

**Washington 80/60 Plans**

<b>Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum</b>	<b>Individual</b>	<b>Family</b>	
Calendar Year Deductible and Rx Deductible (Rx Deductible is per person, no family maximum)	\$150 (Rx \$50)	\$450	
	\$300 (Rx \$75)	\$900	
	\$500 (Rx \$100)	\$1,500	
	\$1,000 (Rx \$200)	\$3,000	
Out-of-Pocket Maximum (includes deductible)			
	\$150 Deductible	\$2,000	\$4,000
	\$300 Deductible	\$2,400	\$4,800
	\$500 Deductible	\$3,000	\$6,000
\$1000 Deductible	\$4,000	\$8,000	
Lifetime Maximum Per Person	\$2,000,000	N/A	
<b>Professional Services</b>	<b>PLAN PAYS:</b>		
	<b>PPO</b>	<b>Non-PPO</b>	
Office Visit*	80% (After Deductible)	60% (After Deductible)	
Well Child	80% (Deductible waived, see policy for details)	60% (Deductible waived, see policy for details)	
Preventive Care (Insureds 19 or older have \$300 annual maximum)**	80% (After Deductible)	60% (After Deductible)	
Maternity Care	80% (After Deductible)	60% (After Deductible)	
Urgent Care Clinic/Emergency Room	80% (After Deductible)	60% (After Deductible)	
**\$300 preventive care benefit is paid before deductible on the \$150 deductible and the \$300 deductible plans			
<b>Facility Services</b>	<b>PLAN PAYS:</b>		
	<b>PPO</b>	<b>Non-PPO</b>	
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	80% (After Deductible)	60% (After Deductible)	
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	80% (After Deductible)	60% (After Deductible)	
Emergency Room	80% (After Deductible)	60% (After Deductible)	
Inpatient Mental Illness	80% (After Deductible)	60% (After Deductible)	
	Eligible expenses are paid at up to a maximum of 15 days each calendar year.		
Outpatient Mental Illness	80% (After Deductible)	60% (After Deductible)	
	Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.		
Inpatient and Outpatient Treatment of Chemical Dependency	80% (After Deductible)	60% (After Deductible)	
	Eligible expenses are covered to a maximum \$14,000 in a consecutive 24-month period.		
<b>Miscellaneous</b>	<b>PLAN PAYS:</b>		
	<b>PPO</b>	<b>Non-PPO</b>	
Prescriptions	After the per person deductible, the member pays the greater of \$10 or 20% for generic prescription drugs and the greater of \$30 or 30% for brand prescription drugs. (For prescription deductible, please refer to deductible information above.)		
Ambulance Services	80% (After Deductible)	60% (After Deductible)	
	The benefit for ground ambulance is limited to \$1,000 per occurrence and the benefit for air ambulance is limited to \$10,000 per occurrence.		
Durable Medical Equipment	80% (after deductible) up to a maximum benefit of \$3,000 per Calendar Year. Certain types of equipment are paid at 80% (after deductible) up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.		
Chiropractic	80% (After Deductible)	60% (After Deductible)	
Prosthetics	80% (after deductible) for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000 by plan.)	60% (After Deductible)	
Colonoscopies	80% (After Deductible)	60% (After Deductible)	
	Subject to the guidelines of the American Cancer Society		
Mammograms	80% (After Deductible)	60% (After Deductible)	
	Subject to the following guidelines: One baseline for women between ages 35 and 39; Every two years for women 40 through 49; and Annually for women 50 years or older.		
Treatment for craniomandibular and temporomandibular joint disorders	80% (After Deductible)	60% (After Deductible)	
	Eligible expenses are covered to a maximum \$1,000 per calendar year and a maximum \$5,000 per lifetime.		
Circumcision	80% (After Deductible)	60% (After Deductible)	
	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.		
Sleep Studies	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$1,000.		
Sleep Apnea	50% (after deductible) of eligible expenses to a lifetime maximum plan payment of \$5,000.		
Organ Transplants	Please see policy for specific details.		

**This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document. Preexisting conditions are excluded from coverage for a period of 3 months, however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage.**