



Regence BlueShield is an Independent Licensee
of the Blue Cross and Blue Shield Association
1800 9th Avenue
Seattle, WA 98101

CONVERSION PLANS

We offer a choice of three Conversion Plans if you are transferring from a group plan with our Company or from a contract with another Blue Shield plan. These Plans are guaranteed to be available to you, regardless of your health, provided you apply within 31 days of termination from the prior contract. As a direct transfer, you will have to satisfy only the waiting periods of your prior plan, if you have not already done so.

You and your dependents may be eligible for a continuation of your prior plan benefits. For more information, contact your Customer Service Representative.

WHO IS ELIGIBLE FOR THE CONVERSION PLANS

To be eligible for one of our Conversion Plans, you must be transferring from one of our group plans or from a contract with another Blue Shield plan and apply within 31 days of termination from the prior plan. However, if you are covered under another group medical plan or eligible for Medicare, you are not eligible for these Plans, unless otherwise specified in the Conversion Plan contract. Under the Conversion Plans, eligible dependents include:

- Your lawful spouse. Spouses who are eligible for Medicare coverage are not eligible for coverage under a Conversion Plan.
- Your domestic partner. All contract provisions stated as applicable to a spouse will also apply to a domestic partner. Domestic partners who are eligible for Medicare coverage are not eligible for coverage under a Conversion Plan.
- A natural child, adopted child, a child legally placed with you for adoption including a child for whom you have assumed a total or partial legal obligation for support in anticipation of adoption, a stepchild, or a child for whom you are the legal guardian (you will need to provide a court order showing legal guardianship). In addition, a child of yours will be eligible for coverage under these Plans when required by a court order.

Dependents who are not transferring from the prior plan may apply for coverage on a subscriber's Conversion Plan if the dependent meets the eligibility requirements stated above. Such dependents must satisfy their own waiting periods.

HOW TO APPLY FOR COVERAGE ON A CONVERSION PLAN

Once you select one of the Conversion Plans, you may not transfer to another Conversion Plan. Be sure to fill in all the appropriate information. Also indicate the name of your prior plan and the member Social Security number.

Be sure to submit your application within 31 days of the expiration date of your prior plan in order to protect your waiting periods and your conversion rights. Mail the application to the Company. **Do not send any money at the time of application.**

WHEN COVERAGE BECOMES EFFECTIVE

When your application has been approved, you will be notified by letter, which will include the amount of money due for the first period of coverage. Your coverage will be retroactive to the date of your termination from the prior contract. Please remember that you will not be eligible for conversion coverage unless your application is received within 31 days of your termination from the prior plan.

You will receive your contract, contract certificate, and identification card after you have sent in your first rate payment.

CONVERSION PLANS

(Application within 31 days of termination from prior contract is required.)

BENEFIT	PLAN 1	PLAN 2	PLAN 3
DEDUCTIBLE (Annual-Per Member)	\$500	\$1,000	\$500
BENEFIT PAYMENT AMOUNT	All the benefits listed below are paid at 100% of the allowed amount unless otherwise specified.	All the benefits listed below are paid at 75% of the allowed amount unless otherwise specified.	All the benefits listed below are paid at 80% of the allowed amount unless otherwise specified.
PROFESSIONAL SERVICES	100%	75%	80%
OUTPATIENT DIAGNOSTIC X-RAY AND LAB SERVICES	100%	75%	80%
HOSPITAL INPATIENT SERVICES Day Limit Room and Board Other Medically Necessary Hospital Services	70 days per calendar year. Semiprivate.	120 days per calendar year. Semiprivate. 75%	180 days per calendar year. Semiprivate. 80%
HOSPITAL OUTPATIENT SERVICES	100%	75%	80%
ACUPUNCTURE 12 visits per calendar year maximum	100%	75%	80%
BLOOD BANK	100%	75%	80%
DIABETES CARE TRAINING	100%	75%	80%
HOME HEALTH SERVICES 130 visits per calendar year maximum	100%	90%	90%
HOME MEDICAL EQUIPMENT	Not covered.	75%	80%
HOSPICE SERVICES Six-month maximum	100%	90%	90%
HOSPITALIZATION FOR DENTAL SERVICES	100%	75%	80%
MATERNITY Provided for subscriber and covered spouse. No maternity coverage for dependent children.	100%	75%	80%
MENTAL DISORDERS	100%	75%	80%
NEWBORN CARE	Regular benefits are provided for illness, injury, or physical disability, including congenital abnormalities, for the newborn when the subscriber or subscriber's spouse is eligible for maternity benefits; when the subscriber or subscriber's spouse is not eligible for maternity benefits, professional and hospital benefits are provided for routine care while hospitalized during the first 72 hours following birth, not subject to the application requirements, if any, for newborns.		

BENEFIT	PLAN 1	PLAN 2	PLAN 3
PHENYLKETONURIA (PKU) FORMULAS	100%	100%	100%
PRENATAL TESTING	100%	75%	80%
PRESCRIPTION DRUGS	Not covered, except for preventive drugs as specified in the contract.	Not covered, except for preventive drugs as specified in the contract.	Not covered, except for preventive drugs as specified in the contract.
PREVENTIVE CARE	100%	100%	100%
PROSTHESES	100% for internal/external breast prostheses after mastectomy; no other coverage.	75%	80%
REHABILITATIVE SERVICES (INPATIENT) 12-month maximum	Physical, speech, and occupational therapy at 100%.	Physical, speech, and occupational therapy at 75%.	Physical, speech, and occupational therapy at 80%.
REHABILITATIVE SERVICES (OUTPATIENT) 12-month maximum	Physical, speech, and occupational therapy at 100%.	Physical, speech, and occupational therapy at 75%.	Physical, speech, and occupational therapy at 80%.
SKILLED NURSING FACILITY 30 days per calendar year maximum	Semiprivate room and board.	Semiprivate room and board.	Semiprivate room and board.
SPECIAL EQUIPMENT AND SUPPLIES	Not covered.	75%	80%
SPINAL MANIPULATIONS 10 visits per calendar year maximum	100%	75%	80%
TRANSPLANTS No benefits provided for transplant donor or travel and lodging expenses; 12-month waiting period	100% for authorized procedures.	75% for authorized procedures.	80% for authorized procedures.
ANNUAL BENEFIT LIMIT	\$2,000,000	\$2,000,000	\$2,000,000

ALL PLANS	
WAITING PERIODS AND CREDITS	<p>If you are transferring from a group contract with the Company, the prior group plan's waiting period provisions will apply to this plan. Any part of the waiting period not satisfied under the group plan must be satisfied in order to receive the benefits of these plans.</p> <p>A new member added for coverage after the effective date of this medical plan must be covered under this medical plan for three consecutive months before benefits will be provided for preexisting conditions. The member will be allowed to credit the amount of time they had prior creditable coverage that was not interrupted by more than 90 days at any one time starting with the most recent period of creditable coverage. If the member had at least three months of prior creditable coverage or is enrolled prior to reaching 19 years of age, they will not be required to satisfy the waiting period for preexisting conditions under this plan.</p> <p>You will not be eligible for any benefits related to a transplant including stem cell support and high-dose chemotherapy associated with stem cell support, until the first day of the thirteenth month of continuous coverage under this plan, whether or not the condition is preexisting or an emergency. You will be allowed a credit against this transplant waiting period for any period of time you were continuously covered under a prior medical plan or plans that qualify as creditable coverage. Benefits related to a transplant which was performed prior to your effective date of coverage under this or any immediately preceding plan with the Company will be subject to the preexisting condition waiting period described above.</p>
PHYSICIANS AND HOSPITALS	You must use the services of a participating physician, participating optometrist, participating podiatrist, participating hospice or home health agency, or Medicare-approved skilled nursing facility.

Exclusions and Limitations to Coverage: The noncovered services and supplies under our conversion medical plans include, but are not limited to:

- Addiction to or abuse of drugs, or any other chemical substance, whether legal or illegal, except for injuries sustained as a consequence of being intoxicated or under the influence of narcotics.
- Ambulance services.
- Acupuncture for smoking cessation.
- Benefits covered by government programs.
- Charges for services or supplies that are above the allowed amount, except as required by law for emergencies.
- Charges related to a transplant donor.
- Charges that in the absence of the contract there would be no obligation to pay.
- Contraceptive supplies and devices, except as provided under the Special Equipment and Supplies benefit, if any.
- Cosmetic surgery and supplies (including drugs) and the treatment of any direct or indirect complications of such surgery, except: 1) when related to an illness or injury; 2) for congenital anomalies; 3) for reconstructive breast surgery following mastectomies to the extent required under federal and state law as follows: a) reconstruction of the diseased breast; b) reconstruction of the nondiseased breast to produce a symmetrical appearance; and c) prostheses and physical complications of all stages of a mastectomy, including lymphedemas.
- Custodial care.
- Dental Services, except as provided under the Hospitalization for Dental Services benefit.
- Drugs, except as provided to an inpatient or for preventive drugs as specified in the contract.
- Dyslexia treatment.
- Eyeglasses and contact lenses and the fitting, except for the first intraocular lenses following cataract surgery.
- Hearing aids; this exclusion does not apply to cochlear implants.
- Home medical equipment, except as specified.
- Hospitalization for conditions for which the member is not usually hospitalized, such as common colds, minor cuts or bruises, removal of small tumors, and similar minor conditions.
- Infusion therapy services and supplies, including growth hormone, except as specified.
- Injuries sustained while practicing for or competing in professional or semiprofessional athletics contest.
- Investigational services or supplies.
- In-vitro fertilization, artificial insemination, embryo transfer, or other artificial means of conception, including any expenses for fertility drugs. Marital counseling; family counseling, except for Mental Disorders.
- Neurodevelopmental therapy.
- Occupational injury or disease.
- Physical or psychiatric examinations or psychological testing for the purpose of obtaining or continuing employment, licensure, legal proceedings, insurance, school admission, or sports activities, or which are conducted for purposes of medical research.
- Private duty nursing or hourly nursing charges.
- Prostheses, orthopedic or surgical appliances, special equipment and supplies, including contraceptive drugs and devices, except as specified.
- Routine eye exams.
- Services or supplies covered by auto insurance, personal injury protection insurance, homeowner insurance, or commercial premises coverage.
- Services or supplies not medically necessary* for illness, injury, or physical disability, including routine physical and hearing exams and related x-ray and laboratory, except as specified in the contract.
- Services provided by a family member. A “family member” means the member’s spouse, parent, or child.
- Service provided by recognized providers.
- Surgery (including reversals), treatment, programs, or supplies that are intended to result in weight reduction, regardless of diagnosis.
- Surgery or treatment for sexual dysfunction/impotence, transsexualism.
- Treatment and any appliances used in connection with malocclusions, jaw abnormalities, Temporomandibular Joint Disorders, and myofascial pain syndrome.
- Treatment of any condition caused by or resulting from active participation in the armed forces in a war or insurrection.
- Treatment of any condition that the Secretary of Veterans Affairs determines to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.
- Treatment related to sterilization.
- Visual analysis, therapy, training, or orthoptics.
- Visits or consultations that are not in person, including but not limited to, any telephone, Internet, or other electronic communication (except tele-medicine in remote locations, as approved by the Company), whether initiated by the member or the member’s provider.

***Medically Necessary:** Health care services or supplies that a physician or other health care provider exercising prudent clinical judgment, would provide to you for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that are: In accordance with generally accepted standards of medical practice; clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your illness, injury or disease; and not primarily for the convenience of you, or your physician or other health care provider, and not more costly than an alternative service or sequence of services, or supply at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your illness, injury or disease. For these purposes, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of the physicians practicing in relevant clinical areas and other relevant factors.

*This is a summary of the conversion plan benefits and exclusions. Nothing in this summary alters any of the terms or conditions in the contract. See the contract for more information on benefits, limitations, and exclusions. **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.*