

Regence BlueShield

2008 HSA Healthplan Dual Option Matrix

For Community Groups of 10 to 50 Subscribers

BENEFIT DESCRIPTION	Allowed Dual Option Pairings for HSA Deductible Options				
				EMBEDDED	
	\$1,500 \$3,000	\$2,500 \$5,000	\$3,500 \$7,000	\$3,000 \$5,000	\$3,000 \$7,000
Selections 100/70/15	-	-	-	-	-
Selections 100/70/20	-	-	-	-	-
Selections 80/50/15	Y	-	-	-	-
Selections 80/50/20	Y	-	-	-	-
PPO FourFront, \$15 Copay, \$200 Deductible	Y	-	-	-	-
PPO FourFront, \$15 Copay, \$500 Deductible	Y	-	-	-	-
PPO FourFront, \$15 Copay, \$750 Deductible	Y	-	-	Y	-
PPO FourFront, \$15 Copay, \$1,000 Deductible	Y	Y	-	Y	-
PPO FourFront, \$25 Copay, \$200 Deductible	Y	-	-	-	-
PPO FourFront, \$25 Copay, \$500 Deductible	Y	-	-	Y	-
PPO FourFront, \$25 Copay, \$750 Deductible	Y	-	-	Y	-
PPO FourFront, \$25 Copay, \$1,000 Deductible	Y	Y	-	Y	-
Preferred Plan 100/90/60/15, \$200 Deductible	-	-	-	-	-
Preferred Plan 100/90/60/15, \$500 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/15, \$750 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/15, \$1,000 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/15, \$200 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/15, \$500 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/15, \$750 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/15, \$1,000 Ded. except Copay Services	Y	-	-	-	-
Preferred Plan 100/90/60/20, \$200 Deductible	-	-	-	-	-
Preferred Plan 100/90/60/20, \$500 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/20, \$750 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/20, \$1,000 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/20, \$200 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/20, \$500 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/20, \$750 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/20, \$1,000 Ded. except Copay Services	Y	-	-	-	-
Preferred Plan 100/90/60/25, \$200 Deductible	-	-	-	-	-
Preferred Plan 100/90/60/25, \$500 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/25, \$750 Deductible	Y	-	-	-	-
Preferred Plan 100/90/60/25, \$1,000 Deductible	Y	-	-	Y	-
Preferred Plan 100/90/60/25, \$200 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/25, \$500 Ded. except Copay Services	-	-	-	-	-
Preferred Plan 100/90/60/25, \$750 Ded. except Copay Services	Y	-	-	-	-
Preferred Plan 100/90/60/25, \$1,000 Ded. except Copay Services	Y	-	-	-	-
Preferred Plan 80/80/50, \$200 Deductible	-	-	-	-	-
Preferred Plan 80/80/50, \$500 Deductible	Y	-	-	-	-
Preferred Plan 80/80/50, \$750 Deductible	Y	-	-	-	-
Preferred Plan 80/80/50, \$1,000 Deductible	Y	-	-	Y	-
Traditional 50/50, \$0 Deductible	Y	Y	-	Y	-

Note: A Dual Option arrangement with an HSA product is only available to groups enrolling a minimum of 10 active employees. The second plan must enroll at least 2 subscribers. Only those combinations marked with a "Y" are valid Dual Option pairings.