hospitalization</b>	Inpatient services	Deductible, then 30%	Deductible, then 50%
	Organ and tissue transplants	Deductible, then 30%	Not covered
<b>4 Maternity &amp; Newborn Care</b>	Prenatal, delivery, postnatal care	Deductible, then 30%	Deductible, then 50%
<b>5 Mental Health &amp; Substance Use Disorder Services, including Behavioral Health Treatment</b>	Office visit	\$30 copay	Deductible, then 50%
	Inpatient hospital	Deductible, then 30%	Deductible, then 50%
	Outpatient services	Deductible waived, then 30%	Deductible, then 50%
<b>6 Prescription Drugs</b>	Generic	\$10 copay	Not covered
<i>Specialty: 30-day supply</i>	Preferred brand	\$30 copay	Not covered
<i>Retail/Mail Order: 90-day supply (copay x3)</i>	Non-preferred brand	Deductible, then 30%	Not covered
	Specialty	Deductible, then 30%	Not covered
	Drug formulary	X4	
<b>7 Rehabilitative &amp; Habilitative Services &amp; Devices</b>	Inpatient rehabilitation: 30 days PCY	Deductible, then 30%	Deductible, then 50%
	Physical, speech, and occupational therapy: 30 visits combined PCY ( <i>additional 30 visits available for neurological conditions</i> )	Deductible, then 30%	Deductible, then 50%
	Durable medical equipment	Deductible, then 30%	Deductible, then 50%
<b>8 Laboratory Services</b>	Includes x-ray, pathology, imaging/diagnostic, ultrasound	Deductible waived, then 30%	Deductible, then 50%
	Major imaging including MRI, CT, PET ( <i>prior authorization required for certain services</i> )	Deductible, then 30%	Deductible, then 50%
<b>9 Preventive/Wellness Services</b>	Screenings	Covered in full	Deductible, then 50%
	Exams and immunizations	Covered in full	Not covered
<b>10 Pediatric Vision</b>	Eye exam: 1 PCY	\$30 copay	Same as in-network
<i>Under 19 years of age</i>	Eyewear: 1 set frames/lenses or 1 set contacts every 2 years	Covered in full	Same as in-network

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

## Definitions

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

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

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

**Cost Share Reduction (CSR):** A discount that lowers the amount you have to pay for deductibles, coinsurance, and copayments. You can get this reduction if you buy health insurance through a state or federal exchange, your income is below a certain level, and you choose a silver level health plan.

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

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

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

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

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

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

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

**Urgent Care:** For conditions that require immediate medical attention when your doctor is not available, but are not severe or life-threatening. Your copay may be lower if care is received from an urgent care center that is affiliated with your PCP. (Use the emergency room only for life-threatening emergencies and trauma requiring immediate medical attention and treatment.)

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

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## General exclusions and limitations

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

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

## Contact Us

For information about how a health plan works, see Health Plan Basics on **lifewiseor.com**. You'll find information about:

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

For information or questions about LifeWise Health Plan of Oregon:

- Visit **lifewiseor.com**
- Call Customer Service at **800.596.3440** from 8 a.m. to 5 p.m. Pacific time, Monday–Friday
- Talk to your producer

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 plan policies and procedures.