

Optional coverage

		Optional Dental*	
Deductible >		\$50	\$75
Age Bands	0-2	\$15	\$14
	3-18	36	33
	19-25	36	33
	26-34	37	34
	35-44	46	42
	45-49	46	42
	50-54	46	43
	55-59	50	46
	60-64	51	47
	65+	51	47

You can only apply for a LifeWise dental plan at the same time you apply for a LifeWise health plan or during our add-on period. Visit lifewiseor.com for more information.

		Optional Alcoholism Coverage*
Age Band	Amount	
All ages	\$173	

* Available as a supplemental option on all plans.

Important notes

- LifeWise individual health plans are available to permanent Oregon residents age 64 or under who are not eligible for Medicare. To find the correct rate, if you are under 65, refer to the 60-64 row and if over, refer to the 65+ row. If an individual purchases a plan prior to age 65, the plan may be continued past the age of 65 at the time of renewal.
- Coverage is based on approval of the enrollment application that must be completed for all individuals enrolling on the plan.
- The deductible amount listed for each rate category is the individual deductible. The family deductible is three times the individual deductible, except for the HSA plans, which include an aggregate family deductible.
- When you fill out your application for membership you can elect to pay your monthly rate through an automatic bank withdrawal or receive a monthly bill. You also have the option to pay by credit/debit card or checking/savings account. Visit lifewiseor.com for more information on this option.

How to determine your monthly rate for individuals and families:

- 1 **Choose the plan and the deductible amount** that you want to sign up for. You can choose one plan per application.
- 2 **Find your age in the first column** in the area chart that includes your home county. Circle the rate amount in that row under your chosen plan.
- 3 **Repeat step 2 for each person** that is applying. Use the "Per Child" rate only if the person is under 26 and the parent is also applying.
- 4 **If you are signing up for a dental plan or alcoholism coverage**, add the rate for each person that is applying.
- 5 **Add up all of the circled amounts** for your total monthly rate for the plan.

NOTE: Eligible family members include you, your spouse or registered domestic partner and your children under age 26.

To calculate your total...

	You	+ Spouse	+ Child	+ Child	+ Child	+ Child	Totals
Health Plan	\$	\$	\$	\$	\$	\$	\$
Dental Plan	\$	\$	\$	\$	\$	\$	\$
Alcoholism	\$	\$	\$	\$	\$	\$	\$
Total Rate							\$

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Health plans for busy, active lives

Oregon
Individuals
and Families

9.1.2012

LIFEWISE | 
HEALTH PLAN OF OREGON

LifeWise health plan monthly rates—Area 1

These rates are applicable if you live in the following Oregon Counties: Benton, Clackamas, Douglas, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Yamhill or Washington.

Age Bands	WiseOptimum			WiseValue Plus Rx					WiseValue Plus		WiseHSA		
	Deductible >	\$1,000	\$2,500	\$5,000	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000	\$2,500	\$5,000	\$3,000	\$5,950
<20		\$159	\$120	\$95	\$136	\$106	\$77	\$62	\$53	\$84	\$69	\$88	\$68
20–24		159	120	95	136	106	77	62	53	84	69	88	68
25–29		241	181	143	205	159	116	93	80	126	104	132	103
30–34		320	241	190	271	212	155	122	108	168	139	175	137
35–39		320	241	190	271	212	155	122	108	168	139	175	137
40–44		336	253	199	285	222	162	128	113	176	145	184	145
45–49		368	277	219	313	243	178	142	124	193	159	200	157
50–54		544	409	324	463	360	264	209	183	286	235	298	233
55–59		638	479	378	542	421	309	245	214	335	275	350	273
60–64		800	600	475	679	528	388	307	267	419	345	438	342
65+		800	600	475	679	528	388	307	267	419	345	438	342
Per Child		154	116	91	131	101	75	60	50	80	67	83	65

LifeWise health plan monthly rates—Area 2

These rates are applicable if you live in the following Oregon Counties: Baker, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Klamath, Lake, Lincoln, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco or Wheeler.

Age Bands	WiseOptimum			WiseValue Plus Rx					WiseValue Plus		WiseHSA		
	Deductible >	\$1,000	\$2,500	\$5,000	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000	\$2,500	\$5,000	\$3,000	\$5,950
<20		\$192	\$145	\$114	\$164	\$127	\$94	\$75	\$65	\$102	\$83	\$107	\$82
20–24		192	145	114	164	127	94	75	65	102	83	107	82
25–29		291	219	173	247	192	141	112	97	153	125	159	124
30–34		387	291	230	328	256	187	148	131	203	168	211	166
35–39		387	291	230	328	256	187	148	131	203	168	211	166
40–44		406	305	241	344	268	196	155	137	213	175	222	175
45–49		445	334	264	377	293	215	172	150	233	192	243	190
50–54		657	494	392	559	435	320	252	221	345	285	360	282
55–59		771	579	457	655	509	374	296	258	405	333	422	330
60–64		966	726	574	821	638	469	371	323	507	417	529	413
65+		966	726	574	821	638	469	371	323	507	417	529	413
Per Child		186	141	111	157	121	90	72	61	97	81	101	78