



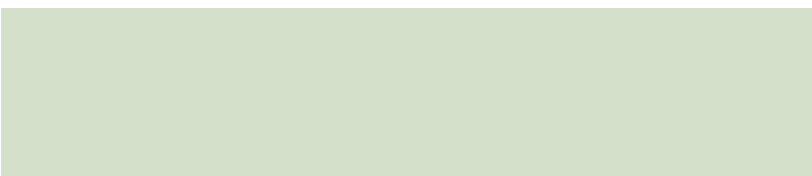
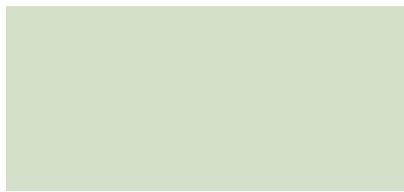
LifeWise Health Plans

Benefits and Rates

WiseChoices™

WiseEssentials™

WiseSavings™



At LifeWise, our approach to health care is all about you.

Our 2007 plan portfolio lets you choose from a wide range of coverage options. All LifeWise plans offer coverage that give you greater peace of mind—and encourage you to make wise decisions for your health. In addition to inpatient hospital and outpatient surgery coverage, all plans offer benefits for:

LifeWise offers you real choices with access to quality health care through a statewide network of more than 24,000 health-care providers. No health plan referrals are required to see the doctor of your choice—and network providers submit claims directly, reducing paperwork for you.

We support your personal health with “Staying Healthy,” our online resource site which offers health tools, information and tips. You can find this information on our Web site at: www.lifewisewa.com.

Finally, you can count on LifeWise to deliver responsive service and help you get the answers you need through our team of highly trained customer service representatives, or via our Web site.

Welcome to LifeWise Health Plan of Washington.

The information included here provides an overview of LifeWise health plans to help you make the best decision for yourself and your family. If you have questions concerning any of these plans, please speak with your agent or broker, or call customer service at 1-800-592-6804.

Preventive care

One effective way to stay healthy is to have preventive care exams and screenings. With a LifeWise health plan you are covered for these services.

Preventive office visits

A preventive office visit is intended to help keep you healthy. Included in this benefit are

- Routine physicals and physicals related to school, sports and employment
- Women’s or men’s annual exams
- Well-baby and newborn exams
- Preventive immunizations

Preventive screenings

Preventive screenings are covered on all LifeWise plans. Some of the covered screenings include

- Cervical (PAP) cancer screenings
- Prostate (PSA) cancer screenings
- Cholesterol screenings
- Bone density screenings

Professional office visits

A professional office visit, including urgent care, covers you when you go to a health-care provider with an illness or injury.

Diagnostic and laboratory services

LifeWise health plans provide coverage for appropriate diagnostic services for covered conditions. This means that services such as x-rays, MRIs, EKGs and lab services are covered by LifeWise plans when used to diagnose covered conditions.

Note: Mammograms are covered under diagnostic services (deductible waived on all plans).

Alternative care

Alternative care benefits cover acupuncture and spinal manipulation to treat injuries or illnesses, and naturopathic professional services. You don’t need a doctor’s referral to claim any of these benefits. In addition, plans also cover massage therapy as part of rehabilitation therapy.

Emergency care

LifeWise individual plans cover necessary emergency care no matter where you are in the world.

A medical emergency is the sudden and severe onset of symptoms that you believe indicate a serious condition that would place your health in jeopardy if not treated immediately. Examples of a medical emergency are severe pain, suspected heart attacks and fractures.

Introducing LifeWise health plans

The LifeWise product portfolio gives you an array of options so you can select the plan that's best for you. Plans range from those with broader benefits, to catastrophic plans, to those that work with a Health Savings Account. LifeWise continues its commitment to offer you choices that make sense.

Below, you will find an overview of how each of these plans works. Also, all LifeWise health plans offer first-dollar benefits for some services. You do not have to pay your deductible to receive benefits for these services when you use a LifeWise network provider.

The following descriptions assume you seek care from preferred or in-network providers.

WiseChoices™	WiseEssentials™	WiseSavings™
<p>WiseChoices offer you the broadest range of benefits. With these plans, you pay a \$30 copay for office visits (including naturopathy) and a \$25 copay for alternative care office visits.</p> <p>Plans offer:</p> <ul style="list-style-type: none"> • A zero dollar deductible & deductible options • 100% coverage for preventive screenings & immunizations • Fixed copays for office & alternative care visits • A broad range of covered services such as maternity care & vision care • Prescription drug coverage <p>You don't have to pay your deductible for:</p> <ul style="list-style-type: none"> • Preventive care (includes preventive exams, immunizations & screenings) • Professional & naturopathic office visits • Spinal and other manipulations (12 PCY) • Acupuncture (12 PCY) • Mammograms • Prescriptions • Vision care: routine vision exams (one exam per two calendar years) and vision hardware (up to \$200 per two calendar years) 	<p>This is our unique catastrophic (or value) coverage plan. It provides coverage for major medical events and waives the deductible on your first six office visits. You also have no out-of-pocket costs for preventive screenings.</p> <p>Plans offer:</p> <ul style="list-style-type: none"> • Major medical services such as hospital, urgent & emergency care, and diagnostic services at our lowest monthly rate • 100% coverage for preventive screenings • Fixed copays for alternative care visits • Discounts on prescription drugs with your LifeWise ID card <p>You don't have to pay your deductible for:</p> <ul style="list-style-type: none"> • Preventive care (includes preventive exams & screenings) • Professional and naturopathic office visits (first six visits per calendar year) • Spinal and other manipulations (12 PCY) • Acupuncture (12 PCY) • Mammograms • Diagnostic & lab services not subject to deductible (\$1,750 deductible plan only) 	<p>This plan is a high-deductible health plan qualified to work with a Health Savings Account (HSA). You open, contribute to and own the Health Savings Account so you can save money to pay for future qualified medical expenses.</p> <p>Plans offer:</p> <ul style="list-style-type: none"> • A triple tax-advantaged investment opportunity when you establish a Health Savings Account • The opportunity for you to manage your health-care spending • 100% coverage for preventive exams (up to \$300 per calendar year) & immunizations (unlimited) • Discounts on prescription drugs with your LifeWise ID Card <p>You don't have to pay your deductible for:</p> <ul style="list-style-type: none"> • Preventive exams (up to \$300 PCY) • Immunizations • Mammograms

PCY = Per Calendar Year

Note: You will find definitions of key terms on page 6.

Benefit highlights

Benefit highlights	WiseChoices 0 20		WiseChoices 0 30		WiseCho
	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED	PREFERRED
Annual Deductible (choose one)	None	\$3,000†	None	\$3,000†	\$1,000†
Annual Coinsurance Maximum (Once met, Preferred Providers covered in full)	\$9,500†	Unlimited	\$9,500†	Unlimited	\$8,500†
Out-of-Pocket Maximum PCY (Includes deductible and coinsurance maximum)	\$9,500†	Unlimited	\$9,500†	Unlimited	\$9,500†
LIFETIME BENEFIT MAXIMUM	\$2,000,000		\$2,000,000		\$2,000,000
COVERED SERVICES					
PREVENTIVE CARE					
Preventive Care Exams (routine medical exam, sports physical, men's & women's health exams & well baby exam)	\$30 Copay	50%	\$30 Copay	50%	\$30 Copay
Immunizations (Unlimited)	Covered in full	Not covered	Covered in full	Not covered	Covered in full
Preventive Screenings (includes Pap smear, PSA testing, home colon cancer screening, cholesterol screening and bone density test)	Covered in Full	50%	Covered in Full	50%	Covered in Full
PROFESSIONAL CARE					
Office Visit including Urgent Care (Unlimited)	\$30 Copay	50%	\$30 Copay	50%	\$30 Copay
Other Outpatient & Inpatient Professional Services	Deductible waived; 20%	50%	Deductible waived; 30%	50%	20%
ALTERNATIVE CARE					
Spinal & Other Manipulations 12 visits PCY	\$25 Copay	50%	\$25 Copay	50%	\$25 Copay
Acupuncture 12 visits PCY	\$25 Copay	50%	\$25 Copay	50%	\$25 Copay
Naturopathy (Unlimited)	\$30 Copay	50%	\$30 Copay	50%	\$30 Copay
DIAGNOSTIC SERVICES					
Outpatient Diagnostic Imaging & Lab Services	Deductible waived; 20%	50%	Deductible waived; 30%	50%	20%
Mammography	Deductible waived; 20%	50%	Deductible waived; 30%	50%	Deductible waived; 20%
PHARMACY					
Retail Pharmacy Up to 30-day supply	Deductible waived; \$10/\$45/50%*	In-network + 40%*	Deductible waived; \$10/\$45/50%*	In-network + 40%*	Deductible waived; \$10/\$45/50%*
Mail Service Up to 90-day supply	Deductible waived; \$25/\$112.50/45%*	In-network + 40%*	Deductible waived; \$25/\$112.50/45%*	In-network + 40%*	Deductible waived; \$25/\$112.50/45%*
EMERGENCY CARE					
Emergency Room Care (Copay waived if direct admit to an inpatient facility)	Deductible waived; \$100 copay plus 20%		Deductible waived; \$100 copay plus 30%		\$100 copay plus de
Ambulance Transportation Air - unlimited	Deductible waived; 20%		Deductible waived; 30%		20%
Ambulance Transportation Ground - \$5,000 PCY					
FACILITY CARE					
Inpatient Facility Care	Deductible waived; 20%	50%	Deductible waived; 30%	50%	20%
Outpatient Facility Care	Deductible waived; 20%	50%	Deductible waived; 30%	50%	20%
Skilled Nursing Facility	Deductible waived; 20%, 45 days PCY	50%, 45 days PCY	Deductible waived; 30%*, 45 days PCY	50%, 45 days PCY	20%, 45 days PCY
MATERNITY					
Maternity Care including prenatal care	Deductible waived; 20%	50%	Deductible waived; 30%	50%	20%
VISION CARE					
Routine Vision Exam one exam per 2 calendar years	Covered in full		Covered in full		Covered in full
Vision Hardware per 2 calendar years	Deductible waived; \$200 - frames, lenses & contacts		Deductible waived; \$200 - frames, lenses & contacts		Deductible waived; \$200 - fra
OTHER SERVICES					
Supplies, Equipment and Prosthetics \$5,000 PCY	Deductible waived; 20%	50%	Deductible waived; 30%	50%	20%
Home Health Care	Deductible waived; 20%, 130 visits PCY	50%, 130 visits PCY	Deductible waived; 30%, 130 visits PCY	50%, 130 visits PCY	20%, 130 visits PCY
Hospice Care Inpatient: 10 days, Respite: 240 hours PCY	Deductible waived; 20%	50%	Deductible waived; 30%	50%	20%
Rehabilitation (Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab; & Chronic Pain)	Deductible waived; 20%, Inpatient: 8 days; Outpatient: 20 visits PCY	50%, Inpatient: 8 days; Outpatient: 20 visits PCY	Deductible waived; 30%, Inpatient: 8 days; Outpatient: 20 visits PCY	50%, Inpatient: 8 days; Outpatient: 20 visits PCY	20%, Inpatient: 8 days; Outpatient: 20 visits PCY
Transplants (Organ & Bone Marrow) 12-month waiting period; \$250,000 Lifetime Benefit	20%	Not covered	30%	Not covered	20%

es, unless noted as deductible waived, copay or covered in full in the benefit highlights below.

WiseChoices 20	WiseChoices 30		WiseEssentials 25		WiseEssentials 25	
NON-PREFERRED	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED
\$3,000†	\$1,500†	\$3,000†	\$1,750 per individual	\$3,500 per individual	Option A: \$2,500 per individual Option B: \$3,500 per individual	Option A: \$5,000 per individual Option B: \$7,000 per individual
Unlimited	\$8,500†	Unlimited	\$5,000 per individual	Unlimited	\$5,000 per individual	Unlimited
Unlimited	\$10,000†	Unlimited	\$6,750 per individual	Unlimited	Option A: \$7,500 Option B: \$8,500 per individual	Unlimited
000	\$2,000,000		\$2,000,000		\$2,000,000	
50%	\$30 Copay	50%	††Deductible waived on first 6 visits & 25%; subsequent visits subject to deductible & 25%	50%	††Deductible waived on first 6 visits & 25%; subsequent visits subject to deductible & 25%	50%
Not covered	Covered in full	Not covered	Not covered		Not covered	
50%	Covered in Full	50%	Covered in full	50%	Covered in full	50%
50%	\$30 Copay	50%	††Deductible waived on first 6 visits & 25%; subsequent visits subject to deductible & 25%	50%	††Deductible waived on first 6 visits & 25%; subsequent visits subject to deductible & 25%	50%
50%	30%	50%	25%	50%	25%	50%
50%	\$25 Copay	50%	\$25 Copay	50%	\$25 Copay	50%
50%	\$25 Copay	50%	\$25 Copay	50%	\$25 Copay	50%
50%	\$30 Copay	50%	††Deductible waived on first 6 visits & 25%; subsequent visits subject to deductible & 25%	50%	††Deductible waived on first 6 visits & 25%; subsequent visits subject to deductible & 25%	50%
50%	30%	50%	Deductible waived; 25%	50%	25%	50%
50%	Deductible waived; 30%	50%	Deductible waived; 25%	50%	Deductible waived; 25%	50%
In-network + 40%*	Deductible waived; \$10/\$45/50%*	In-network + 40%*	Not covered. Discount Program available.♦		Not covered. Discount Program available.♦	
In-network + 40%*	Deductible waived; \$25/\$112.50/45%*	In-network + 40%*	Not covered. Discount Program available.♦		Not covered. Discount Program available.♦	
Deductible & 20%	\$100 copay plus deductible & 30%		\$100 copay plus deductible & 25%		\$100 copay plus deductible & 25%	
	30%		25%		25%	
50%	30%	50%	25%	50%	25%	50%
50%	30%	50%	25%	50%	25%	50%
50%, 45 days PCY	30%, 45 days PCY	50%, 45 days PCY	25%, 45 days PCY	50%, 45 days PCY	25%, 45 days PCY	50%, 45 days PCY
50%	30%	50%	Not covered		Not covered	
in full	Covered in full		Not covered		Not covered	
frames, lenses & contacts	Deductible waived; \$200 - frames, lenses & contacts		Not covered		Not covered	
50%	30%	50%	Not Covered		Not covered	
50%, 130 visits PCY	30%, 130 visits PCY	50%, 130 visits PCY	25%, 130 visits PCY	50%, 130 visits PCY	25%, 130 visits PCY	50%, 130 visits PCY
50%	30%	50%	25%	50%	25%	50%
50%, Inpatient: 8 days; Outpatient: 20 visits PCY	30%, Inpatient: 8 days; Outpatient: 20 visits PCY	50%, Inpatient: 8 days; Outpatient: 20 visits PCY	25%, Inpatient: 8 days; Outpatient: 20 visits PCY	50%, Inpatient: 8 days; Outpatient: 20 visits PCY	25%, Inpatient: 8 days; Outpatient: 20 visits PCY	50%, Inpatient: 8 days; Outpatient: 20 visits PCY
Not covered	30%	Not covered	25%	Not covered	25%	Not covered

Health-care lingo 101

Here are some key terms that will help you understand how LifeWise health plans work.

Allowable charge: A fee that LifeWise has negotiated with preferred providers.

Alternative care: A non-traditional treatment for illness or injury.

Balance billing: Additional charges for which a non-network provider (one who's not in your plan's network) may hold you responsible.

Benefit: The portion of services your health plan pays for.

Coverage: the range of health-care services and supplies for which your health plan provides benefits.

Covered services: Things your plan pays for, in part or in full.

Diagnostic and lab services: Medical tests your doctor uses to diagnose suspected conditions.

Medical emergency: Sudden and severe onset of symptoms, which you believe indicate a serious medical condition that could jeopardize your health if not treated immediately.

Network: A group of doctors, hospitals and other health-care providers that have been contracted to provide health-care services and supplies at agreed amounts called "allowable charges."

If you have any questions about these or other health-care terms, call LifeWise customer service at 1-800-592-6804 (TDD 1-800-842-5357) or visit the Member section of our Web site, www.lifewisewa.com, to find a comprehensive glossary of health-care lingo.

Preventive office visit: Your routine physical exams, or an office visit aimed at early detection and intervention.

Preventive screening: Routine diagnostic and lab tests your doctor uses to rule out serious medical conditions.

Professional office visit: A visit to a doctor or other health-care provider when you're sick or injured.

Provider: Your physician or other health-care specialist.

Preferred Provider: A health-care provider who belongs to the LifeWise network.

Non-Preferred Provider: A health-care provider who does not belong to the LifeWise network and does not accept LifeWise allowable charges for services.

Out-of-pocket maximum: The most you will pay for covered services during a year.

How it works: You will never pay more than your out-of-pocket maximum for covered services in a calendar year (does not include copayments). Your deductible + coinsurance max = your out-of-pocket max.

Out-of-pocket expenses: Costs that are paid by you, not your health plan—such as the following:

Coinsurance: Cost sharing—you pay part of the fee for a service; your plan pays the rest.

How it works: If your plan has a coinsurance share of 20%, you pay 20% of the costs and the plan pays the other 80% (after you meet your deductible). Once you meet your coinsurance maximum—a pre-set limit—your plan pays 100%.

Copayment (copay): A flat fee you pay for a specific service, like an office visit, at the time a service is rendered.

How it works: If your copayment is \$25, that's the amount you'll pay for certain services. If you make a copay, you don't have to pay towards a deductible or coinsurance (except for emergency room copays). Copays do not count towards your out-of-pocket maximum.

Deductible: The amount of money you pay every year before the plan pays for certain services.

How it works: Until you meet your calendar year deductible, you pay the full allowable charge for some services. For other services the deductible is waived, so your health plan shares the cost for that service—even before you've met the deductible.

Extra value and discounts

24-hour health line (1-800-841-8343)

If you are in need of medical advice but can't reach a physician, use the LifeWise 24-hour health line. The 24-hour health line is staffed by registered nurses who can help you identify symptoms and conditions, provide home treatment suggestions, and advise you on when to call your provider or visit the emergency room. The call is free and all of your questions will remain confidential.

Health and disease management programs

These programs (such as the cardiac/diabetes program) are offered to all LifeWise members living with a chronic disease. For additional information on health conditions,

visit the "Staying Healthy" section of our Web site, lifewisewa.com.

Pharmacy discount*

WiseEssentials and WiseSavings plans offer a pharmacy discount that can be used at any Medco network pharmacy across the country.

You receive your pharmacy discount simply by showing your LifeWise ID card at any network pharmacy.

24-hour coverage

Your plan provides 24-hour coverage. This provides coverage for occupational conditions not covered by Worker's Compensation or other industrial insurance provided through your employer. This benefit applies to all family members covered under LifeWise plans.

Extras! program

Extras! are perks offered to you through your LifeWise membership. Save money on services and products that may not be covered by your plan, or when you exhaust the plan's benefit. The LifeWise Extras! program provides discounts for:

- Eye care services and hardware
- Alternative care services, including massage therapy
- Family safety products
- Health and beauty products
- Hearing aids and screenings
- Fitness and weight management

*In order to validate current eligibility for this discount, the pharmacy will transmit your information to LifeWise, including the details of the prescription to be filled. The information may also be used for other proper purposes.

How to enroll:

- Talk to your agent or broker about which LifeWise health plan is right for you and about how to enroll online.

OR

- Complete the LifeWise Enrollment Application and the Washington State Standard Health Questionnaire (one per person).
- Sign, date and return the forms in the pre-addressed envelope (provided).

When you fill out your application for coverage, you can elect to pay your monthly rate through an automatic bank withdrawal or receive a monthly billing.

Note: If a paper application is submitted, you will not be notified that you have been accepted until you get your member package. If your application is denied, you will receive a letter of explanation within 15 business days of our receiving the completed application.

Rates

LifeWise rates apply to each person enrolled in a plan based on tobacco use, age range and chosen deductible amount.

To determine the monthly rate for each plan:

Step 1 Choose one of the deductible amounts available for the plan that best fits your needs (only one plan per application may be selected).

Step 2 Identify the individual or family rate for the benefit plan based on the chosen deductible amount, your current age range and tobacco use. Circle the appropriate monthly rate.

Step 3 Repeat step 2 for each person who will be covered under this plan.

Step 4 Add up all of the circled amounts. This is your total monthly rate for the plan you selected.

Notes:

- For children covered on their own plan, please use the "25 & under" rate.
- The deductible amounts listed are "per person, per calendar year," except for the WiseSavings family rate.
- To qualify for non-smoker rate, an individual must not have used any tobacco product during the past 12 months.

AGE BAND	WiseChoices							
	20		30		20		30	
	\$0 Deductible		\$0 Deductible		\$1,000 Deductible		\$1,500 Deductible	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$160	\$187	\$146	\$170	\$139	\$161	\$117	\$137
25-29	\$181	\$210	\$164	\$191	\$156	\$181	\$132	\$154
30-34	\$209	\$243	\$190	\$221	\$181	\$210	\$153	\$178
35-39	\$249	\$290	\$227	\$264	\$215	\$250	\$183	\$212
40-44	\$296	\$344	\$269	\$312	\$255	\$297	\$216	\$252
45-49	\$369	\$429	\$335	\$390	\$319	\$370	\$270	\$314
50-54	\$452	\$526	\$411	\$478	\$390	\$454	\$331	\$385
55-59	\$527	\$613	\$479	\$557	\$455	\$529	\$386	\$449
60-64	\$600	\$700	\$547	\$636	\$520	\$603	\$438	\$512
65+	\$600	\$700	\$547	\$636	\$520	\$603	\$438	\$512
Per Child [†]	\$134		\$121		\$115		\$98	

AGE BAND	WiseEssentials					
	\$1,750 Deductible		\$2,500 Deductible		\$3,500 Deductible	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$71	\$82	\$60	\$70	\$54	\$63
25-29	\$80	\$92	\$67	\$78	\$61	\$71
30-34	\$92	\$107	\$78	\$91	\$70	\$82
35-39	\$110	\$128	\$93	\$108	\$84	\$98
40-44	\$130	\$151	\$110	\$128	\$99	\$116
45-49	\$163	\$189	\$138	\$160	\$124	\$144
50-54	\$199	\$232	\$169	\$196	\$152	\$177
55-59	\$232	\$270	\$196	\$228	\$177	\$206
60-64	\$265	\$307	\$224	\$261	\$202	\$235
65+	\$265	\$307	\$224	\$261	\$202	\$235
Per Child [†]	\$59	N/A	\$50		\$45	

AGE BAND	WiseSavings							
	Individual Plan				Family Plan			
	\$1,750 Deductible		\$3,000 Deductible		\$3,500 Deductible		\$6,000 Deductible	
	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER	NON-SMOKER	SMOKER
<25	\$82	\$96	\$64	\$75	\$61	\$71	\$49	\$57
25-29	\$93	\$108	\$72	\$84	\$69	\$80	\$55	\$64
30-34	\$107	\$125	\$84	\$98	\$79	\$92	\$64	\$74
35-39	\$128	\$149	\$100	\$116	\$95	\$110	\$76	\$89
40-44	\$151	\$176	\$119	\$138	\$112	\$130	\$90	\$105
45-49	\$189	\$220	\$148	\$172	\$140	\$163	\$113	\$131
50-54	\$232	\$269	\$181	\$211	\$172	\$199	\$138	\$161
55-59	\$270	\$314	\$212	\$246	\$200	\$232	\$161	\$187
60-64	\$307	\$359	\$240	\$281	\$228	\$266	\$183	\$213
65+	\$307	\$359	\$240	\$281	\$228	\$266	\$183	\$213
Per Child [†]	N/A		N/A		\$51	N/A	\$41	

[†]Applies to dependent children applying on the same plan as a parent or legal guardian.

Start enjoying the LifeWise advantage.
Talk to your broker or agent about a
LifeWise plan today, or call us directly at:

1-800-592-6804

**(1-800-842-5357 TDD for
the hearing-impaired)**

LifeWise Health Plan of Washington

P.O. Box 91120

Seattle, WA 98111-9220

www.lifewisewa.com

General exclusions and limitations

Benefit plans typically have exclusions and limitations—what the plans do not cover. Listed here are general exclusions and limitations for LifeWise Health Plan of Washington benefit plans.

What is not covered

Benefits are not provided for treatment, surgery, services, drugs or supplies for any of the following:

- Chemical dependency or tobacco addiction
- Cosmetic or reconstructive surgery (except as specifically provided)
- Dental services (except as specifically provided)
- Experimental or investigative services
- Hearing examinations or hardware
- Infertility
- Learning disorders
- Mental or psychiatric conditions
- Neurodevelopmental disabilities
- Obesity/morbid obesity
- Orthognathic surgery
- Orthotics, except for treatment of diabetes
- Over-the-counter or non-prescription drugs
- Services in excess of specified benefit maximums
- Services payable by other types of insurance coverage
- Services received when you are not covered by this program
- Sexual dysfunction
- Sterilization reversal
- Temporomandibular joint (TMJ) disorder

Waiting periods

There is a 9-month waiting period for pre-existing conditions, unless otherwise specified. Treatment related to transplants requires a 12-month waiting period.

Other exclusions and limitations to coverage

- Maternity/obstetrical care and prescriptions are not covered under WiseEssentials and WiseSavings plans.
- Vision Care is not covered under WiseEssentials and WiseSavings plans.