



# LifeWise Health Plans

for individuals & families



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# Experience the freedom that comes with peace of mind

Our plans deliver the variety of benefits you want with the responsive customer service you expect. Enjoy that feeling of freedom and security when you know someone's looking out for your health. All our plans include:

- > **Choice and value** in plan selection for different coverage needs and budgets.
- > **Extensive provider network**—direct access to more than 9,000 providers in Oregon and easy access to our Washington, Alaska and Arizona networks. LifeWise even saves you money by negotiating fees with preferred doctors and other healthcare providers on your behalf.
- > **Expedited claims processing**—hardly any paperwork required.
- > **Service excellence**—local team dedicated to providing attentive customer service, claims information and answers to membership questions.
- > **Integrated healthcare support services**—programs, resources and support to help you reach your personal health goals, including our free and confidential 24-hour NurseLine.



# What's included in a LifeWise plan

**Stay on top of your health with preventive care. There's no need to pay your deductible for covered exams and screenings.\*\***

## Preventive screenings

Preventive screenings are tests your doctor uses to make sure everything's going well. The following screenings are covered:

- **Cancer Screenings:** Cervical (PAP), prostate (PSA), and colorectal\* cancer screenings
- **Infectious Disease Screenings:** Chlamydia antibody and hepatitis antigen screenings
- **Metabolic, Nutrition and Endocrine Screenings:** Glucose testing (blood sugar) and anemia (iron deficiency) screenings
- **Heart and Vascular Disease Screenings:** Lipid panel/lipoprotein/high cholesterol screenings and high blood pressure testing
- **Musculoskeletal Disorder Screening:** Bone density screening (osteoporosis)

## Preventive exams

We're here to make staying healthy easier. So go ahead, get that check-up—the following exams are all included:

- Routine physicals and physicals for school, sports and employment
- Women's annual exams
- Well-baby and newborn exams
- Preventive immunizations

\* A colonoscopy is not covered as a preventive screening. See your policy for details.

\*\* Limited on WiseEssentials plans.



## Choosing a plan

Our health plans are all about you. To find the plan that's right for you, follow these three steps:

- 1 Check out the detailed plan information on pages 3, 4 and 6.
- 2 Once you have chosen a plan, review the enclosed rate brochure. For additional assistance, contact your agent or a LifeWise representative at 1-800-290-1278.
- 3 After choosing your plan and rate, fill out the enclosed enrollment application. Be sure to sign, date and return it to us in the enclosed pre-addressed envelope.

For more information and faster service, visit [www.lifewiseor.com](http://www.lifewiseor.com) and apply online.

# WiseEssentials and WiseChoices plans

PCY - Per Calendar Year	WiseEssentials™	
	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Annual Deductible</b> <i>PCY (Choose one) (Family = 3x individual deductible)</i>	\$1,500 / \$2,500 / \$5,000 / \$7,500	\$3,000 / \$5,000 / \$10,000 / \$15,000
<b>Coinsurance</b> <i>(what you pay)</i>	25%	50%
<b>Annual Coinsurance Maximum</b> <i>(Family = 2x individual)</i>	\$9,000	Unlimited
<b>Out-of-Pocket Maximum</b>	Annual Deductible + Coinsurance Maximum	
<b>COVERED SERVICES</b> <i>(Lifetime maximum \$2 million)</i>		
<b>Office Visits, Urgent Care &amp; Naturopathy</b>	DEDUCTIBLE WAIVED on first 6 visits (\$25 copay only), additional visits subject to deductible, then 25%	Deductible, then 50%
<b>Preventive Care Exams</b> <i>Includes routine medical exam, sports physical &amp; women's health/well baby exams</i>		
<b>Preventive Screenings</b> <i>Includes PAP smear, PSA testing, home colon cancer screening, cholesterol screening &amp; bone density test</i>		
<b>Immunizations</b>	Covered in full	
<b>Retail Pharmacy</b> <i>(Up to 30-day supply)</i>	\$20 Generics only	In-network cost plus 40%
<b>Mail Service Pharmacy</b> <i>(Up to 90-day supply)</i>	\$50 Generics only	
<b>Chiropractic &amp; Acupuncture</b> <i>(12 visits PCY)</i>	DEDUCTIBLE WAIVED \$25 copay	Deductible, then 50%
<b>Outpatient Diagnostic Imaging &amp; Lab Services</b>	DEDUCTIBLE WAIVED then 25% for \$1,500 Deductible Plan Deductible, then 25% for all others	Deductible, then 50%
<b>Mammography</b>	Covered in full	
<b>Emergency Room Care</b> <i>Copay waived if direct admit to the same inpatient facility</i>	\$100 copay, then subject to deductible, then 25%	\$100 copay, then subject to deductible, then 25% <sup>1</sup>
<b>Ambulance Transportation</b> <i>Air: unlimited; Ground: \$5,000 PCY</i>	Deductible, then 25%	Deductible, then 25% <sup>1</sup>
<b>Outpatient &amp; Inpatient Facility Care</b>		
<b>Rehabilitation</b> <i>(Outpatient: 20 visits PCY; Inpatient: 8 days PCY) Includes Physical, Occupational &amp; Speech Therapy; Cardiac &amp; Pulmonary Rehab; &amp; Massage Therapy</i>	Deductible, then 25%	Deductible, then 50%
<b>Home Medical Equipment &amp; Supplies</b> <i>(\$5,000 PCY)</i>		
<b>Home Healthcare</b> <i>(130 days PCY)</i>		
<b>Hospice Care</b> <i>(Inpatient: 10 days PCY; Respite: 240 hours PCY)</i>	Deductible, then 25%	Deductible, then 50%
<b>Skilled Nursing Facility</b> <i>(45 days PCY)</i> <i>Includes room &amp; board, ancillaries &amp; professional fees</i>	Deductible, then 25%	Deductible, then 50%
<b>Maternity Care</b>	Deductible, then 25%	Deductible, then 50%
<b>Vision—Routine Exam</b> <i>(One exam per two calendar years)</i>	Not covered	Not covered
<b>Vision Hardware</b> <i>(Per two calendar years)</i>		
<b>Transplants</b> <i>(24-month waiting period; \$250,000 lifetime benefit)</i> <i>Organ &amp; Bone Marrow</i>	Deductible, then 25%	Deductible, then 50%
<b>Accidental Benefit</b> <i>(\$1,000 PCY)</i>	Not covered	
<b>Alcohol Dependency Treatment</b>	This optional benefit is available at an additional cost. It is limited to \$4,500 in any 24 consecutive months	

<sup>1</sup> Unlike services received at other non-preferred providers, this service is subject to the preferred provider deductible and coinsurance.

**Note:** Prosthetics and orthotic devices are a covered service on LifeWise plans and are not subject to a PCY limit.

**Deductible, coinsurance and copay represent what you pay.** Benefits apply after calendar year deductible is met, unless otherwise noted as "Deductible Waived," "Copay" or "Covered in Full."

**This is only a summary of the major benefits provided by our plans. This is not a contract.**

WiseChoices™	
PREFERRED PROVIDER	NON-PREFERRED PROVIDER
\$500 / \$1,000 / \$2,500 / \$5,000	\$1,000 / \$2,000 / \$5,000 / \$10,000
20%	50%
\$7,500	Unlimited
Annual Deductible + Coinsurance Maximum	
DEDUCTIBLE WAIVED \$20 copay	
Covered in full	Deductible, then 50%
\$20 Generic 50% Brand	In-network cost plus 40%
\$50 Generic 45% Brand	
DEDUCTIBLE WAIVED \$25 copay	Deductible, then 50%
Deductible, then 20%	Deductible, then 50%
Covered in full	
\$100 copay, then subject to deductible, then 20%	\$100 copay, then subject to deductible, then 20% <sup>1</sup>
Deductible, then 20%	Deductible, then 20% <sup>1</sup>
Deductible, then 20%	Deductible, then 50%
Deductible, then 20%	Deductible, then 50%
Deductible, then 20%	Deductible, then 50%
Covered in full	
\$200 for frames, lenses & contact lenses	
Deductible, then 20%	Deductible, then 50%
First \$1,000 is covered in full PCY; then paid as any other covered illness, subject to deductible/coinsurance	
This optional benefit is available at an additional cost. It is limited to \$4,500 in any 24 consecutive months	

## Comparison of plans

WiseEssentials
<ul style="list-style-type: none"> <li>• Great essential coverage and low monthly rates</li> <li>• Deductible waived for Diagnostic Services on \$1,500 Deductible Plan</li> </ul>
WiseChoices
<ul style="list-style-type: none"> <li>• Our broadest coverage</li> <li>• Per-visit copay applies to Professional Office Visits, Preventive Exams and Screenings and Alternative Care</li> <li>• Offers Vision Care and Accident Benefits</li> </ul>
WiseSavings (see pages 5-6)
<ul style="list-style-type: none"> <li>• Opportunity for tax advantages</li> <li>• Quality plan that can work with a Health Savings Account</li> <li>• Preventive generic cardiac drugs are reimbursed at 100%</li> </ul>

## Healthcare terminology

**Balance billing:** Additional charges a non-preferred provider may hold you responsible for.

**Benefit:** The portion of services your health plan pays for.

**Coinsurance:** Your share of the fee for a service after your deductible is met. If your plan's coinsurance share is 20%, you pay 20% of the allowable charge and your plan pays the other 80%.

**Coinsurance maximum:** A preset limit after which your plan pays at 100% of the allowable charge.

**Copay:** A flat fee you pay for a specific service, like an office visit, at the time a service is rendered. Copays don't apply towards a deductible or coinsurance maximum.

**Covered in full:** Services your plan pays for in full. Benefits provided at 100% of the allowable charges; not subject to deductible or coinsurance.

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

**Maximum allowable amount:** The most LifeWise will pay for a covered service.

**Network:** A group of doctors, hospitals and other healthcare providers that have been contracted to provide services and supplies at negotiated amounts called "allowable charges."

**Out-of-pocket maximum:** The most you will pay for covered services received from a preferred provider during a calendar year.

**Provider:** Your physician or other healthcare specialist. A preferred provider is a provider that belongs to the LifeWise network.

# WiseSavings plan (HSA-qualified)

The **WiseSavings™** plan is an HSA-qualified, high-deductible health plan designed to work with an HSA account to help you actively manage your healthcare, and save for current and future medical expenses.

*The WiseSavings plan offers an extensive provider network (no referrals needed), comprehensive medical coverage and dedicated customer service, while providing the opportunity to save for your medical expenses.*

## How does the deductible on the WiseSavings plans differ from other LifeWise plans?

As an individual, you must meet your deductible before your coinsurance applies. However, if you elect the WiseSavings family plan, the deductible can be met by any combination of family members on behalf of the entire family. If one person in a family of four satisfies the WiseSavings family deductible early in the plan year, the remaining three people only pay coinsurance for the remainder of the plan year.

## What is an HSA?

An HSA is an individually-owned, fully portable account that you establish, manage and fund. It allows you to set aside funds to pay for your healthcare on a tax-advantaged basis, and works in conjunction with HSA-qualified health plans such as the WiseSavings plan. HSAs are administered by financial institutions that have been approved by the IRS to offer these types of accounts.

## How can HSA funds be used to pay out-of-pocket costs?

You can use your contributed tax-advantaged HSA funds to pay for your coinsurance, deductible and other qualified medical expenses. And, by choosing preferred providers, you'll save even more by taking advantage of our negotiated rates.

## What are the benefits of an HSA?

You can get the most out of your WiseSavings plan by opening an HSA account with an authorized financial institution. With your HSA account, you make deposits and withdrawals, just like you would with a regular savings account, except the money may be tax-free if the funds are used to cover qualified medical expenses. Your HSA can provide a triple tax advantage:

- Contributions are made on a tax-advantaged basis.
- Unused funds rollover from year to year and grow tax-deferred. Unlike Flexible Spending Account funds, unused HSA funds are not forfeited each year and may be used to reduce your out-of-pocket medical costs in the future.
- When used to pay for qualified medical expenses, funds can be withdrawn tax-free.

## Who is eligible for an HSA?

You may be eligible to open an HSA if you meet the following criteria:

- You are enrolled in a qualified, high-deductible medical plan such as WiseSavings
- You are not covered under another medical plan (including your spouse's)
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

## How do I establish an HSA?

You can establish an HSA by working with a private institution that has been approved by the IRS to manage and maintain Health Savings Accounts. Web sites such as [www.hsafinder.com](http://www.hsafinder.com) can help you find authorized institutions.

This material is not intended to provide tax or legal advice. Individuals and families should consult with their own legal and tax advisors before taking action. For more detailed information on HSAs, refer to IRS Publication 969, "Health Savings Accounts and Other Tax-Favored Health Plans," by visiting the IRS website.

# WiseSavings plan benefits

PCY - Per Calendar Year	WiseSavings™	
	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
<b>Annual Deductible</b> <i>PCY (Choose one)</i>	Individual: \$3,000 Family: \$6,000 <sup>1</sup>	
<b>Coinsurance</b> <i>(what you pay)</i>	20%	50%
<b>Annual Coinsurance Maximum</b>	Individual: \$2,000 Family: \$4,000	Unlimited
<b>Out-of-Pocket Maximum</b>	Annual Deductible + Coinsurance Maximum	
<b>COVERED SERVICES</b> <i>(Lifetime maximum \$2 million)</i>		
<b>Office Visits, Urgent Care &amp; Naturopathy</b>	Deductible, then 20%	Deductible, then 50%
<b>Preventive Care Exams</b> <i>Includes routine medical exam, sports physical &amp; women's health/well baby exams</i>	<b>DEDUCTIBLE WAIVED</b> then 20%	
<b>Preventive Screenings</b> <i>Includes PAP smear, PSA testing, home colon cancer screening, cholesterol screening &amp; bone density test</i>	Covered in full	
<b>Immunizations</b>		
<b>Retail Pharmacy</b> <i>(Up to 30-day supply)</i>	Deductible, then 20% (Preventive generic cardiac drugs are reimbursed at 100%)	
<b>Mail Service Pharmacy</b> <i>(Up to 90-day supply)</i>	Not available	
<b>Chiropractic &amp; Acupuncture</b> <i>(12 visits PCY)</i>	Deductible, then 20%	Deductible, then 50%
<b>Outpatient Diagnostic Imaging &amp; Lab Services</b>	Covered in full	
<b>Mammography</b>		
<b>Emergency Room Care</b> <i>Copay waived if direct admit to the same inpatient facility</i>	Deductible, then 20%	Deductible, then 20% <sup>2</sup>
<b>Ambulance Transportation</b> <i>Air: unlimited; Ground: \$5,000 PCY</i>		
<b>Outpatient &amp; Inpatient Facility Care</b>		
<b>Rehabilitation</b> <i>(Outpatient: 20 visits PCY; Inpatient: 8 days PCY) Includes Physical, Occupational &amp; Speech Therapy; Cardiac &amp; Pulmonary Rehab; &amp; Massage Therapy</i>	Deductible, then 20%	Deductible, then 50%
<b>Home Medical Equipment &amp; Supplies</b> <i>(\$5,000 PCY)</i>		
<b>Home Healthcare</b> <i>(130 days PCY)</i>		
<b>Hospice Care</b> <i>(Inpatient: 10 days PCY; Respite: 240 hours PCY)</i>	Deductible, then 20%	Deductible, then 50%
<b>Skilled Nursing Facility</b> <i>(45 days PCY)</i> <i>Includes room &amp; board, ancillaries &amp; professional fees</i>		
<b>Maternity Care</b>	Deductible, then 20%	Deductible, then 50%
<b>Vision—Routine Exam</b> <i>(One exam per two calendar years)</i>	Not covered	Not covered
<b>Vision Hardware</b> <i>(Per two calendar years)</i>		
<b>Transplants</b> <i>(24-month waiting period; \$250,000 lifetime benefit)</i> <i>Organ &amp; Bone Marrow</i>	Deductible, then 20%	Deductible, then 50%
<b>Accidental Benefit</b> <i>(\$1,000 PCY)</i>	Not covered	Not covered
<b>Alcohol Dependency Treatment</b>	This optional benefit is available at an additional cost. It is limited to \$4,500 in any 24 consecutive months	

<sup>1</sup> Family = Individual + one or more family members. Services for all family members covered under the same HSA-qualified plan are applied to the family deductible. The family deductible must be met before services are covered for any enrolled family members.

<sup>2</sup> Unlike services received at other non-preferred providers, this service is subject to the preferred provider deductible and coinsurance.

**Note:** Prosthetics and orthotic devices are a covered service on LifeWise plans and are not subject to a PCY limit.

**Deductible, coinsurance and copay represent what you pay.** Benefits apply after calendar year deductible is met, unless otherwise noted as "Deductible Waived," "Copay" or "Covered in Full."

**This is only a summary of the major benefits provided by our plans. This is not a contract.**

# Additional values and discounts

## When you choose a LifeWise of Oregon plan, you get more for your money.



### 24-hour NurseLine

Illnesses and injuries usually don't happen at convenient times. That's why we offer the free and confidential 24-hour NurseLine. The NurseLine is staffed with registered nurses trained to answer questions about symptoms and conditions, offer home treatment suggestions and give advice—like whether you should go to the emergency room, urgent care or call your doctor the next day.

### Health and disease management program

This program is offered to LifeWise members living with chronic diseases like heart disease or diabetes. In most cases, an outreach nurse will be available to help you manage your illness. For more information on health conditions, visit the "Staying Healthy" section of our Web site, [www.lifewiseor.com](http://www.lifewiseor.com).

### 24-hour coverage—on and off the job

As a LifeWise member, you'll receive 24-hour coverage for all enrolled family members, including coverage for occupational conditions not covered by workers' compensation or other industrial insurance provided by your employer.

### Extras!

This program offers you a wide range of special discounts on health and wellness products and services from top U.S. companies such as:

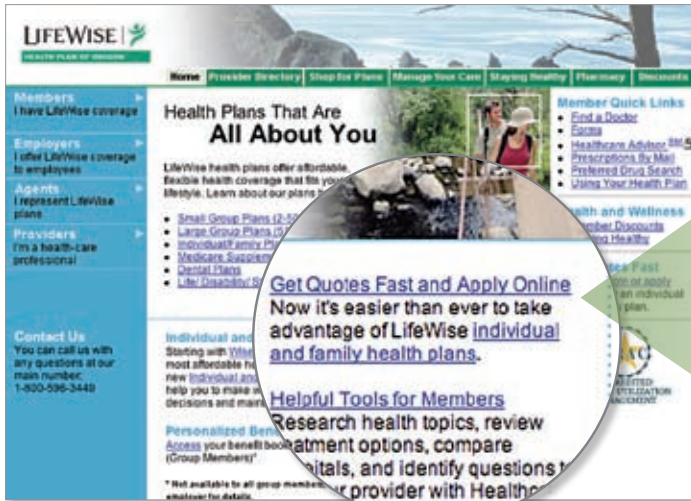
- **10%-60% off Weight Watchers and GlobalFit** (fitness club memberships)
- **Up to 40% off TruVision** (contact lenses and laser vision correction packages)
- **10%-30% off American WholeHealth Networks** (contracted providers offering non-covered massage therapy, chiropractic, naturopathy, acupuncture, and dietary and nutritional services)
- **20%-45% off Safe Beginnings** (baby safety supplies) and **Troxel SafeTech** (sports helmets)
- **15% off MotherNature.com** (vitamins, herbal supplements and other natural health products)
- **25%-58% off Beltone and HearPO** (hearing aid services and supplies)

For more information on Extras!, visit the "Member Discounts" section of our Web site, [www.lifewiseor.com](http://www.lifewiseor.com).

Extras! is a discount program only. Costs of program services and products do not count toward calendar year coinsurance maximums, lifetime maximums and/or plan deductibles. We reserve the right to discontinue or change the Extras! program at any time without notice. The above products are offered for sale at a discount price under the Extras! program. All representations and warranties, if any, regarding the products are solely those of the manufacturer. We make no claims, promises or recommendations regarding any of the products offered for sale under this program.

# How to enroll in a LifeWise plan

## How to enroll in a health plan



### Talk to an agent

Contact an agent to find out about which LifeWise health plan is right for you. They can also help you submit an online application.

### Apply online at [www.lifewiseor.com](http://www.lifewiseor.com)

Get a quote, complete the application and submit it electronically on our secure site. Online prompts will guide you step-by-step through the application process.

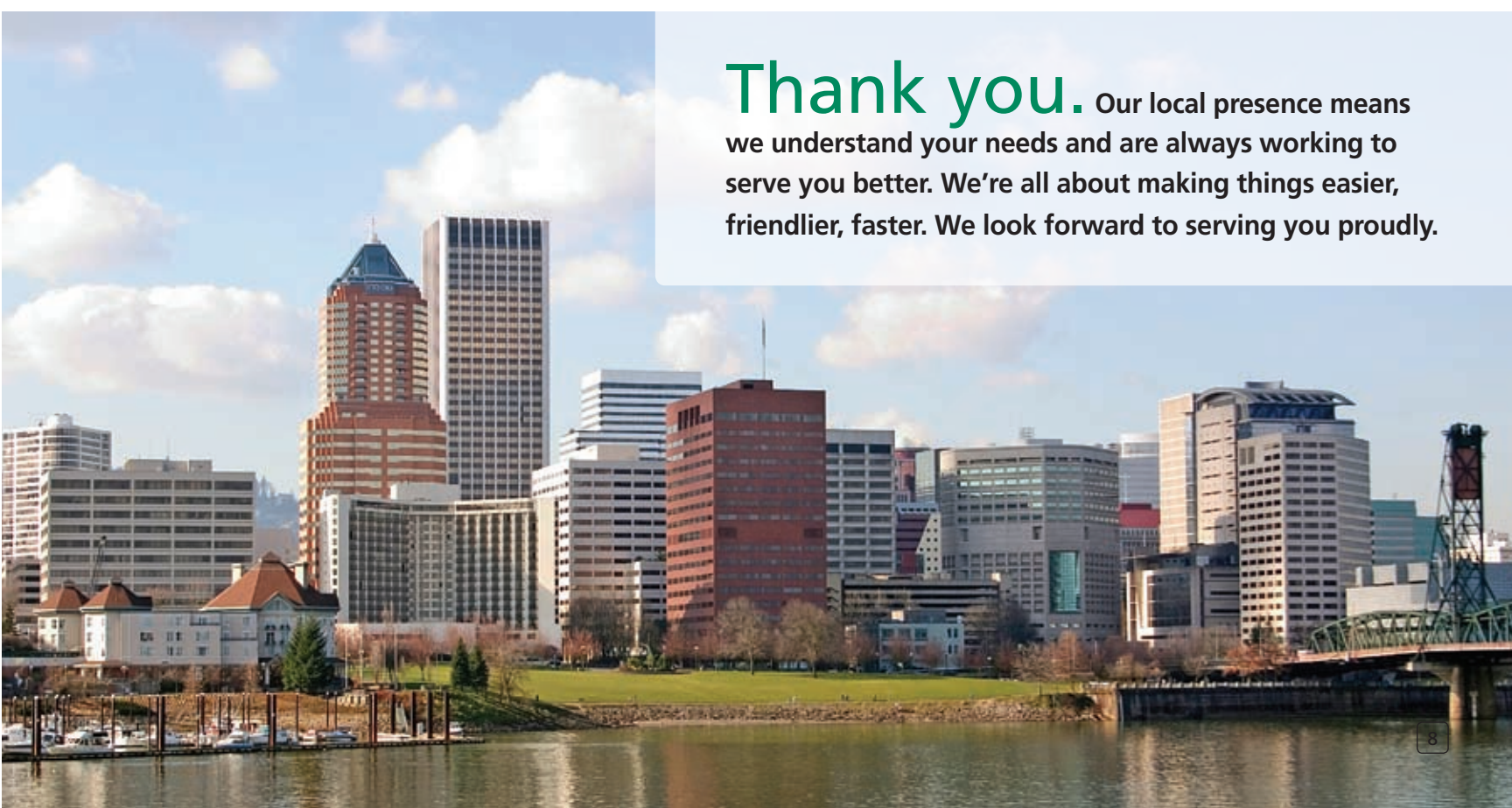
### Apply by mail

Complete, sign and date a LifeWise enrollment application, then send it to us in the pre-addressed envelope provided.

### Are you eligible?

- Our WiseEssentials, WiseChoices and WiseSavings plans are only available to Oregon residents under the age of 65 at the time of enrollment.
- Eligible family members include you, your legal spouse (including your registered domestic partner) and unmarried children under age 23 who are primarily dependent on you for support.

**Note:** If a paper application is submitted, you will not be notified that you have been accepted until you get your member package. If your application is denied, you will receive a letter of explanation within 15 business days of our receiving the completed application. Incomplete forms will not be processed.

A wide-angle photograph of the Portland, Oregon skyline, featuring several prominent skyscrapers and a bridge over the water in the foreground.

**Thank you.** Our local presence means we understand your needs and are always working to serve you better. We're all about making things easier, friendlier, faster. We look forward to serving you proudly.

# General exclusions and limitations

Benefit plans typically have exclusions and limitations—what the plans do not cover. The following are general exclusions and limitations for the LifeWise benefit plans:

## What is not covered

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

- Alcohol dependency treatment services (unless optional alcohol endorsement is purchased)
- Biofeedback
- Chemical (drug addition) dependency
- Conditions arising from acts of war or service in the military
- Cosmetic or reconstructive services, except as specifically provided in the contract
- Dental services (except as allowed under the accident benefit included in the WiseChoices plan)
- Experimental or investigative services
- Hearing exams and aids
- Infertility
- Mental health
- Obesity/morbid obesity
- Orthognathic surgery (unless it meets medical criteria and as required by ORS 743.706)
- Over-the-counter or non-prescription drugs
- Services determined by us to be medically unnecessary
- Services 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
- Treatment for work-related conditions for which benefits are provided by Workers' Compensation or similar coverage
- Treatment of temporomandibular joint (TMJ) disorder

## Waiting periods

### Pre-existing Condition

LifeWise individual health benefit plans include a six-month pre-existing conditions waiting period. Benefits for any pre-existing conditions will not be provided for the first six months following a member's effective date of coverage. Pre-existing conditions means any medical condition for which medical advice, diagnosis, care or treatment was recommended or received within six months prior to a member's effective date of coverage or actual enrollment in the plan.

### Organ Transplant Benefit Exclusion Period

LifeWise individual health benefit plans include a 24-month benefit exclusion period for organ transplant services. The benefit exclusion period begins on your effective date of coverage under the LifeWise policy. Benefits for organ transplant services will not be covered until You have been covered under the LifeWise policy for 24 consecutive months.

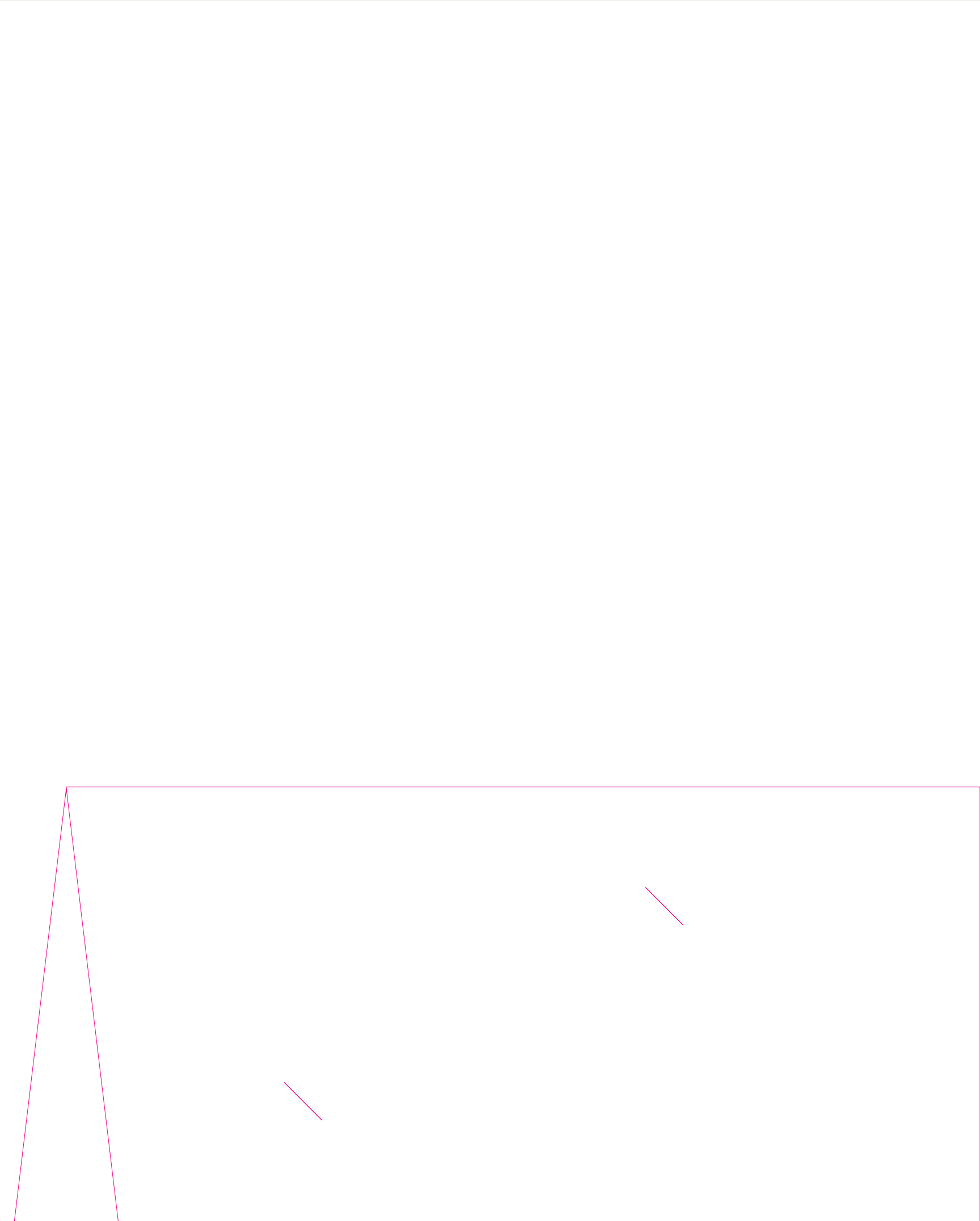
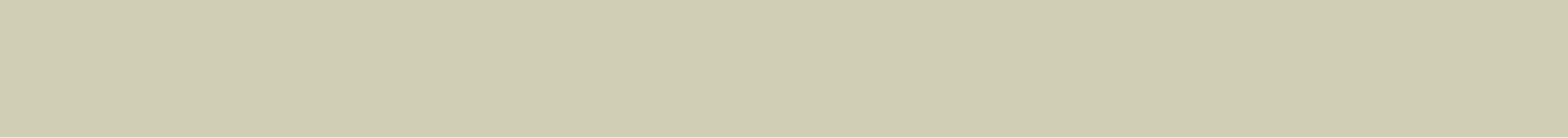
LifeWise will reduce the duration of the pre-existing condition provision and/or the organ transplant benefit exclusion period by the amount of creditable coverage if the creditable coverage is in effect on the date of enrollment or did not terminate more than 63 days prior to enrollment in a LifeWise health benefit plan. A period of creditable coverage will not be credited if there was more than a 63-day break in coverage.

## Creditable Coverage

Creditable coverage includes any group healthcare coverage (including the Federal Employees Health Benefits Plan and the Peace Corps), individual healthcare coverage (including student healthcare coverage), Medicare, Medicaid, CHAMPUS, Indian Health Service or tribal organization coverage, state high-risk pool coverage, or a public health plan as defined in 42 U.S.C. 300gg, as amended and in effect on July 1, 1997.

## Charges over the allowable amount

You may be responsible for charges that exceed the maximum allowable amount for covered services provided by non-preferred providers.



**Start enjoying the  
LifeWise advantage!**

Talk to your agent about  
a LifeWise plan today,  
or call us directly at:

**1-800-290-1278**

**(1-800-842-5357 TDD for  
the hearing-impaired)**

[www.lifewiseor.com](http://www.lifewiseor.com)