Choose the best plan for you

This is a good time to reference the Monthly Rates sheet we included so you can compare plan costs.

To review a complete list of covered plan benefits, visit lifewiseor.com/healthplans.

Deductible, coinsurance and copay represent what you pay. All covered services are based on maximum allowable amounts. Benefits apply after you meet your calendar year deductible, unless you see "deductible waived," "copay," or "covered in full."

PCY= Per Calendar Year		WiseOptimum		WiseValue Plus Rx		WiseValue Plus	
Calendar year maximum	$2 million	**Preferred Providers**	**Non-Preferred Providers**	**Preferred Providers**	**Non-Preferred Providers**	**Preferred Providers**	**Non-Preferred Providers**
Annual Deductible	PCY (choose one) Family = 3x individual deductible	$1,000 / $2,500 / $5,000	2x individual deductible	$1,000 / $2,500 / $5,000 / $7,500 / $10,000	2x Individual Deductible	$2,500 / $5,000	2x Individual Deductible
Coinsurance[1]	The amount you pay after your deductible is met	20%	50%	30%	50%	35%	50%
Annual Coinsurance Maximum	Family = 2x individual[2]	$3,000	$6,000	$5,000	$10,000	$5,000	$10,000
Preventive Care Exams	Includes routine sports, men's, women's, children's and well baby exams	Covered in full[3]	Deductible, then 50%	Covered in Full[3]	Deductible, then 50%	Covered in Full[3]	Deductible, then 50%
Preventive Screenings[4] **& Immunizations**	Includes mammograms, colonoscopies, PAP & PSA screenings and vaccines, including HPV	Covered in full[3]	Deductible, then 50%	Covered in Full[3]	Deductible, then 50%	Covered in Full[3]	Deductible, then 50%
Office Visits, Urgent Care & Naturopathy	With general physician, pediatrician, internist, nurse practitioner, gynecologist, obstetrician, and naturopath	DEDUCTIBLE WAIVED, you pay $10 on first 4 visits PCY; additional visits subject to deductible, then 20%	Deductible, then 50%	DEDUCTIBLE WAIVED, you pay $20 on first 4 visits PCY; additional visits subject to deductible, then 30%	Deductible, then 50%	DEDUCTIBLE WAIVED, you pay $35 on first 3 visits PCY Specialists and Non-Specialists combined; additional visits: subject to deductible, then 35%	Deductible, then 50%
Office Visit with Specialist	*Those not listed above or otherwise described below*	DEDUCTIBLE WAIVED, you pay $75 (unlimited visits)	Deductible, then 50%	DEDUCTIBLE WAIVED, you pay $75 on first 4 visits PCY; additional visits subject to deductible, then 30%	Deductible, then 50%		Deductible, then 50%
Pharmacy	**Retail** 30-day supply **Mail Order** 90-day supply **Contraceptives** Covered in full	Select Drug List[6] Retail: Generics $15, Brand 50% Mail Order: Generics $45, Brand 50% Preventive generic drugs: Covered in full	Not covered	Select Drug List[6] Generics: DEDUCTIBLE WAIVED, you pay 50%, Brand: $100 Deductible, then 50%	Not covered	Generics: DEDUCTIBLE WAIVED, you pay 50%, Brand: Not covered[5]	Not covered
Chiropractic & Acupuncture	12 visits each PCY	DEDUCTIBLE WAIVED, $30 Copay	Deductible, then 50%	DEDUCTIBLE WAIVED, $30 copay	Deductible, then 50%	DEDUCTIBLE WAIVED, $35 copay	Deductible, then 50%
Emergency Room Care	Copay waived if direct admit to same hospital	$100 Copay, then subject to preferred provider deductible, then 20%		$100 Copay, then subject to preferred provider deductible, then 30%		$100 Copay, then subject to preferred provider deductible, then 35%	
Ambulance Transportation	Air: Unlimited; Ground: $5,000 PCY limit	Preferred provider deductible, then 20%		Preferred provider deductible, then 30%		Preferred provider deductible, then 35%	
Supplemental Accident	Services must be received within 90 days of the injury	COPAY/DEDUCTIBLE WAIVED, you pay 20% (unlimited)		COPAY/DEDUCTIBLE WAIVED, you pay 30% ($15,000 PCY limit)		COPAY/DEDUCTIBLE WAIVED, you pay 35% ($15,000 PCY limit)	
Outpatient & Inpatient Facility Care	Includes hospital care & professional services	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%
Outpatient Diagnostic Imaging &Lab Services	Includes x-rays, MRIs, CAT scans	Deductible, then 20%	Deductible, then 50%	Basic Imaging/Lab Services: deductible, then 30%; complex imaging (PET, CT, MRA, & MRI): deductible, then 50%	Deductible, then 50%	Basic Imaging/Lab Services: deductible, then 35%; complex imaging (PET, CT, MRA, & MRI): deductible, then 50%	Deductible, then 50%
Rehabilitation	Outpatient: 20 visits PCY; Inpatient: 8 days PCY. Physical, Occupational & Speech Therapy, Cardiac & Pulmonary Rehabilitation and Chronic Pain	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%
Vision Care	Includes one routine vision exam PCY	Exam: DEDUCTIBLE WAIVED, $30 Copay. $50 for frames, lenses, and contacts per 2 calendar years		DEDUCTIBLE WAIVED, $30 copay		DEDUCTIBLE WAIVED, $35 copay	
Hearing Hardware	$5,000/ consecutive 48-mo. period; age limits apply	Preferred provider deductible, then 20%		Preferred provider deductible, then 30%		Preferred provider deductible, then 35%	
Maternity Care	Includes professional and facility care	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%
Medical Equipment	Includes foot orthotics at 1 pair or 2 units PCY	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%
Transplants	24-month waiting period; Donor and travel limits apply	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%
Home Health Care	130 visits PCY	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%
Skilled Nursing Facility	45 days PCY; includes room and board	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%
Hospice Care	6 months lifetime maximum	Deductible, then 20%	Deductible, then 50%	Deductible, then 30%	Deductible, then 50%	Deductible, then 35%	Deductible, then 50%

[1] A member's cost for covered services after deductible.

[2] Does not include deductible

[3] Benefits provided at 100% of maximum allowable amounts. This is not subject to deductible or coinsurance

[4] 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

[5] If you want to buy a brand name drug, you can use the pharmacy discount program.

[6] Medicines with many over-the-counter (OTC) alternatives and brand name drugs with generic options are not on the Select Drug List. These medicines are not covered. Examples include cough and cold, antihistamines & heartburn/ acid reflux medicines.

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