

**BENEFIT OPTIONS SUMMARY
TRADITIONAL,
SELECTIONS[®], AND
PREFERRED PLANS
(Except FourFront, HSA-Qualified
Preferred Plan 80/80/60 and Regence HSA
Healthplan)**



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield offers groups several ways to enhance our standard benefit packages. The following options are available to most groups and plans unless indicated otherwise. Additional options may be available for groups of 100 or more. Contact your Sales contact for more information.

	Groups of 50 or Fewer	Groups of 51 or More
Annual Deductible Per Person The maximum annual deductible per family is three times the individual deductible amount.	Preferred Plans \$200, \$500, \$750, or \$1,000 Selections Plans Selections 100/70 - \$0 Selections network/\$200 extended network Selections 80/50 - \$0 Selections network/\$500 extended network Traditional 50% Plan \$0	Same options apply as groups of 50 or fewer.
Deductible Waiver	Deductible is waived for office visits when a copay applies and for diagnostic lab and x-ray services (available only on the PPO 100/90/60 plans)	
Copay	Preferred Plans \$15, \$20, or \$25 (available only on the 100/90/60 plan) Selections Plans \$15 or \$20	Same options apply as groups of 50 or fewer.
Annual Out-of-Pocket Coinsurance The maximum annual out-of-pocket coinsurance amount per family is three times the individual out-of-pocket coinsurance amount.	Preferred Plans \$2,500 or \$5,000 Selections Plans \$2,500 or \$5,000 Selections network with \$10,000 extended network Traditional 50% Plan \$5,000	Same options apply as groups of 50 or fewer.
Spinal Manipulations	An unlimited benefit is available. Benefits are paid at the same percentage of the allowed amount as professional services.	
Preventive Care Not applicable to Selections plans. Selections plans include preventive care benefits as a standard benefit.	Outpatient benefits are provided for routine well baby care, physical exams, immunizations, and routine cancer screenings, including preventive surgeries. Benefits are paid the same as any other condition and are subject to applicable deductible and copay amounts. or Same as above, except annual deductible waived and all preventive care benefits will be limited to \$300 per person per calendar year. Routine colorectal cancer screening services are not subject to the preventive care benefit annual maximum.	

<p>Dental Plans Not all dental plans are available throughout the service area; contact your Sales contact for complete details and to find out which plan works best for your group.</p>	<p>There are eight traditional dental plans to choose from. Annual maximums, payment levels, copays and deductibles vary among the plans. or There are four Columbia Dental plans available through several offices. These plans have no annual maximums or deductibles but have varying copays. (Only available to group plans of 100 or more employees)</p>	
<p>Orthodontia Traditional Dental Columbia Dental</p>	<p>Option is not available. Option is not available Paid at 50% to \$1,000 lifetime maximum. Covered after \$2,800 copay. (Only available to group plans of 100 or more employees)</p>	
<p>Mental Disorders</p>	<p>Options are not available. Traditional and Preferred Plans Inpatient care is limited to 8 days per calendar year. Outpatient care is limited to 12 visits per calendar year. Selections Plans Inpatient care is limited to 12 days per calendar year in Selections network and 6 days per calendar year in extended network. Outpatient care is limited to 15 visits per calendar year in Selections network and 12 visits per calendar year in extended network.</p>	<p>Traditional and Preferred Plans Inpatient care is limited to 8 days per calendar year. Outpatient care is limited to 12 visits per calendar year. or Inpatient care is limited to 15 days per calendar year. Outpatient care is limited to 25 visits per calendar year. Selections Plans Options are not available. Same benefit as groups of 50 or fewer.</p>
<p>Prescription Drugs Prescription drugs obtained through a participating retail pharmacy or participating mail order program will be covered after the copay and prescription drugs deductible, if applicable, is satisfied. Prescription drug options include oral contraceptives.</p>	<p>Closed Formulary. Formulary outpatient prescription drugs are available with the following retail pharmacy copay amounts: \$15 or \$20 per-prescription copay; prescriptions obtained through the mail-order program are also included at double the retail pharmacy copay. or \$500 prescription drugs deductible per calendar year. After the deductible is met, covered prescription drugs will be provided with a 20% per-prescription copay. Prescriptions obtained through the mail-order program are also included. Tiered. Open formulary outpatient prescription drugs are available with the retail pharmacy copay amounts shown below. Since an open formulary is used, many non-formulary prescription drugs are covered but at a higher copay level for the member. The options are as follows: \$7 generic/30% brand-name/50% non-formulary or \$12 generic/30% brand-name/50% non-formulary per-prescription copay; prescriptions obtained through the mail-order program are also included with a mail-order copay amount per prescription of \$14 generic/30% brand-name/50% non-formulary or \$24 generic/30% brand-name/50% non-formulary. These options are subject to a \$2,400 prescription drugs out-of-pocket per member per calendar year. or \$10 generic/\$20 brand-name/\$40 non-formulary per-prescription copay; prescriptions obtained through the mail-order program are also included at double the retail pharmacy copay.</p>	
<p>Vision Care These options are available on the Selections plans without the eye exam because routine eye exams are included in the standard Selections benefit package.</p>	<p>One routine eye exam per calendar year is covered when services are rendered by physicians or optometrists that are covered under the plan. Lenses and frames are paid to scheduled allowances. Not subject to the deductible. or Same as above, except lenses and frames are paid at 80% to \$200 every two calendar years beginning with the initial date of service.</p>	

This is a brief list of options, it is not a certificate of coverage. A complete statement of benefits, including waiting periods, limitations, and exclusions is available through your Sales contact. myRegence.com is designed to advise you on health care and lifestyle options, navigate you through the health care system, and reward you who make healthy choices. Go to www.myRegence.com and view claims; get fitness and

nutrition tips; learn about medical conditions, medications and formulary information; search for doctors; and research cost and care options.