



# Share HSA

## Features

**Our LifeWise Share HSA™ benefit plan offers you a low-cost alternative to health care coverage, access to our preferred provider network and the opportunity to invest in a Health Savings Account (HSA).**

Primarily intended to cover you in the event of major illness, this high-deductible plan is available for a low monthly premium and is qualified to work in combination with a Health Savings Account. You can establish a Health Savings Account to pay your HSA plan's out-of-pocket expenses, such as deductible and coinsurance, and save money by reducing your tax liability.

You receive the plan's highest level of benefits and enjoy savings when you seek care from a preferred doctor, hospital or other health care provider. Of course, you always have the freedom to see a non-preferred provider for most covered services at a reduced benefit level.

**Please see the reverse side to review our Share HSA plan. ▶**

### Who is eligible for our Share HSA plan?

Our Share HSA plan is available to permanent Washington State residents, except those eligible for Medicare.

Eligible family members include you, your spouse, and unmarried children under age 23 who are primarily dependent on you for support.

### How to enroll

1. To enroll in the Share HSA plan:
  - Complete the following forms enclosed in this packet—
  - LifeWise Enrollment Application

2. To apply for a Health Savings Account with HSA Bank:
  - Complete, sign and date the HSA Bank Application and Eligibility Form.
  - Provide a check, payable to HSA Bank, for establishing the HSA Bank account (please refer to the HSA Bank Application and Eligibility Form for appropriate fees).

3. Sign, date and return all of the forms, along with the check for HSA Bank, to LifeWise in the provided pre-addressed envelope. (Note: Be sure to **fully complete, sign and date** all of the forms before sending, or they cannot be processed.)

*Plan enrollment applications postmarked by the 5th of the month, and approved, will be effective on the 15th of the same month. Applications postmarked by the 20th day of the month, and approved, will be effective on the first day of the following month.*

**For more information or help in enrolling, please contact your agent or broker, or call us direct at:**

**1-800-592-6804**

# Share HSA Plan Summary

Benefits apply after calendar year deductible is met, unless otherwise noted.

Deductible, coinsurance and copay represent <b>WHAT YOU PAY</b> .		
<b>Annual Deductible</b> (choose one) (family deductible is aggregate)	<input checked="" type="checkbox"/> <input type="checkbox"/> \$1,700 Individual or <input type="checkbox"/> \$3,400 Family*	<input checked="" type="checkbox"/> <input type="checkbox"/> \$2,500 Individual or <input type="checkbox"/> \$5,000 Family*
<b>Annual Coinsurance Maximum</b> PCY (Preferred Providers only. Once met, Preferred Providers covered in full. Unlimited for Non-Preferred Providers.)	\$1,600 Individual   \$2,650 Family*	\$800 Individual   \$1,050 Family*
COVERED SERVICES	PREFERRED PROVIDER	NON-PREFERRED PROVIDER**
PREVENTIVE CARE		
Preventive Care Exams & Immunizations	Covered in full (up to \$300 PCY) <sup>†</sup>	Not covered
PROFESSIONAL CARE		
Office Visit (including Urgent Care)	20%	40%
Other Outpatient Professional Services	20%	40%
Inpatient Professional Care	20%	40%
PHARMACY		
Prescription Drugs	Not covered	
VISION CARE		
Routine Vision Exam	Not covered	
Vision Hardware	Not covered	
DIAGNOSTIC SERVICES		
Diagnostic Imaging & Laboratory Services	20%	40%
Mammography	20%	40%
Cancer screening and Cholesterol Screening (includes pap smears, PSA testing, home colon cancer screening and cholesterol screening)	20%	40%
FACILITY CARE		
Inpatient Facility Care	20%	40%
Outpatient Facility Care	20%	40%
Skilled Nursing Facility 20 days PCY	20%	40%
EMERGENCY CARE		
Emergency Room Care**	20%	
Ambulance Transportation \$5,000 PCY	20%	
OTHER SERVICES		
Maternity Care (including prenatal care)	Not covered	
Spinal and Other Manipulations 12 visits PCY	20%	40%
Acupuncture 12 visits PCY	20%	40%
Naturopathic Services	20%	40%
Supplies, Equipment and Prosthetics \$5,000 PCY	20%	40%
Home Health Care 120 home health visits PCY	20%	40%
Hospice Care Inpatient: 10 days; Respite: 120 hours	20%	40%
Rehabilitation (including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain) Outpatient: 15 visits PCY; Inpatient: 10 days PCY	20%	40%
Transplants (Organ & Bone Marrow) 12-month waiting period; \$250,000 lifetime benefit	20%	40%
<b>LIFETIME BENEFIT MAXIMUM</b>	\$2 Million	

\* Family = Individual plus one or more. Annual deductible and coinsurance maximum are aggregates. The aggregate family deductible must be met before any benefits are paid.

\*\* Balance billing may apply when non-preferred provider used.

<sup>†</sup> Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance

**NOTE:** All coinsurance amounts are based on allowable charges.

PCY = Per Calendar Year

