

# BENEFIT OPTIONS SUMMARY

## 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 for the Regence HSA Healthplan. Additional options may be available for groups of 100 or more. Contact your Marketing Representative for more information.

	Groups of 50 or Fewer	Groups of 51 or More
<p><b>Annual Deductible</b> Family deductible applies when the subscriber and one or more dependents are enrolled.</p> <p>Prior to benefits being paid for any family member, the entire family deductible must be met.</p> <p>or</p> <p>If the subscriber or dependent reaches the member deductible during the calendar year, benefits become available for that member.</p>	<p>\$1,500 Member / \$3,000 Family \$2,500 Member / \$5,000 Family \$3,500 Member / \$7,000 Family</p> <p>\$3,000 Member / \$5,000 Family \$3,000 Member / \$7,000 Family</p>	<p>Same options apply as groups of 50 or fewer.</p>
<p><b>Spinal Manipulations</b></p>	<p>An unlimited benefit is available. The member must use a Preferred Plan or participating provider.</p>	
<p><b>Dental Plans</b> Not all dental plans are available throughout the service area; contact your Marketing Representative 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.</p> <p><b>or</b></p> <p>For groups of 100 or more in size, there are four Columbia Dental plans available through several offices. These plans have no annual maximums or deductibles but have varying copays.</p>	
<p><b>Orthodontia</b> Traditional Dental Columbia Dental</p>	<p>Option not available.</p>	<p>Paid at 50% to \$1,000 lifetime maximum. Covered after \$2,800 copay. <i>(For groups of 100 or more in size only.)</i></p>
<p><b>Vision Care</b></p>	<p>One routine eye exam per calendar year is covered when services are rendered by a Preferred Plan or participating physician, or a Preferred Plan or participating optometrist. Lenses and frames are paid at 80% to \$200 every two calendar years beginning with the date of initial service for this benefit. Not subject to the deductible.</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 Marketing Representative. 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](http://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.**