



The Regence EvolveSM Portfolio

Individual & Family Products

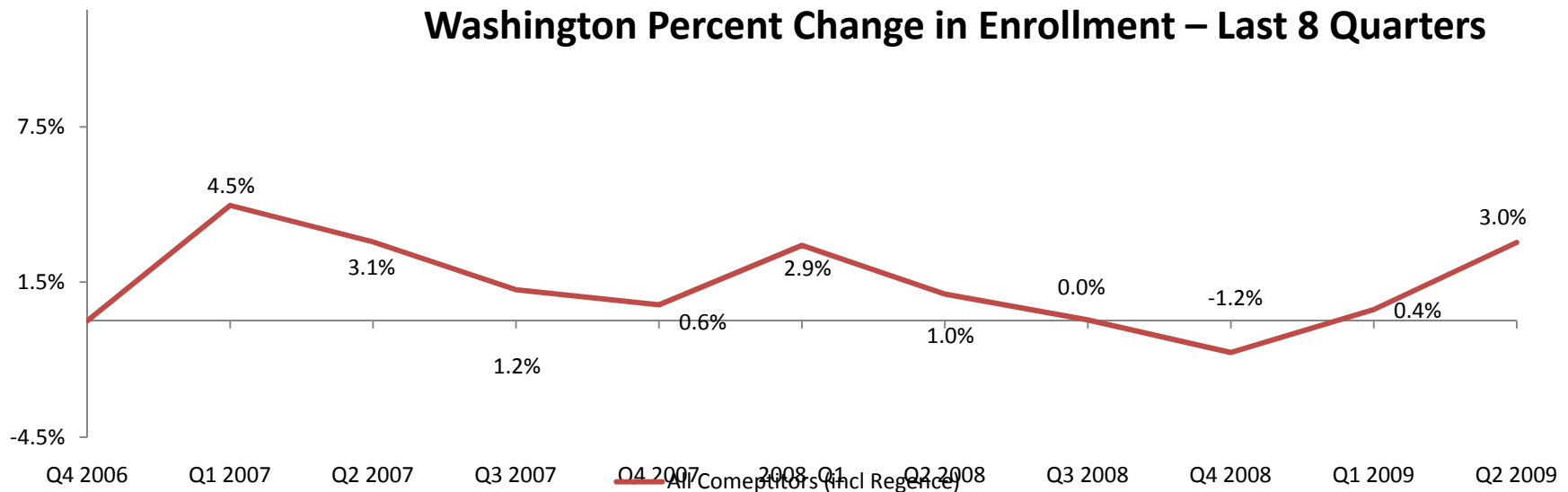
Today's Agenda

- Introduction
- The new Evolve product portfolio
- Pharmacy
- New dental option
- Product platform
- Billing and payment information
- Banking options for HSA
- Closures and Discontinuation

Current Market Trends - Washington

- Uncertainty due to pending health reform
- Rising healthcare costs (12.5% increase/yr) → rising premiums
- High unemployment ($\approx 9\%$) estimate to remain at this level into 2010
- Individual enrollment across all carriers has been declining until recent months:

Washington Percent Change in Enrollment – Last 8 Quarters



What are Individuals & Families looking for?



Base price: \$107,900

2009 M6 E64 Costs			
Similar Vehicles (5 yr Total):	\$107,402	This Vehicle : Saves \$10,597	Value Rating: 

Total Cost of Ownership Breakdown						
Item	Year 1	Year 2	Year 3	Year 4	Year 5	Item Total
Depreciation	\$17,372	\$12,302	\$10,912	\$11,988	\$11,494	\$64,068
Financing	\$5,830	\$4,709	\$3,475	\$2,184	\$778	\$16,976
Insurance	\$2,437	\$2,437	\$2,437	\$2,437	\$2,437	\$12,183
State Fees	\$206	\$165	\$155	\$138	\$129	\$794
Fuel	\$3,311	\$3,665	\$4,058	\$4,493	\$4,975	\$20,503
Maintenance	N/A	N/A	\$1,257	\$151	\$3,098	\$4,506
Repairs	N/A	N/A	N/A	\$515	\$1,138	\$1,653
Total Price	\$28,420	\$22,663	\$21,838	\$21,426	\$23,651	\$117,999



Base price: \$25,575

2009 Camry XLE Costs			
Similar Vehicles (5 yr Total):	\$33,321	This Vehicle : Saves \$3,855	Value Rating: 

Total Cost of Ownership Breakdown						
Item	Year 1	Year 2	Year 3	Year 4	Year 5	Item Total
Depreciation	\$3,117	\$2,188	\$1,808	\$2,119	\$2,015	\$11,247
Financing	\$1,296	\$1,047	\$772	\$485	\$173	\$3,773
Insurance	\$1,194	\$1,194	\$1,194	\$1,194	\$1,194	\$5,972
State Fees	\$97	\$67	\$67	\$62	\$61	\$354
Fuel	\$1,634	\$1,810	\$2,004	\$2,218	\$2,456	\$10,122
Maintenance	\$124	\$254	\$253	\$769	\$261	\$1,660
Repairs	N/A	N/A	\$65	\$142	\$287	\$494
Total Price	\$7,615	\$5,517	\$5,091	\$5,885	\$5,358	\$29,466

Source: motertrend.com

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Overall Value: Regence Evolve

Benefits and features that establish overall value

- Wide range of deductible options
- Upfront office visits, lab & x-ray and preventive care
- Vision
- Dental option
- BlueCard
- myRegence.com
- Regence Advantages
- Wellness programs
- Great customer service
- more than can fit on one slide!!!

The New Evolve Products

Provider Network



Category 1—Preferred providers

This group provides services at the most competitive reimbursement level. That translates into lower health care costs for members. The majority of doctors and specialists fall under this category.



Category 2—Participating providers

Additional providers offer services at a slightly higher reimbursement level. This results in slightly higher out-of-pocket costs for members.



Category 3—Non-contracted providers

The remaining providers have not agreed to negotiated rates. We will reimburse providers up to a pre-determined amount; members may be responsible for any provider expenses beyond this level.

New Individual Portfolio: Regence Evolve

Evolve Core	Evolve Plus	Evolve HSA	Evolve HSA 100
<ul style="list-style-type: none"> ● Simple coverage ● Upfront benefits ● Higher cost-sharing ● Affordability 	<ul style="list-style-type: none"> ● Expanded coverage ● More upfront access ● Moderate cost sharing ● Extra perks, like vision 	<ul style="list-style-type: none"> ● Upfront preventive care ● Coverage options ● A selection of banking partners ● Comprehensive support 	<ul style="list-style-type: none"> ● Simple plan ● 100% coverage ● A selection of banking partners ● Comprehensive support

Dental Option 1

- Rewards-based dental
- Traditional Dental Plan with a *Twist*

Dental Option 2

- Dollar-based dental
- Built to Promote Consumerism

New Individual Standard Plans

Value Statement

Regence introduces a new take on affordable coverage – immediate access to the care you need most, without the extra cost of additional benefits that you don't need. Whether you're looking for basic coverage or something extra, we've got coverage that meets your needs at a price you can afford.

Supporting Features

- Embedded comprehensive wellness benefits
- Different plan options provide you customized coverage to meet your needs
- Coverage from day one on everyday basics like doctor visits and prescriptions
- Simple, easy-to-understand plans
- Some plan options offer extra perks like vision and dental
- Transparency tools on myRegence.com help maximize health care budget

Standard Plans

Medical

Benefit Category	Evolve Core	Evolve Plus
Deductible	\$2,500, \$5,000, \$7,500, \$10,000 Family deductible is 3x single	\$1,000, \$2,500, \$5,000, \$7,500 Family deductible is 3x single
Coinsurance Max	\$7,500 Family coinsurance max is 3x single	\$5,500 Family coinsurance max is 3x single
Coinsurance	70%/50%/50%	80%/50%/50%
Office Visits	\$35 copay first 4 visits (then deductible & coinsurance)	\$25 copay first 4 visits (then deductible & coinsurance)
Preventive Care	Unlimited, deductible waived, coinsurance applies	Unlimited, deductible waived, coinsurance applies
Outpatient Lab & X-ray	\$200 up-front	\$400 up-front
Maternity	Excluded	Deductible & coinsurance
Vision	Excluded	80%, \$150 limit (hardware and exam combined)
RX	RX discount	Generic and brand coverage

New Individual HSA Plans

Value Statement

For individuals and their families who are looking to put their health care dollars to work in a way that is meaningful for them, the HSA offers consumer-focused tools, support for total member wellness, and competitive benefit designs at affordable rates.

Supporting Features

- Provides personalized coverage options for various family budgets and needs
- Embedded comprehensive wellness benefits
- Paired with a tax-free account where dollars can be used to pay for medical products and services today or saved for future medical needs
- A choice of well-respected, national banking partners
- Point of sale HSA Rx integration
- Personal support and robust educational tools.
 - HSA Navigation Guide
 - Enhanced Calculator Tool
 - Unique **myRegence.com** experience

HSA Plans

Benefit Category	Evolve HSA	Evolve HSA 100
Deductible	\$2,000, \$3,500 single \$4,000, \$7,000 family	\$5,000 single \$10,000 family
Out-of-pocket Max	\$5,000 single \$10,000 family	\$5,000 single \$10,000 family
Coinsurance	80/60%/60% or 50/50%/50%	100%
Office Visits	Deductible & coinsurance	Deductible & coinsurance
Preventive Care	Unlimited, deductible waived, coinsurance applies	Unlimited, deductible and coinsurance applies
Outpatient Lab & X-ray	Deductible & coinsurance	Deductible & coinsurance
Maternity	Excluded	Excluded
Rx	Generics: Unlimited, deductible and coinsurance applies Brand: Rx discount only	Generics: \$2,000 limit, deductible and coinsurance applies Brand: Rx discount only

Pharmacy Benefits

Individual Pharmacy Plans

Evolve Core

Rx discount program only (includes generic & formulary brand drugs)

Evolve Plus

Annual Plan Limit	\$2,500 for covered medications
Out-of-Pocket Maximum	NA
Deductible	\$500 formulary brand deductible.
Generics	\$10 not subject to deductible
Formulary Brands	50% subject to deductible
Non-formulary Brands	Not covered
Retail	Generics 1 copay per 30 days up to 90-day supply Formulary Brands 30 day supply limit
Mail Order	Generics & Formulary Brands 1 copay per 30 days up to 90-day supply Specialty Medications limited to 30-day supply
Mandate: Diabetic Medications & Supplies	No Annual Plan Limit for generic and formulary brands.

HSA Individual Pharmacy Plans

HSA Individual	Evolve HSA Plan	Evolve HSA 100 Plan
Annual Plan Limit	No limit for generics	\$2,000 for generics
Out-of-Pocket Maximum	Standard medical Out-of-Pocket Max	
Deductible	Combined medical and Rx	
Generics	Unlimited generics at standard medical coinsurance	Generics only at standard medical coinsurance
Formulary Brands	Rx discounts	
Non-formulary Brands	Not covered	
Retail	Generics- 90-day supply	
Mail Order	Generics- 90-day supply	
Mandate: Diabetic Medications & Supplies	No Annual Plan Limit for generic and formulary brands. Standard medical coinsurance applies. Brands limited to 30-day supply at retail.	

Dental Products

Evolve Dental Plan Positioning

Dental Option 1

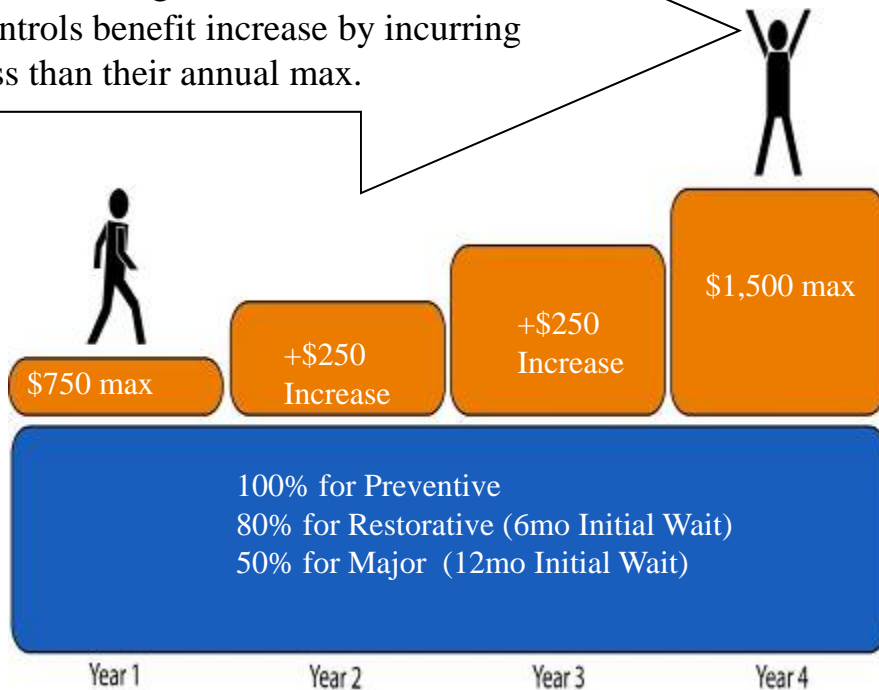
- More **traditional 100/80/50** dental plan
- **Annual Max can increase**
- Uses Regence Dental Network (including new National Dental Network)
- Uses waiting periods common in the market to protect pool from adverse selection

Dental Option 2

- **Dollar-based plan design** to support patient/provider conversation on care choices
- **Static annual max**
- Uses Regence Dental Network (including new National Dental Network)
- Uses waiting periods common in the market to protect pool from adverse selection

Dental Option 1

***Incentive Qualifier:** Member controls benefit increase by incurring less than their annual max.



Annual Max Builder

- **Annual Max increases** on a rollover basis – if, in year one, the member incurs less than \$500, \$250 will be added to the next year's annual max. In year two, \$250 would be added to their year three max if they use less than \$750. In year three, \$250 would rollover to year four if they used less than \$1,000. By year four the member could have a \$1,500 maximum benefit.
- To receive the rollover **at least one claim must be paid in the benefit year** – i.e. \$250 rollover increase will not apply to individuals who fail to utilize any dental care.
- **\$50 deductible (3x Family)**

Dental Option 2



\$750 Max Benefit

Plan Pays:

100% of first \$200

50% of remaining care until Annual Benefit Max

- No procedure classes or limitations and exclusions (other than orthodontia and cosmetic).
- This product has no deductibles
- 6 Month Initial Waiting Period – for all covered services
- Dollar-based benefits use the plan to introduce cost sharing without dictating treatment
- No managed care

Dollar-based Benefit

Evolve Dental Administration Rules

- Must be paired with Evolve medical – no standalone policies
- Offered ONLY at initial enrollment
- Waiting period credited/waived for those coming from DentalOne

Key Differences of Evolve Dental Options and RLH Standalone Dental

Evolve Dental Options

- Riders to Medical Policy
- Fully Integrated Member Experience
- Dental Option 1 has increasing annual max triggered by amount spent
- Dental Option 1 has Endodontic and Periodontal covered in Basic Services
- Dental Option 2 is dollar based but static benefits

RLH Standalone Dental

- Standalone Contracts
- Unique Member Experience
- Individual Incentive Dental has increase coinsurance & annual max triggered by preventive care usage
- Individual Incentive Dental has Endodontic and Periodontal covered in Major Services
- Individual Dollar-based Dental has increasing annual max triggered by preventive care usage

Summary

- Regence Dental networks deliver on total value
 - price * discount = total savings
- Two new dental plan choices for Evolve
- Plans are competitive

Rate Information

Rating changes

- We will now charge a per child rate
- H.S.A. rates are now combined for single and family

Sample Rates*

Evolve Core	\$2,500	\$2,500	\$2,500
	no dental	dental option 1	dental option 2

20 yr old	\$83	\$119	\$123
40 yr old	\$153	\$193	\$198
60 yr old	\$303	\$355	\$362
each child	\$83	\$119	\$123

Evolve HSA 50	\$3,500	\$3,500	\$3,500
	no dental	dental option 1	dental option 2

20 yr old	\$58	\$94	\$98
40 yr old	\$108	\$148	\$153
60 yr old	\$214	\$266	\$273
each child	\$58	\$94	\$98

Evolve Plus	\$2,500	\$2,500	\$2,500
	no dental	dental option 1	dental option 2

20 yr old	\$140	\$176	\$180
40 yr old	\$259	\$299	\$304
60 yr old	\$513	\$565	\$572
each child	\$140	\$176	\$180

Evolve HSA 80	\$3,500	\$3,500	\$3,500
	no dental	dental option 1	dental option 2

20 yr old	\$85	\$121	\$125
40 yr old	\$157	\$197	\$202
60 yr old	\$311	\$363	\$370
each child	\$85	\$121	\$125

Evolve HSA 100	\$5,000	\$5,000	\$5,000
	no dental	dental option 1	dental option 2

20 yr old	\$109	\$145	\$149
40 yr old	\$203	\$243	\$248
60 yr old	\$401	\$453	\$460
each child	\$109	\$145	\$149

*All rates non-smoker. Filed rates with OIC.

The Product Platform

Benefit Definitions and Limitations

Benefit Definitions and Limitations

Office Visits

● Definition

- copay amount does not accrue to deductible or coinsurance maximums
- copay applies to each office visit even if multiple office visits occur in one day
- copay only applies to any applicable upfront benefit, then deductible/coinsurance apply
- 100% coverage after copay for upfront office visits
- benefit applies to all categories of providers (Category 1, 2 and 3)
- **Evolve Core-** \$35 copay first 4 visits, 5+ deductible/coinsurance
- **Evolve Plus-** \$25 copay first 4 visits, 5+ deductible/coinsurance
- **Evolve HSA Plans-** standard deductible / coinsurance

Benefit Definitions and Limitations

Preventive Care Services

● Definition

- all services billed with routine diagnosis codes
- includes office visits, lab and radiology, except for complex imaging
 - Complex imaging: CT Scan, MRI, PET, MRA, SPECT, Bone Density
- **Evolve Core, Evolve Plus and Evolve HSA** regular plan coinsurance applies
- **Evolve HSA 100-** deductible / coinsurance

● No benefit maximum



Benefit Definitions and Limitations

Outpatient Laboratory and Radiology Services

● Definition

- outpatient medical services from professional, lab or facility
- benefit applies to all categories of providers (Category 1, 2 and 3)
- preventive and complex imaging covered under separate benefits
- **Evolve Core Plan-** \$200 upfront benefit
- **Evolve Plus Plan-** \$400 upfront benefit
- standard deductible and coinsurance applies after upfront benefit is exhausted
- **Evolve HSA Plans-** standard deductible / coinsurance

Benefit Definitions and Limitations

Complex Outpatient Imaging

● Definition

- includes: CT Scan, MRI, PET, MRA, SPECT, Bone Density
- **Evolve Core, Evolve Plus, Evolve HSA-** deductible then 50% coinsurance
- **Evolve HSA 100-** deductible then coinsurance

● Limitations

- **Evolve Core Plan-** \$1,500 per calendar year
- **Evolve Plus & Evolve HSA Plans-**no benefit maximum



Benefit Definitions and Limitations

Acupuncture

● Definition

- services of a licensed provider
- deductible / coinsurance

● Limitations

- 6 visits per calendar year

Benefit Definitions and Limitations

Spinal Manipulations

● Definition

- Services of a licensed provider including Chiropractic and Osteopathic manipulation codes
- deductible / coinsurance

● Limitations

- 10 spinal manipulations per calendar year

Benefit Definitions and Limitations

Maternity Care

● Definition

- routine maternity care for subscriber, spouse and dependent daughters
- complications of pregnancy also covered
- **Evolve Plus-**
 - deductible / coinsurance
- **Evolve Core and Evolve HSA Plans-**
 - exclude maternity including complications of maternity

● Limitations

- no benefit maximum
- length of stay determined by provider in consultation with the mother

Benefit Definitions and Limitations

Discretionary Surgery

● Definition

- includes medically necessary breast reduction, eyelid surgery and varicose vein surgery
- **Evolve Plus**- deductible then 50% coinsurance
- **Evolve Core and Evolve HSA Plans**-excluded

● Limitations

- **Evolve Plus** - \$2,500 lifetime maximum



Benefit Definitions and Limitations

Genetic Testing

● Definition

- testing for genetic purposes
- **Evolve Core & Evolve Plus**- covered to upfront lab and radiology benefit, then deductible and coinsurance apply
- **Evolve HSA Plans**- deductible then coinsurance

● Limitations

- \$5,000 per lifetime (including upfront)
- prenatal testing will not accrue to benefit limit

Benefit Definitions and Limitations

Vision

● Definition

- routine eye exam and hardware for adults and children
- hardware includes all prescription external lens types including contacts, eyeglasses, tints and frames
- excludes separate charges for fittings
- **Evolve Plus**-coverage paid at 80%, no deductible and coinsurance maximum
- **Evolve Core and Evolve HSA Plans**-excluded

● Limitations

- **Evolve Plus**-routine eye exam and hardware covered to a combined maximum of \$150 per calendar year



Product Platform

Administrative Rules

Administrative Rules

Eligibility - Subscriber

- new members must be under age 65
- members must reside within the plan service area 6 or more months out of the year

Eligibility – Legal Spouse / Domestic Partner

- a subscriber's legal spouse will be eligible for coverage
- a subscriber's domestic partner (same sex or opposite sex) will be eligible for coverage the same as the subscriber's legal spouse

Eligibility – Dependent Children

- dependent children are covered up to age 25

Administrative Rules

Prior Service Rules

All member movement (group to individual, individual to group)

- if a member moves between plans the following will start over:
 - lifetime maximum
 - benefit limits
 - deductible
 - coinsurance / out of pocket maximum

Administrative Rules

Prior Service Rules

All member movement (to and from a catastrophic plan) within a single Regence Carrier

- moving from a catastrophic plan to a comprehensive plan:
 - deductible, coinsurance / out-of-pocket maximum, benefit limits, lifetime maximum and waiting periods (except for transplant) will all start over
- moving from a catastrophic plan to another catastrophic plan, from a comprehensive plan to another comprehensive plan, from a comprehensive plan to a catastrophic plan or moves between deductibles within the same product:
 - we will automatically carry over everything for the member including deductible, coinsurance / out-of-pocket maximum, benefit limits, lifetime maximums and waiting periods

Administrative Rules

Prior Service Rules

All member movement (individual non-HSA plan to individual HSA plan) within a single Regence carrier

- the deductible will be credited to the deductible
- the sum of the deductible and coinsurance maximum will be credited to the out-of-pocket maximum
- if the sum of the deductible and coinsurance maximum meets the out-of-pocket maximum, no additional deductible or out of pocket will be applied for the year

Administrative Rules

Pre-existing Condition Waiting Period

- a preexisting condition waiting period will apply to all new members coming onto coverage
- applies to maternity (except prenatal testing)
- does not apply for HIPAA eligible, PKU, newborn and adopted children if coverage is applied for within timeframes
- 9-month waiting period with 6-month lookback

Transplant Waiting Period

12 month waiting period for new transplants with credit for prior coverage from other carriers and Regence plans.

Billing Overview

Payment Options

Members will now have 3 options to make their payments

- Pay by check (paper billing)
- SurePay (Monthly Bank Withdrawal)
- One-Time payment entered through myregence.com – coming soon!

Payment Options (cont.)

- **More options for SurePay draft dates. Now offering draft dates of the 5th, 15th, and 25th of the month.**
 - 5th of the month drafts premium for the current month
 - 15th and 25th of the month drafts premium for the following month
- **Members will also have the opportunity to view their payment history on myregence.com.**

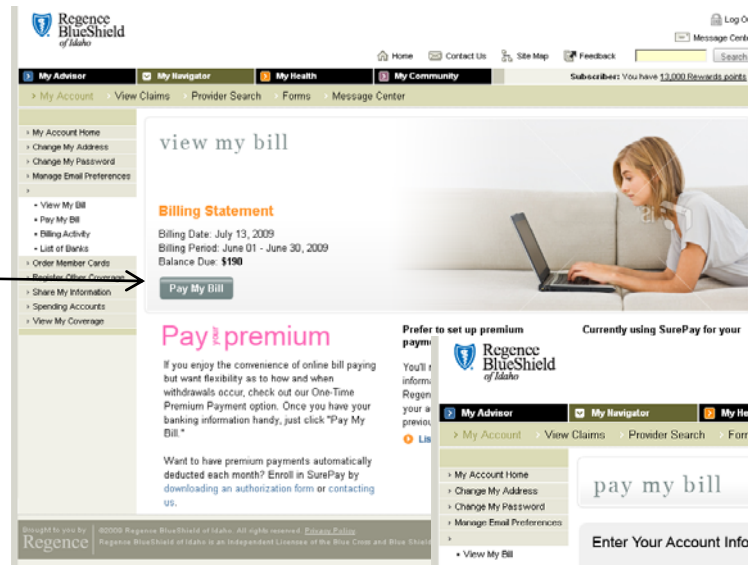
Billing

- Statements go out 21 days before the due date if there is no current bill outstanding
- Premium will be due on the 1st of the month
- If premium is not received:
 - Delinquency Notice will be sent on the 10th of the month, or the following Tuesday when the delinquency batch runs.
 - Policy will be auto-canceled 20 days after the delinquency notice was sent if premium was not received.

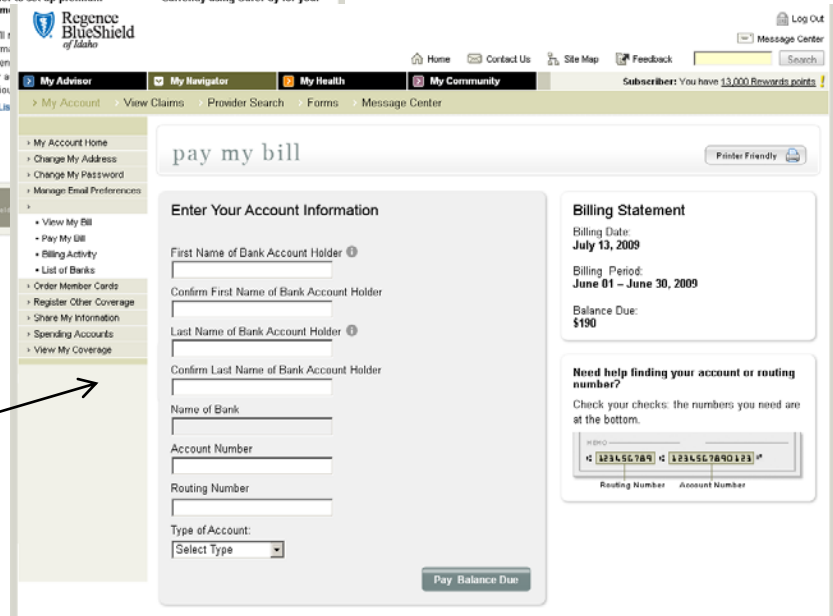
myRegence.com Online Bill Pay (coming soon!)

New Enrollees Can Pay Their Premium Online

- View Current Billing and Pay Online Debit



- Enter Banking Information and Transaction Begins That Night



myRegence.com Online Bill Pay (coming soon!)

New Enrollees Can View Online Account Ledger

- View Up To 2 Years Of Payment Activity (all payment methods)

Billing Period	Billing Date	Invoice #	Payment Amount	Status	Payment Type	Balance Due
06/01/09 - 06/30/09	07/13/09	12345	\$190	Posted	Bank Draft ETF	\$0
05/01/09 - 05/31/09	06/24/09	12345	\$190	Posted	Bank Draft ETF	\$0
04/01/09 - 04/30/09	05/29/09	12345	\$190	Posted	Check	\$0
03/01/09 - 03/31/09	04/14/09	12345	\$190	Posted	Cash	\$0
02/01/09 - 02/28/09	03/13/09	12345	\$190	Posted	Bank Draft ETF	\$0
01/01/09 - 01/31/09	02/11/09	12345	\$190	Posted	Bank Draft ETF	\$0

- Set Of Links To Largest Banks In Regence Area If Rather Set Up Personal Bill Pay

list of banks

The following banks are in your area. You can search for additional banks on Google.com.

- Name of Bank
- Name of Bank
- Name of Bank
- Name of Bank
- Name of Bank
- Name of Bank

HSA Banking Options

Regence Referral Vendors

				
Standard Website	www.healthequity.com	www.hsabank.com	www.myhsa.usbank.com	www.wellsfargo.com/hsa
Extensive Blues Plan experience	YES	YES	YES	YES
Co-branded debit card*	YES	YES	NO	NO
Pre-sales support available	YES	YES	YES	YES
Sales presentation support available	YES	YES	YES	YES
Provides ongoing relationship support	YES	YES	YES	YES

* Co-branded debit card not available with Wells Fargo or US Bank. Currently working with US Bank to accommodate this at a later date.

Why Use A Regence Partner Vendor?

Partner Vendor Benefits

- Contractually agreed member service level standards
- Negotiated fee schedules (typically lower than direct pricing)
- Co-branded debit card* (Health Equity and H.S.A. Bank only)
- Robust web portals
- Experienced with Blues plans & currently service thousands of BCBS accounts
- Regence Financial Services team issues support
- Regence branded sales support & demo websites (Health Equity only)

* Available for individual members with HealthEquity and HSA Bank when member enrolls using vendors co-branded website.

Tools and commission

Agent toolbox

Coming soon!
New online
shopping site!



Web Services to develop on Agent Center

Training modules

Quoting tool

HSA & banking partners

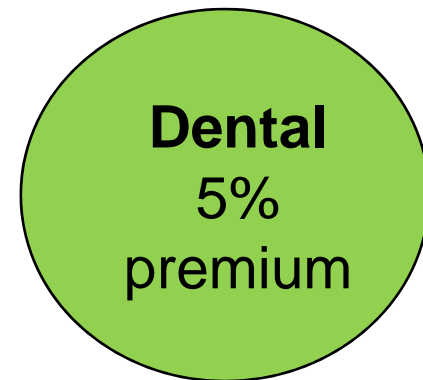
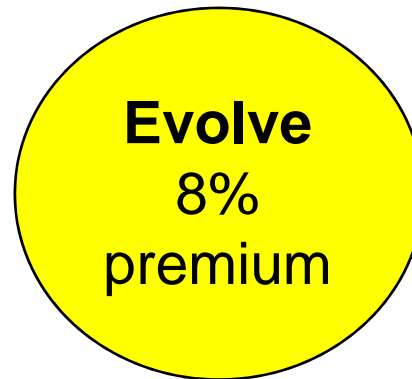
Forms

Product summaries

Contact information

FAQs

Commissions



New and improved commission statements on Evolve products!

Use your FACETS Agent Number for Evolve applications!

Closures

Product Closures

We evaluate our products often to achieve the right balance between benefits and premiums, so that those who need Individual coverage can find a plan that fits their needs at a price they can afford.

After considerable evaluation we decided to close the following Regence Individual plans to new sales.

Effective 1/29/2010:

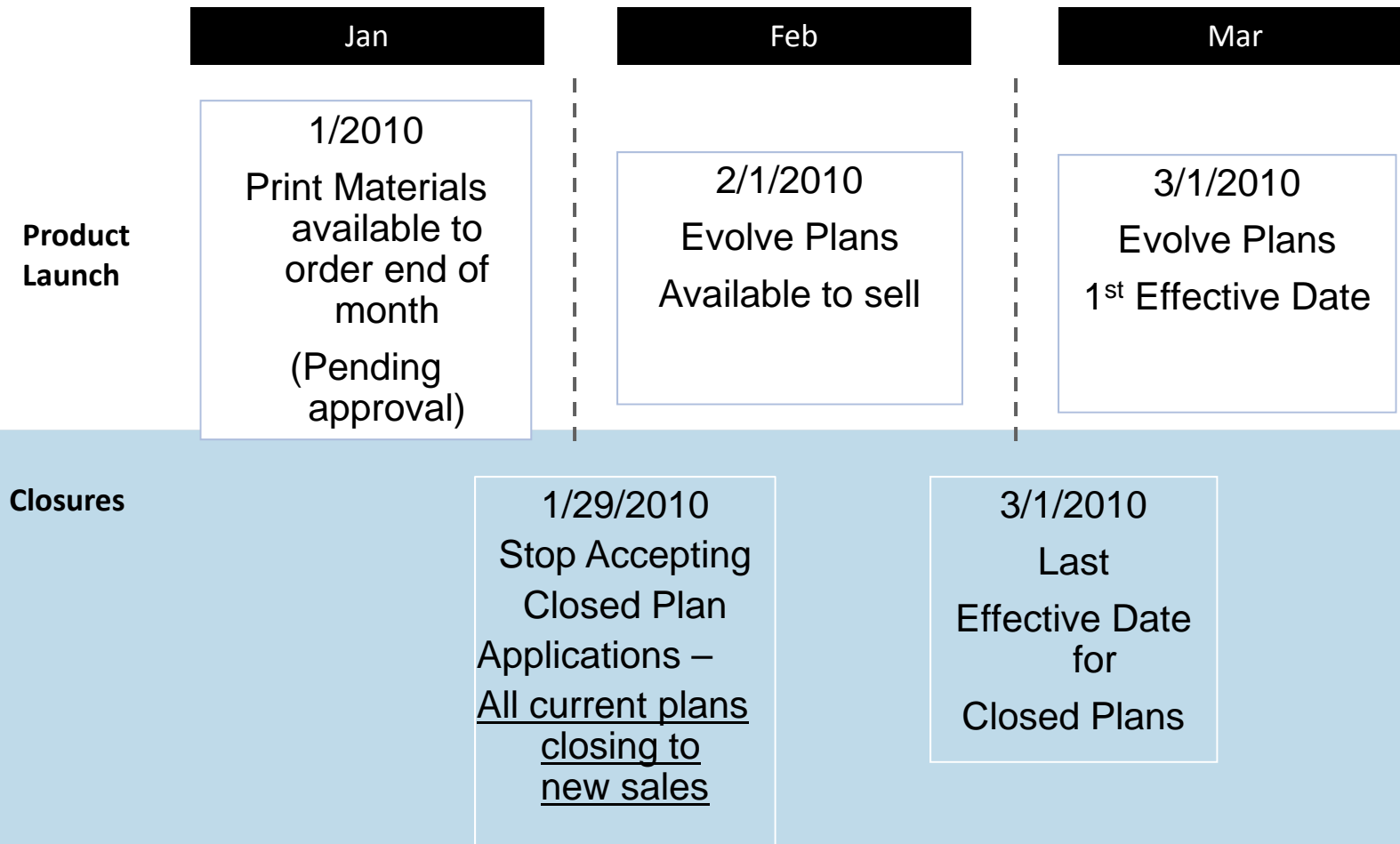
- **Regence BreakthruSM**
- **Regence NowSelectSM**
- **Regence HSA Healthplan**
- **Regence HSA Comprehensive Healthplan**
- **DentalOne**

Closing these Individual plans leads to greater simplicity for agents and consumers alike.

Application Dates to Remember

- **Last date to accept a closing plan application is 1/29/2010 at 5 p.m.**
- **Last closing plan effective date is 3/1/2010**
- **Applicants who want 3/1/2010 effective date may find Evolve plans a better choice**
- **New applicants who want a 4/1/2010 effective date should select an Evolve plan**

Timeline 2010 - 2011



Regence Life and Health: InterMSM

What is InterM?

InterM is for healthy people who have a temporary need for medical coverage and gives peace of mind by providing coverage for injuries and sudden-onset illnesses

Healthy: 5 year pre-X*/contract
Temporary: 30 – 185 day contract

*See policy for details

Who is InterM for?

- InterM is for people
 - Between jobs, laid off, on strike
 - In probationary period for a group medical plan
 - Waiting for issuance of an individual contract
 - Recent graduates and students aged out of a family plan
 - Temporary residents

Eligibility?

- Under age 65 for the term of the policy
- Not eligible for Medicare
- Not pregnant or no pregnant family member
- Not covered under any other hospital or medical plan
- Legally reside in the US for the full term of the policy
- Physical address in Regence service area

Coverage Limitations

- 30 – 185 days coverage
- Can only apply for 2 policies within a 12 –month period
- No continuous coverage between policies!!!
- Must wait a day to apply for a second policy
- Must wait 6 months before applying for a 3rd policy

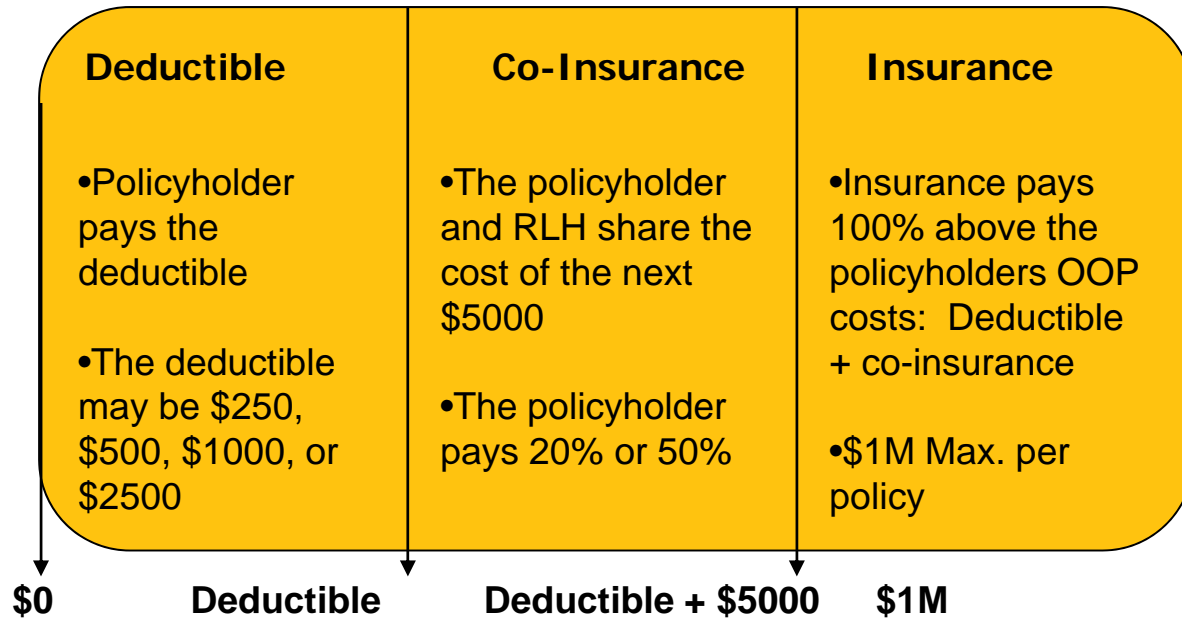
Example:



Additional Policy Details

- Choice of providers
 - Any physician or hospital of your choice
 - No referrals, network or out of area restrictions
- Choice of deductible/individual
 - \$250, \$500, \$1000, \$2500
 - Max. family deductible = 3x individual
- Co-pay options
 - 80/20, 50/50
- Three categories of coverage
 - Single, Two-Party, Family
- Multiple age-bands
 - Two-party and family age-band calculated using age of oldest insured

How it Works



Maximum OOP Expense

	Deductible			
Co-Insurance	\$250	\$500	\$1,000	\$2,500
80/20	\$1,250	\$1,500	\$2,000	\$3,500
50/50	\$2,750	\$3,000	\$3,500	\$5,000

What is and is not covered?

Covered

- Hospital care
- Emergency room
- Certain cancer screenings
- Physician services for diagnosis, treatment, and surgery
- Ambulance
- Home health care
- Prescription drugs

Not Covered

- Routine exams
- Pregnancy
- Eye surgery
- Immunizations
- Vision services
- Dental services
- Family planning services
- Drug treatment

See the brochure for a complete list

InterM Accidental Death Benefit

- Benefit if the covered person's death is a result from an accident
 - Insured 18 or older - \$25,000
 - Covered spouse - \$25,000
 - Covered dependent child - \$5,000
 - Policy for child under 18 - \$5,000

How to Apply- InterM

- Online
 - Via agent link
- Mail in application
- Payment
 - Full term payment or monthly
 - Credit card and auto bank draft
 - Check
 - \$20 application fee

Coverage starts at 12:01 the following day
after online enrollment

RLH InterM Agent Commission

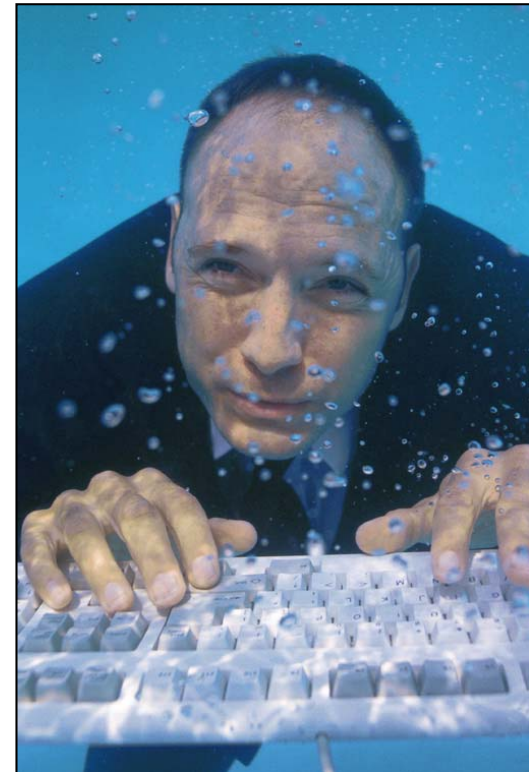
20% commission!!!

RLH InterM Questions

- Enrollment: (800) 794-5390 – option 3
- Commissions: (800) 794-5390
- Claims: (800) 286 5390

Your Sales contacts

- **NEW! Dedicated Agent/Broker Line for Individual and Medicare Sales**
(800) 557-0555
- Ola Williams-Oakes (King, Pierce & Kitsap)
(206) 332-6201
- Nick Hill (Yakima, Walla Walla, Columbia and Klickitat)
(509) 228-6014
- Brad Westin (all other counties)
(206) 332-5475
- Analisa Pamparo, Sales Specialist
(206) 332-6416



Questions



Thank you for attending today!