

Medical Benefit Guide



For Oregon groups with
2–50 employees

For plans effective on or after October 1, 2010. These may not be “grandfathered” under federal healthcare reform legislation.

LifeWise Health Plan of Oregon provides

Peace of mind

to our members about their healthcare coverage.

Healthcare coverage to meet your business needs

- Affordable plans priced for value
- A strategic focus on wellness and members becoming engaged in their health and healthcare
- Local, high-quality service for members, employers and producers
- Strong provider network, both regionally and nationally



Balancing small business benefits and financial needs

LifeWise offers small group employers a range of high-quality health plans to strike the right balance between coverage and cost that suits their business demands.

The LifeWise product portfolio:

- Provides a variety of plan designs, including higher deductible plans, that offer choice and value
- Offers inclusive health support programs with all plan designs to help lower costs without reducing benefits
- Provides tax-advantaged healthcare funding opportunities
- Includes outpatient prescription drug coverage integrated into all plans.

Supporting smart healthcare decisions

LifeWise offers plan designs that include health support programs and Web-based tools engaging employees to maintain good health and lifestyle habits, and change unhealthy lifestyle behaviors.

LifeWise health support includes:

- Preventive care benefits—including office visits, screenings and immunizations—that are fully covered within the network on all plans
- Disease and Case Management services for the chronically or critically ill
- 24-Hour NurseLine for immediate medical advice from registered nurses
- Extras! program for discounted health products and services to complement the health plan and encourage healthy lifestyles
- Web site with tools and resources to help employees and their families manage their health.

Delivering a robust provider network

LifeWise has one of the largest networks in the region, with 10,000 providers within Oregon. This means that the physicians whom employees already receive care from are likely contracted with us. LifeWise also provides an excellent national network of preferred providers for members to access when outside the Northwest through our partner, PHCS/MultiPlan.

Medical plan overview

Optional benefits

With LifeWise, options extend beyond medical benefits and include buy-up outpatient prescription, vision and dental plans. In addition, life and disability plans are available through our affiliate, LifeWise Assurance Company. These options allow employers to offer a more attractive employee benefit package.

Outpatient prescription drug plans

All LifeWise Frontline plans include a Generics-Only outpatient prescription drug benefit. Employers can select a buy-up prescription drug plan to enhance their medical plan. This buy-up option is affordable and encourages the use of generics.

Vision benefits

We offer options to provide vision exam and/or hardware benefits to employees. These options are designed with a per-calendar-year benefit period to ensure that employees have access to eye care on a regular basis.

Life and disability plans

A fully supportive benefits program can effectively contribute to reducing disability and healthcare costs, improving employee health and increasing workforce productivity. Our affiliate, LifeWise Assurance Company, offers a range of options to help employers create an integrated benefits program and minimize risk:

- Group Life Insurance
- Dependent Life coverage
- Accidental Death & Dismemberment (AD&D) coverage
- Short-Term Disability (STD) coverage
- Long-Term Disability (LTD) coverage
- Voluntary products (i.e., employee-paid) are also available.

Rate discounts are available on certain LifeWise Assurance products when coupled with a LifeWise medical plan. Ask your LifeWise representative for details.

Frontline plans



Innovative PPO plans enhanced with up-front benefits

These plans enable employers to...

- Save money on premiums.
- Encourage the use of preventive care benefits.
- Provide all or most office visits subject to a copay.
- Include alternative care benefits.

Here's how these plans work...

- They provide first-dollar coverage for in-network preventive exams and screenings.
- Depending on the plan selected, they cover all or the first six office and urgent care visits at a copay. For plans with an initial-six-visit copay design, subsequent visits are subject to the deductible and coinsurance.
- Alternative care is covered subject to a copay. These visits are not included as part of the six visits referenced above.
- Most other covered services are subject to the plan's deductible and coinsurance.

LifeWise HSA plan



HSA-qualified PPO coinsurance plans

These plans enable employers to...

- Offer a high-deductible health plan, qualified to be combined with an employee-owned, tax-advantaged Health Savings Account.
- Give employees more control over how they spend their healthcare dollars.
- Choose between aggregate deductible and embedded deductible options.
- Encourage the use of preventive care through first-dollar in-network benefits for preventive office visits, immunizations and screenings.

Here's how these plans work...

- Employees have unlimited, first-dollar coverage for preventive screenings.
- Many preventive care services are subject only to the plan's coinsurance.
- Most other covered services, including prescription drugs, are subject to the plan's deductible and coinsurance.
- There are certain generic preventive drugs which are covered in full.

Dual-Plan options

Dual-Plan options are ideal for employers who want to provide their employees with:

- More choice in health plan options
- Tax-advantaged savings opportunities
- Equitable, high-deductible health-coverage options.

Option A: includes our LifeWise HSA 1700 and Frontline 1500 plans, plus outpatient prescription drug coverage.

COST SHARES Preferred Providers	HSA 1700	FRONTLINE 1500
Individual deductible	\$1,700	\$1,500
Coinsurance	20%	25%
Individual coinsurance maximum	\$3,300	\$4,000
Office visit cost share	20%	\$30 copay (deductible waived)
Outpatient Rx	Deductible/Coinsurance	4-tier \$10/\$40/50%/30% (Preferred Drug List)
Funding arrangement	HSA	N/A

Option B: includes our LifeWise HSA 2500 and Frontline 3500 plans, plus outpatient prescription drug coverage.

COST SHARES Preferred Providers	HSA 2500	FRONTLINE 3500
Individual deductible	\$2,500	\$3,500
Coinsurance	30%	30%
Individual coinsurance maximum	\$3,300	\$6,000
Office visit cost share	30%	\$30 copay (deductible waived)
Outpatient Rx	Deductible/Coinsurance	4-tier \$10/\$40/50%/30% (Select Drug List)
Funding arrangement	HSA	N/A

Frontline plans

Innovative PPO plans—offering a combination of up-front, first-dollar benefits, and standard coverage for other services.



To design a lower-deductible Frontline plan, choose from the cost share and benefit options listed below and on the following page. For higher-deductible options, see pages 8 and 9.

Frontline 750, 1000, 1500 and 2000

Cost-share amounts represent what member pays.

COST SHARE OPTIONS	FRONTLINE 750		FRONTLINE 1000		ALSO OFFERED IN DUAL-PLAN OPTION A FRONTLINE 1500		FRONTLINE 2000	
	PREF.	NON-PREF.	PREF.	NON-PREF.	PREF.	NON-PREF.	PREF.	NON-PREF.
Individual Deductible PCY (Family Deductible = 3x Individual)	\$750	\$1,500	\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000
Coinsurance	25%	50%	25%	50%	25%	50%	30%	50%
Individual Coinsurance Maximum (Excludes Deductible and Copays)	\$3,500	\$7,000	\$3,500	\$7,000	\$4,000	\$8,000	\$4,500	\$9,000
Office Visit Cost Share	Deductible waived, \$30 copay	50%	Deductible waived, \$30 copay	50%	Deductible waived, \$30 copay	50%	Deductible waived, \$30 copay	50%
ANNUAL PLAN MAXIMUM	\$2 Million							

PCY = Per Calendar Year.

Frontline 750, 1000, 1500 and 2000

Benefits apply after deductible is met, unless otherwise noted. Deductible, copays and coinsurance represent member's costs.

COVERED SERVICES	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
PREVENTIVE CARE		
Preventive Office Visit	Covered in full ²	Not covered
Women's Annual Exam and Men's Prostate Exam		50%
Preventive Screenings ¹		Not covered ³
Preventive Immunizations (Including seasonal immunizations at a pharmacy)		Not covered
Community Wellness (\$250 PCY)		Not covered
PROFESSIONAL CARE		
Professional Office Visit (Including Urgent Care clinic or facility)	Deductible waived, \$30 copay	50%
Inpatient Professional Services	Coinsurance	
Maternity (Prenatal, delivery, and postnatal physician care)	Coinsurance	
ALTERNATIVE CARE		
Chiropractic, Acupuncture & Naturopathic Services (\$1,500 shared limit PCY)	Deductible waived, \$30 copay	50%
DIAGNOSTIC SERVICES		
Outpatient Diagnostic Laboratory Services	Deductible waived, coinsurance	50%
Outpatient Diagnostic Imaging Services	Basic: Deductible waived, coinsurance; Major: coinsurance	
EMERGENCY CARE		
Emergency Care (Includes ER physician and facility)	\$125 copay, then Deductible and coinsurance	
Ambulance Transportation (Air \$3,000 PCY; Ground: unlimited)	Coinsurance	
FACILITY CARE		
Inpatient and Outpatient Facility Care	Coinsurance	50%
Skilled Nursing Facility (100 days PCY)		
OTHER SERVICES		
Mental Health (Residential: 45 days PCY; Inpatient and Outpatient therapy: unlimited)	Coinsurance	50%
Chemical Dependency Treatment (Residential, Inpatient and Outpatient: unlimited)		
Rehabilitation (Including Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy) Inpatient: 30 days PCY; Outpatient: 45 visits PCY		
Supplies, Equipment, Prosthetics & Foot Orthotics (Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related.)		
Home Health Agency Services (130 visits PCY)		
Hospice Care (Services must be within 6 months lifetime maximum. 5 days respite/unlimited home visits for life expectancy of 6 months)		
Transplants (\$75,000 donor and \$7,500 travel & lodging limits per transplant)	Outpatient: Office visit cost share; Inpatient: Coinsurance	Not covered
PRESCRIPTION DRUGS		
Generic drugs only* (Retail: 30 days; Mail Order: 90 days)	Retail: \$15 copay, Mail Order: \$37 copay	Not covered

PCY = Per Calendar Year.

Note: Member is responsible for non-preferred provider charges in excess of LifeWise negotiated amounts (allowable charges). Balance billing may occur from non-contracted providers including but not limited to emergency room physicians, radiologists, anesthesiologists, pathologists and hospitalists.

¹ A pre-determined list of preventive screenings/diagnostic tests is available on lifewiseor.com under Miscellaneous on the form page of the producer or employer portal.

² Benefits provided at 100% of maximum allowable charges, not subject to copay, deductible or coinsurance.

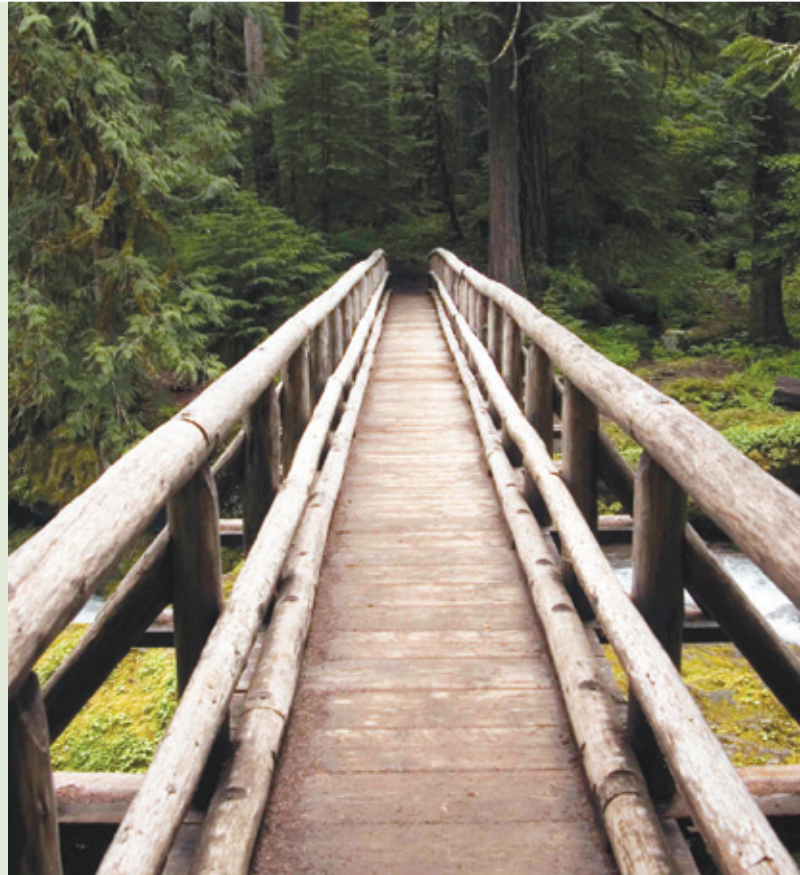
³ Seasonal immunizations provided at a pharmacy will be covered in full up to the maximum allowable amount.

* Mail order service is required for generic maintenance prescription drugs after the second fill at a retail pharmacy. Prescription drugs are not covered if purchased at a non-participating pharmacy. See Optional Benefits section on page 14 for the 4-tier prescription drug buy-up option.

This is only a brief summary of the major benefits provided by our plans. This is not a contract.
For information and details regarding general exclusions and limitations, please refer to the back cover.

Frontline plans

These Frontline plans have higher deductible options with a first 6-visit structure, to provide options for meeting varied business needs.



To design a higher-deductible Frontline plan, choose from the cost share and benefit options listed below and on the following page. For lower deductible options, see pages 6 and 7.

Frontline 2500, 3500, 4500 and 5500

Cost-share amounts represent what member pays.

COST SHARE OPTIONS	FRONTLINE 2500		FRONTLINE 3500		FRONTLINE 4500		FRONTLINE 5500	
	PREF.	NON-PREF.	PREF.	NON-PREF.	PREF.	NON-PREF.	PREF.	NON-PREF.
Individual Deductible PCY (Family Deductible = 3x Individual)	\$2,500	\$5,000	\$3,500	\$7,000	\$4,500	\$9,000	\$5,500	\$11,000
Coinsurance	30%	50%	30%	50%	30%	50%	50%	50%
Individual Coinsurance Maximum (Excludes Deductible and Copays)	\$5,000	\$10,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Office Visit Cost Share	Unlimited visits. First six visits at \$30 copay [†] with deductible waived; then deductible and coinsurance	50%	Unlimited visits. First six visits at \$30 copay [†] with deductible waived; then deductible and coinsurance	50%	Unlimited visits. First six visits at \$30 copay [†] with deductible waived; then deductible and coinsurance	50%	Unlimited visits. First six visits at \$30 copay [†] with deductible waived; then deductible and coinsurance	50%
ANNUAL PLAN MAXIMUM	\$2 Million							

PCY = Per Calendar Year.

[†] Unlimited coverage for office visits. The first six visits are a combined total of all specified office visits and applies when preferred providers are used (not all applicable office visit categories have been included above).

Frontline 2500, 3500, 4500 and 5500

Benefits apply after deductible is met, unless otherwise noted. Deductible, copays and coinsurance represent member's costs.

COVERED SERVICES	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
PREVENTIVE CARE		
Preventive Office Visit	Covered in full ²	Not covered
Women's Annual Exam and Men's Prostate Exam		50%
Preventive Screenings ¹		Not covered ³
Preventive Immunizations (Including seasonal immunizations at a pharmacy)		Not covered
Community Wellness	Not covered	Not covered
PROFESSIONAL CARE		
Professional Office Visit (Including Urgent Care clinic or facility)	Unlimited visits. First six visits at \$30 copay [†] with deductible waived; then deductible and coinsurance	50%
Inpatient Professional Services	Coinsurance	
Maternity (Prenatal, delivery, and postnatal physician care)	Coinsurance	
ALTERNATIVE CARE		
Chiropractic, Acupuncture & Naturopathic Services (\$1,500 shared limit PCY)	Deductible waived, \$30 copay	50%
DIAGNOSTIC SERVICES		
Outpatient Diagnostic Laboratory Services	Frontline 2500, 3500 – Deductible waived, coinsurance Frontline 4500, 5500 – Deductible and coinsurance	50%
Outpatient Diagnostic Imaging Services	Basic: deductible waived, coinsurance; Major: coinsurance	
EMERGENCY CARE		
Emergency Care (Includes ER physician and facility)	\$250 copay, then Deductible and coinsurance	
Ambulance Transportation (Air \$3,000 PCY; Ground: unlimited)	Coinsurance	
FACILITY CARE		
Inpatient and Outpatient Facility Care	Coinsurance	50%
Skilled Nursing Facility (30 days PCY)		
OTHER SERVICES		
Mental Health (Residential: 45 days PCY; Inpatient and Outpatient therapy: unlimited)	Coinsurance	50%
Chemical Dependency Treatment (Residential, Inpatient and Outpatient: unlimited)		
Rehabilitation (Including Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy) Inpatient: 30 days PCY; Outpatient: 20 visits PCY		
Supplies, Equipment, Prosthetics & Foot Orthotics (Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related.)		
Home Health Agency Services (30 visits PCY)		
Hospice Care (Services must be within 6 months lifetime maximum. 5 days respite/unlimited home visits for life expectancy of 6 months)		
Transplants (\$75,000 donor and \$7,500 travel & lodging limits per transplant)	Outpatient: Office visit cost share; Inpatient: Coinsurance	Not covered
PRESCRIPTION DRUGS		
Generic drugs only* (Retail: 30 days; Mail Order: 90 days)	Retail: \$25 copay, Mail Order: \$62 copay	Not covered

PCY = Per Calendar Year.

Note: Member is responsible for non-preferred provider charges in excess of LifeWise negotiated amounts (allowable charges). Balance billing may occur from non-contracted providers including but not limited to emergency room physicians, radiologists, anesthesiologists, pathologists and hospitalists.

¹ A pre-determined list of preventive screenings/diagnostic tests is available on lifewiseor.com under Miscellaneous on the form page of the producer or employer portal.

² Benefits provided at 100% of maximum allowable charges, not subject to copay, deductible or coinsurance.

³ Seasonal immunizations provided at a pharmacy will be covered in full up to the maximum allowable amount.

[†] Unlimited coverage for office visits. The first six visits are a combined total of all specified office visits and applies when preferred providers are used (not all applicable office visit categories have been included above).

* Mail order service is required for generic maintenance prescription drugs after the second fill at a retail pharmacy. Prescription drugs are not covered if purchased at a non-participating pharmacy. See Optional Benefits section on page 14 for the 4-tier prescription drug buy-up option.

This is only a brief summary of the major benefits provided by our plans. This is not a contract. For information and details regarding general exclusions and limitations, please refer to the back cover.

Basic plan

Copays and coinsurance represent member's cost.

COST SHARE	ANY PROVIDER
Individual Deductible PCY	None
Coinsurance	50%
Individual / Family Out-of-Pocket Maximum	\$3,750 / \$7,500
Office Visit Cost Share	50%
COVERED SERVICES	
PREVENTIVE CARE	
Preventive Office Visit	Covered in full ¹
Women's Annual Exam and Men's Prostate Exam	
Preventive Screenings	
Preventive Immunizations	
Community Wellness	
PROFESSIONAL CARE	
Professional Office Visit (Including Urgent Care clinic or facility, Outpatient Mental Healthcare and Chemical Dependency Care)	50%
Inpatient Professional Services	
Maternity (Prenatal, delivery, and postnatal physician care)	
ALTERNATIVE CARE	
Chiropractic, Acupuncture & Naturopathic Services	Not covered
DIAGNOSTIC SERVICES	
Outpatient Diagnostic Imaging Services	50%
Outpatient Diagnostic Laboratory Services	
EMERGENCY CARE	
Emergency Care (Includes ER physician and facility)	50%
Ambulance (Ground transportation only)	
FACILITY CARE	
Inpatient and Outpatient Facility Care	50%
Skilled Nursing Facility (20 days per condition following inpatient hospitalization)	
OTHER SERVICES	
Mental Health (Residential: 45 days PCY; Inpatient: unlimited)	50%
Chemical Dependency Treatment (Inpatient Facility Care and Residential Care: unlimited)	
Rehabilitation (Including Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy) Inpatient: 30 days per condition, head or spinal cord injury 60 days. Outpatient: 30 visits per condition within 60 days.	
Home Medical Equipment	
Home Health Agency Services (60 consecutive days per condition)	
Hospice Care	
Transplants (\$75,000 donor and \$7,500 travel & lodging limits per transplant)	
ANNUAL MAXIMUM	\$1 Million

PCY = Per Calendar Year.

Note: Basic Plan benefits include: Prescriptions \$15 / 50%, Vision Exam (through age 18), Preventive Dental Care (ages 3–12). Balance billing may occur from non-contracted providers including but not limited to emergency room physicians, radiologists, anesthesiologists, pathologists and hospitalists.

¹ Benefits provided at 100% of maximum allowable charges, not subject to copay, deductible or coinsurance.

LifeWise HSA plans

High-deductible PPO plans—with a triple tax advantage for employees.



LifeWise 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).*

Our HSA plans give employers the flexibility to choose between aggregate or embedded deductible plan options.

How an aggregate deductible works

When covering more than one person, the family deductible must first be satisfied before anyone in the family is covered for services. For example, if the family deductible is \$7,000, the family must first satisfy the \$7,000 deductible before the plan pays any benefits for any family member. Out-of-pocket maximum amounts are also aggregate, requiring the family out-of-pocket maximum to first be satisfied before all services are covered in full for any single family member (up to the lifetime benefit maximum).

How an embedded deductible works

An embedded deductible works like a traditional PPO health plan deductible. With this type of plan, benefits begin for a single family member once the individual deductible for that member has been satisfied or once the family deductible is satisfied—whichever comes first. For example, for a family of three with an individual embedded deductible of \$3,500 and a family deductible of \$7,000, plan benefits begin for a single family member after the \$3,500 deductible has been satisfied for that person. Once a total of \$7,000 has been applied towards the family deductible, benefits begin for all family members.

* For more detailed information, please refer to IRS Publication 969, "Health Savings Accounts and Other Tax-Favored Health Plans," available from the IRS Web site, www.irs.gov, or order by calling 1-800-TAXFORM. For tax advice, please talk to your tax advisor.

Note: This material is not intended to provide tax or legal advice. Employers and employees should consult with their own tax and legal advisors before taking action.

LifeWise HSA plans

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

DEDUCTIBLE OPTIONS

Aggregate Deductible	With an aggregate deductible, there is one deductible for the subscriber (individual) and their family that must be satisfied first before anyone in the family is covered for services. The family out-of-pocket maximum is also aggregate.
Embedded Deductible	An embedded deductible works like a traditional PPO health plan deductible. With this type of plan, benefits begin for a single family member once the individual deductible for that member has been satisfied or once the family deductible is satisfied—whichever comes first.

Cost-share amounts represent what member pays.

COST SHARE OPTIONS	AGGREGATE DEDUCTIBLE									
	LIFEWISE HSA 1250		LIFEWISE HSA 1700		LIFEWISE HSA 2500		LIFEWISE HSA 3500		LIFEWISE HSA 5800	
	PREF.	NON-PREF.	PREF.	NON-PREF.	PREF.	NON-PREF.	PREF.	NON-PREF.	PREF.	NON-PREF.
Individual Deductible PCY (Family deductible = 2x Individual)	\$1,250	\$2,500	\$1,700	\$3,400	\$2,500	\$5,000	\$3,500	\$7,000	\$5,800	\$11,600
Coinsurance	20%	50%	20%	50%	30%	50%	30%	50%	0%	50%
Individual Coinsurance Maximum* PCY (Excludes deductible)	\$3,000	unlimited	\$3,300	unlimited	\$3,300	unlimited	\$2,300	unlimited	\$0	unlimited
Office Visit Cost Share	20%	50%	20%	50%	30%	50%	30%	50%	0%	50%
ANNUAL PLAN MAXIMUM	\$2 Million									

Cost-share amounts represent what member pays.

COST SHARE OPTIONS	EMBEDDED DEDUCTIBLE			
	LIFEWISE HSA 3500		LIFEWISE HSA 5800	
	PREF.	NON-PREF.	PREF.	NON-PREF.
Individual Deductible PCY (Family deductible = 2x Individual)	\$3,500	\$7,000	\$5,800	\$11,600
Coinsurance	30%	50%	0%	50%
Individual Coinsurance Maximum* PCY (Excludes deductible)	\$2,300	unlimited	\$0	unlimited
Office Visit Cost Share	30%	50%	0%	50%
ANNUAL PLAN MAXIMUM	\$2 Million			

PCY = Per Calendar Year.

* Family coinsurance maximum = 2x Individual.

LifeWise HSA plan

Benefits apply after deductible is met, unless otherwise noted. Deductible, copays and coinsurance represent member's costs.

COVERED SERVICES	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
PREVENTIVE CARE		
Preventive Office Visit	Covered in full ²	Not covered
Women's Annual Exam and Men's Prostate Exam		50%
Preventive Screenings ¹		Not covered ³
Preventive Immunizations (Including seasonal immunizations at a pharmacy)		
Community Wellness	Not covered	
PROFESSIONAL CARE		
Professional Office Visit (Including Urgent Care clinic or facility)	Coinsurance	50%
Inpatient Professional Services		
Maternity (Prenatal, delivery, and postnatal physician care)		
ALTERNATIVE CARE		
Chiropractic, Acupuncture & Naturopathic Services (\$1,500 shared limit PCY)	Coinsurance	50%
DIAGNOSTIC SERVICES		
Outpatient Diagnostic Laboratory Services	Coinsurance	50%
Outpatient Diagnostic Imaging Services		
EMERGENCY CARE		
Emergency Care (Includes ER physician and facility)	Coinsurance	
Ambulance Transportation (Air \$3,000 PCY; Ground: unlimited)		
FACILITY CARE		
Inpatient and Outpatient Facility Care	Coinsurance	50%
Skilled Nursing Facility (100 days PCY)		
OTHER SERVICES		
Mental Health (Residential: 45 days PCY; Inpatient and Outpatient therapy: unlimited)	Coinsurance	50%
Chemical Dependency Treatment (Residential, Inpatient and Outpatient: unlimited)		
Rehabilitation (Including Cardiac/Pulmonary Rehab, Chronic Pain and Physical, Occupational, Speech and Massage Therapy) Inpatient 30 days PCY; Outpatient: 45 visits PCY		
Supplies, Equipment, Prosthetics & Foot Orthotics (Unlimited except \$200 max PCY for shoe inserts & orthopedic shoes that are not diabetes related.)		
Home Health Agency Services (130 visits PCY)		
Hospice Care (Services must be within 6 months lifetime maximum. 5 days respite/unlimited home visits for life expectancy of 6 months)		
Transplants (\$75,000 donor and \$7,500 travel & lodging limits per transplant)	Coinsurance	Not covered
PRESCRIPTION DRUGS		
Certain Generic Preventive Drugs ⁴ Retail & Specialty: 30-days; Mail Order: 90-days	Covered in full ²	Not covered
Other Outpatient Drug Coverage Subject to medical deductible; Retail and Specialty: 30-days; Mail Order: 90 days	Coinsurance	Not covered

PCY = Per Calendar Year.

Note: Member is responsible for non-preferred provider charges in excess of LifeWise negotiated amounts (allowable charges). Balance billing may occur from non-contracted providers including but not limited to emergency room physicians, radiologists, anesthesiologists, pathologists and hospitalists.

¹ A pre-determined list of preventive screenings/diagnostic tests is available on lifewiseor.com on the miscellaneous form page of the producer or employer portal.

² Benefits provided at 100% of maximum allowable charges, not subject to copay, deductible or coinsurance.

³ Seasonal immunizations provided at a pharmacy will be covered in full, up to the maximum allowable amount.

⁴ A list of qualifying generic preventive drugs is available on lifewiseor.com under "view printable drug lists" in the Pharmacy section.

This is only a brief summary of the major benefits provided by our plans. This is not a contract. For information and details regarding general exclusions and limitations, please refer to the back cover.

Optional benefits

Frontline outpatient prescription drug coverage

All Frontline plans come with “generics-only” prescription drug coverage included. This provides members with a base-level of benefit as part of a foundation of their healthcare benefit. LifeWise has developed a four-tier buy-up option as an affordable way to enhance prescription drug coverage to employees.

Participating network pharmacies Copays and coinsurance represent member’s cost.

PRESCRIPTION DRUG BUY-UP OPTION				
	GENERIC DRUGS	PREFERRED BRAND-NAME DRUGS	NON-PREFERRED BRAND-NAME DRUGS	SPECIALITY DRUGS ¹
Retail (limited to a 30-day supply)	\$10	\$40	50%	30%, up to 30-day supply only from select specialty pharmacy provider
Mail Order (limited to a 90-day supply)	\$25	\$100	45%	
Individual Out-of Pocket Maximum PCY	\$5,000			
Drug List (for benefit-eligible drugs)	Preferred Drug List for Frontline 750, 1000, 1500 and 2000; Select Drug List for Frontline 2500, 3500, 4500 and 5500			

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

Drug Lists

Depending on the Frontline plan selected, the prescription drug buy-up option includes coverage for drugs on one of two drug lists to help meet members’ additional prescription needs:

- **The Select Drug List** helps reduce prescription drug costs by providing access to “essential” drugs, while excluding medications that are available over-the-counter (OTC)² and brand name drugs that have generic alternatives. The Select Drug List is available for Frontline 2500, 3500, 4500 and 5500 plans.
- **The Preferred Drug List** is comprehensive and provides access to a full spectrum of generic and brand name medications, including most of the OTC and brand name drugs that are not covered by the Select Drug List. The Preferred Drug List is available for Frontline 750, 1000, 1500 and 2000 plans.

See the pharmacy section of lifewiseor.com or contact your LifeWise sales representative for more information.

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

² Excluded drug classes because of ample OTC availability include cough and cold, antihistamines & heartburn/acid reflux medications. Please see the pharmacy section of lifewiseor.com for a complete list of excluded medications.

Frontline and HSA Vision and hardware coverage options

Select vision exam benefits only or upgrade to include hardware coverage. Vision hardware benefits must be prescribed by a licensed ophthalmologist or optometrist.

Frontline and LifeWise HSA plans

VISION	ANY PROVIDER
Examination Only (1 exam PCY)	\$20 Copay
Examination & Eyewear (1 vision exam PCY. Lenses, frames and/or contacts. Maximum benefit limit PCY)	\$20 Copay
	\$200

Note: Contact lenses and glasses following cataract surgery are not paid under the vision benefit plan. Benefits are covered as a medical supply under the medical policy.

PCY = Per Calendar Year.

Note: Member is responsible for non-preferred provider charges in excess of LifeWise negotiated amounts (allowable charges).

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Extra values and discounts

Extras!

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

- **Fitness and weight management** 10%–60% off
- **Eye care services and hardware** up to 45% off
- **Alternative care services** 10% to 30% off
- **Family safety products** 15% off
- **Health and beauty products** 15% off

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.

Wellness support on the Web

The LifeWise member Web site includes free personalized information and resources for members to help members manage their benefits, healthcare spending and their health. Features include:

- **Personal Health Assessment** provides information members can use to get a fresh understanding of their health status.
- **HealthVault™** gives members a centralized, portable way to store their health data.
- **Health Helpers** include tracking tools that monitor important health indicators like blood pressure and weight over time.
- **Symptom checker** helps members figure out what their symptom may be and what to do about it.

24-Hour NurseLine™

LifeWise offers a free and confidential 24-Hour NurseLine to all members. It is 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.

Disease Management program

This program is available to all LifeWise members living with chronic diseases like heart disease or diabetes. In most cases, the program helps the member manage their disease. For more information on our Disease Management program, visit the “Manage Your Care” section at www.lifewiseor.com.



General limitations

Benefit plans typically have limitations. The following are general limitations for the benefit plans described in this brochure.

General Limitations for Medical Plans

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

Biofeedback: \$800 PCY limit (not covered on Basic plan), not applicable to all plans.

Home Medical Equipment: Limited to implantable pharmaceutical devices, outpatient supplies and durable medical equipment that are considered medically necessary (implantable pharmaceutical devices not covered on Basic plan).

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.

Pre-Existing Waiting Period: All medical plans have a 6-month pre-existing condition waiting period. Members under 19 years of age are not subject to the pre-existing condition waiting period.

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.

General Limitations for 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.

PCY = Per Calendar Year.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. 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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