

Essential Silver 3000 EPO CSR1



In Exchange Oregon EPO plan for individuals & families with income between 200-250% of the Federal Poverty Level (FPL)
Beginning January 1, 2016

This LifeWise EPO plan covers healthcare from providers in the Oregon EPO network in Oregon, Washington, and Alaska. This plan also covers emergency care from out-of-network providers. However, you will pay the full cost of non-emergency care from out-of-network providers. To find doctors and hospitals in the Oregon EPO network, go to lifewiseor.com and use the Find a Doctor tool.

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Oregon EPO network providers

Annual Deductible	Per Calendar Year (PCY) Family = 2x individual	\$3,000
Coinsurance	Amount you pay after your deductible is met	20%
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual	\$5,400
10 Essential Benefits Covered Services		
1 Ambulatory Patient Services	Outpatient services	Deductible, then 20%
Office Visits	Designated PCP office visit	\$15 copay, first 2 PCP visits covered in full
	Non-designated primary care doctor or specialist office visit	\$50 copay
	Virtual care	\$15 copay
	Chiropractic and acupuncture: 12 visits combined PCY	\$25 copay
	Urgent care	\$50 copay
2 Emergency Services	Emergency care (<i>copay waived if directly admitted to an inpatient facility</i>)	\$250 copay, then deductible, then 20%
	Ambulance	Deductible, then 20%
3 Hospitalization	Inpatient services	Deductible, then 20%
	Organ and tissue transplants, inpatient	Deductible, then 20%
4 Maternity & Newborn Care	Prenatal, delivery, postnatal care	Deductible, then 20%
5 Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment	Office visit	\$50 copay
	Inpatient hospital	Deductible, then 20%
	Outpatient services	Deductible waived, then 20%
6 Prescription Drugs	Generic	\$20 copay
<i>Specialty: 30-day supply</i>	Preferred brand	\$55 copay
<i>Retail/Mail Order: 90-day supply (copay x3)</i>	Non-preferred brand	Deductible, then 50%
	Specialty	Deductible, then 20%
	Drug formulary	X4
7 Rehabilitative & Habilitative Services & Devices	Inpatient rehabilitation: 30 days PCY	Deductible, then 20%
	Physical, speech, and occupational therapy: 30 visits combined PCY (<i>additional 30 visits available for neurological conditions</i>)	Deductible, then 20%
	Durable medical equipment	Deductible, then 20%
8 Laboratory Services	Includes x-ray, pathology, imaging/diagnostic, ultrasound	Deductible waived, then 20%
	Major imaging including MRI, CT, PET (<i>prior authorization required for certain services</i>)	Deductible, then 20%
9 Preventive/Wellness Services	Screenings	Covered in full
	Exams and immunizations	Covered in full
10 Pediatric Vision	Eye exam: 1 PCY	\$30 copay
<i>Under 19 years of age</i>	Eyewear: 1 set frames/lenses or 1 set contacts every 2 years	Covered in full

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.

Exclusive Provider Organization (EPO): Plans that only cover the cost of care from an in-network provider in Oregon, Washington and Alaska, unless you have a medical emergency. If you receive non-emergency care from an out-of-network healthcare provider you will be responsible for the full cost of that care.

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: Urgent care is for conditions that require immediate medical attention when your doctor is not available, but are not severe or life-threatening. For urgent conditions, care from an out-of-network urgent care facility is not covered.

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](https://www.lifewiseor.com).

Contact Us

For information about how a health plan works, see Health Plan Basics on [lifewiseor.com](https://www.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](https://www.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