

# Choosing Regence Evolve<sup>SM</sup>

Individual and family health benefit plans

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

03105-or / 01-10







**Regence** | 100 SW Market Street, P.O. Box 1271  
Portland, OR 97207-1271

Thank you for expressing interest in a Regence Individual and family health plan.

Choosing health coverage is an important process, and we're looking forward to helping you find the Regence plan that will give you what you're looking for.

In order to meet the changing needs of our neighbors here in Oregon, we've developed a suite of new plans called Regence Evolve. These plans focus on affordability, practical coverage, wellness and protection. You'll find a variety of benefits and costs—and even two HSA options that give you the ability to save money tax-free for eligible medical expenses. This booklet contains valuable tools designed to help you choose and apply for the coverage that's right for you.

You'll find plan comparisons, brief explanations of how coverage works, a description of our wellness-focused programs and all the forms you'll need to apply.

If you want to explore Regence or our plans in more detail, please visit our Web site at **[www.regence.com](http://www.regence.com)**. You can also talk to your local agent or an Individual plan specialist at 1-888-REGENCE (1-888-734-3623).

We look forward to hearing back from you soon.

Sincerely,

Alison Nicholson  
Individual Sales



# Table of **contents**

## **Step 1**

Choose a plan that's right for you .....	5
Comparing medical plans .....	7
Frequently asked questions .....	8
Health Savings Accounts explained .....	10
Regence Financial Services Partners .....	12
Key features of Regence Evolve .....	13
Medical plan comparisons .....	14
Regence Evolve Core <sup>SM</sup>	
Regence Evolve Plus <sup>SM</sup>	
Regence Evolve HSA Plan <sup>SM</sup>	
Regence Evolve HSA 100 Plan <sup>SM</sup>	
Medical plan limitations and exclusions .....	18
Dental coverage	
Regence Evolve Dental Option 1 .....	20
Regence Evolve Dental Option 2 .....	21
Dental plan limitations and exclusions .....	22

## **Step 2**

See what Regence membership means .....	23
Value-added programs .....	25

## **Step 3**

Apply for coverage .....	27
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## Step 1

### Choose a plan that's right for you

#### **Want a variety of choices?**

Regence Evolve plans provide a number of options when it comes to coverage and cost. With four plans to choose from and multiple cost-sharing options within each plan, you're sure to find the right coverage for you.

#### **Considering an HSA?**

Many consider these Consumer-Directed Health Plans to be the future of health care coverage. They combine a specially designed, high-deductible health plan and a tax-advantaged savings account to use for out-of-pocket medical expenses or to save for future medical expenses. We offer a variety of HSA options.

#### **Need dental coverage?**

Good overall health includes good dental health, too. And good dental health requires regular dental care. If you're interested in coverage for overall well-being, you'll probably want to add dental coverage to your medical benefits.

There are two optional dental plans that can accompany your Evolve medical plan. Each one provides flexibility, choices and control over how you spend your dental coverage dollars, all with an eye on maintaining overall good health.

If you have questions about any of the plans, talk to your local agent or call us at 1-888-REGENCE (1-888-734-3623).



# Comparing medical plans

## What you need to know

When shopping for a health plan, it can be helpful to know a little more about how health coverage works.

Below is information that will help you better understand what you're comparing when you're looking at our options side by side.

If you have any questions or want to learn more, please visit our Web site at [www.regence.com](http://www.regence.com) or call us at 1-888-REGENCE (1-888-734-3623).

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### What is coinsurance?

Coinsurance is your share of the cost of health care services after you've met your deductible and paid any applicable copay. For example, if your plan pays 80%, the remaining 20% is your coinsurance. Coinsurance amounts can vary from plan to plan.

### What is an allowed amount?

An allowed amount is the fee that most providers agree to accept as payment in full for covered services. (Any deductible, coinsurance or copay is part of your share of the allowed amount.)

### What is a coinsurance maximum?

Standard (non-HSA) plans have a coinsurance maximum, which is the most you would pay in coinsurance in a calendar year. Only your coinsurance counts toward this limit; money you pay in copays or toward the deductible does not accumulate toward this maximum. You would still be responsible for non-coinsurance out-of-pocket expenses, such as office-visit copays, after this maximum is reached.

### How does the HSA annual out-of-pocket maximum work?

Your out-of-pocket maximum is the limit to how much you would pay out of pocket during a calendar year. Coinsurance and deductibles both count toward this maximum. This amount varies by plan. After you have reached your out-of-pocket maximum, Regence pays 100% of remaining covered medical expenses for that calendar year.

### How does the deductible work?

Your deductible is the cost of covered medical services you incur and are responsible to pay each calendar year before the benefits are available. On standard plans, the family deductible is met when three or more covered family members reach the equivalent of three individual deductible amounts. On HSA family plans, the entire family deductible needs to be met before any family member receives benefits. (On HSA individual plans, an individual needs to meet just their one deductible.)

### What is a Consumer-Directed Health Plan?

It's a health plan design that involves consumers more directly in their health care through higher cost-sharing. Typically, such products are paired with a tax-advantaged health savings account offered through a bank. Funds in this account can be used to cover a portion of out-of-pocket expenses or saved for future medical needs.

### What is a pre-existing condition?

A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before the effective date of coverage. The pre-existing condition period terminates six months following the effective date of coverage.

# Frequently asked questions about applying for coverage

Going to our Web site, [www.regence.com](http://www.regence.com), is the quickest and easiest way to apply. We've even built some decision-making tools that can help you choose the plan that's right for you. You can also complete and submit the application form that's at the back of this booklet. To help you through the application process, here are some frequently asked questions:

## **Q. Who can apply for coverage?**

A. Individuals and families who are not eligible for Medicare can apply for coverage under these plans if they reside in Oregon. Eligible family members may include your spouse or domestic partner, and any unmarried dependent children under age 23.

## **Q. Can I apply online?**

A. Yes, you can apply online. Online shopping is quick and easy. Compare plans, get a rate quote, find participating doctors and hospitals, and complete an application online. Our Web site makes it easy to find or match a doctor and hospital to the plan you're considering. To find out more, visit [www.regence.com](http://www.regence.com), then click on *Shop Now*.

## **Q. How do I apply on paper?**

A. Simply complete the enclosed application (one per family). Then return the forms to us. Once we receive all the needed documents, we'll begin our review process.

## **Q. By completing the application, will I automatically be approved for coverage?**

A. We have to review each applicant's health history before we can offer coverage. If we're unable to offer coverage to you or one of your family members, we'll provide contact information for the state program that provides medical coverage for Oregon residents who are unable to obtain private coverage due to health conditions.

## **Q. When will my coverage begin?**

A. Your contract will be effective on the first of the month after your application is approved. We'll begin to process your application immediately once we receive it. If we need additional information, processing could be delayed. Once coverage is offered, we'll send you your member card(s) and a contract.

## **Q. Does it cost more to buy through an agent?**

A. No. There is never an extra cost or obligation when you use an appointed agent. Agents appointed to represent Regence products provide a valuable service to their clients. They can help you decide which of our products is best for you and your family.

## **Q. Will my rate ever change?**

A. We evaluate Individual rates each quarter for new members coming onto these plans. But once you are a member, you may not see a rate change for your coverage for one year after your enrollment date. For example, if you became a member on July 1, 2010, the next time you may see a rate change is July 1, 2011. See the policy for when we may change the premium rates other than at the renewal date.

## **Q. What about prior coverage credit?**

A. If we receive your application within 63 days after similar coverage with another insurance carrier ends, we'll credit the time you were covered by the other company to the 6-month pre-existing condition waiting period. We need to receive a copy of your Certificate of Coverage from your previous insurance carrier in order to apply credits.

Creditable coverage means any of the following types of coverage:

- Group coverage (including FEHBP and Peace Corps)
- Individual coverage (including student health plans)
- Medicaid
- Medicare
- CHAMPUS/Tricare
- Indian Health Service or tribal organization coverage
- Public health plans
- State Children's Health Insurance Program (S-CHIP)
- State high-risk pool coverage
- Self-funded government plans

# Frequently asked questions about applying for coverage

## **Q. How do I pay for my plan?**

A. Choose from three convenient billing options: monthly automatic bank deduction (SurePay), quarterly billing, or monthly paper billing. Don't send money with your application. We'll bill after we've processed your application.

If you choose monthly automatic bank deduction, it may take a month or two to get your bank deduction set up. So, please be sure to pay the monthly bills that you receive in the mail until the bank deduction is finalized.

## **Q. What if I want to add a dependent in the future?**

You can add newborns or recently adopted children to your policy within 60 days of birth or adoption. See your policy for details.

To add a spouse, domestic partner or other children, send us a completed application form. Once we receive the application, we'll begin the review process. You can also apply online at [www.regence.com](http://www.regence.com).

If the dependent's application is approved, benefits for pre-existing and other specified conditions will be subject to limitation periods.

## **Q. Can I purchase the dental options separately from the medical plans?**

A. No. The Evolve dental options are available only to individuals and families who purchase Regence Evolve medical plans during initial enrollment. If you want a stand-alone dental plan (one that's not combined with medical coverage), please visit Regence Life & Health Insurance Company at [www.regencelife.com](http://www.regencelife.com).

## **Q. Can individual family members decline dental coverage?**

A. If more than one family member is applying for a health plan and dental options on the same application, all family members will have the dental coverage. If individual family members complete separate applications for medical coverage they can choose to add or not add a dental option.

## **Q. What should I do if I have questions?**

A. This booklet is a summary of the Regence Evolve plans. You may find it useful if you need a quick answer to a question about your coverage. The policy will provide complete details about your plan.

Please call us at 1 (888) REGENCE (1-888-734-3623) if you have more questions before you've been accepted for coverage. Once your coverage is effective, please call Customer Service at 1 (888) 232-5763. The TTY line for people with a hearing impairment is 711. If you prefer, an agent appointed to represent our products can also answer questions and help you apply.

For the most up-to-date list of medical providers, please visit our Web site at [www.regence.com](http://www.regence.com), and choose *Provider Search*.

## **Q. Can my employer pay for my coverage?**

A. No. Individual plans are not intended for sale as an employer-sponsored health plan for employees. You're required to certify on your application for Individual coverage that your employer is not paying for your plan. For information on employer health benefit plans, contact our Group Sales department at 1 (877) 508-7356.

## **Q. How do I know if my doctor is covered?**

A. You may see any of our contracted providers. For a list, visit our Web site at [www.regence.com](http://www.regence.com). Simply click on Find a Provider at the top of the page and follow the prompts. You will see all the networks the providers are part of as well as other useful information (such as location, hours and languages spoken).

# Health Savings Accounts explained

## A smarter way to manage your health care

### The power of HSA: ownership

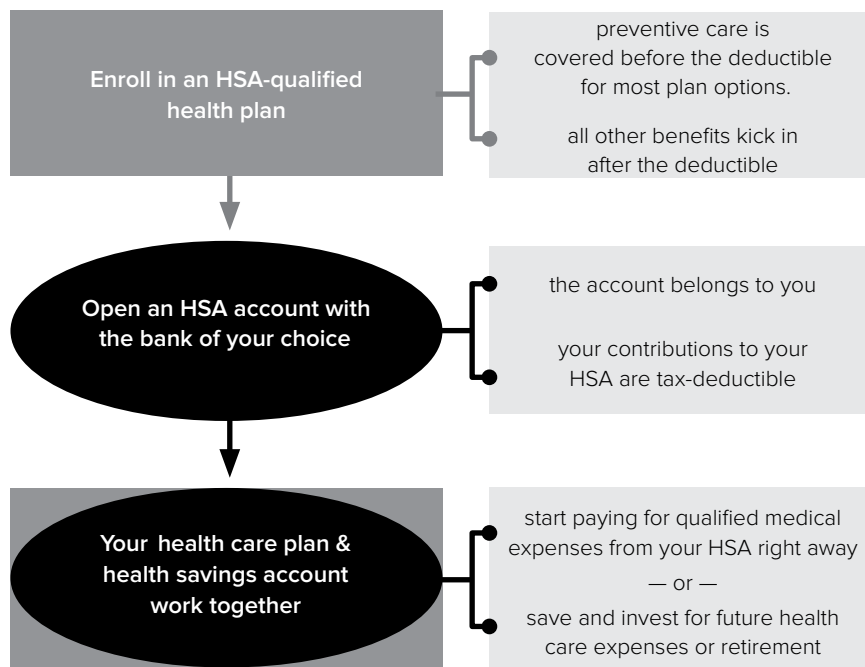
There are many options to choose from when searching for individual health care coverage for yourself or your family. A new concept in health care—called a Health Savings Account (HSA)—may be the right choice for you if you're looking for coverage that's personalized, tax-advantaged and flexible.

#### Why should you consider an HSA?

With an HSA, you have more ownership over your health care.

- An HSA offers unique tax savings. Contributions are tax-deductible, interest is earned tax-free, and qualified medical expenses are paid tax-free.
- Your HSA funds belong to you. Your funds roll over each year and follow you wherever you go, allowing you to save and invest for future medical expenses and retirement.
- Your benefits are personalized. The HSA account gives you the flexibility to spend your health care dollars on the services you need most. Even more, you can choose from a list of services that expands beyond what is covered by your health plan.

### How an HSA plan works



# Health Savings Accounts explained

## The power of Regence: unparalleled support

The Regence Evolve HSA options offer full-service solutions that includes all the tools and support you need to make the plan your own. From robust benefits to guided tours—we're committed to your success.

### Regence Evolve HSA offers robust coverage

- Complete preventive care, covered before you meet your deductible
- Integrated wellness programs
- Comprehensive coverage after the deductible

### Regence Evolve HSA 100

- 100% coverage after yearly deductible
- Integrated wellness programs
- Easy-to-use benefits and features

### Our tools make the difference

- **myRegence.com** takes you from the basics to a deeper understanding of plan personalization, tax savings and investment options, with:
  - Guided online tours
  - Webinars
  - Ask an HSA Expert
  - Online community of Regence members

### Personalized support

- A team of member advocates is available to answer questions about your health plan, your health savings account and all our HSA tools.
- CareEnhance® 24-hour nurse hotline is available to answer medical questions quickly and conveniently.

## Getting started is easy

### Follow these simple steps:

1. Obtain an application from your local agent, apply online at **www.regence.com**, or call us toll-free: 1 (888) REGENCE (1-888-734-3623).
2. Once you're approved for coverage, you can open a Health Savings Account. You can work with one of Regence's preferred banking partners or you may choose your own bank.

3. Put your HSA to work for you. Spend your HSA dollars on qualified medical expenses, or save and invest for the future.

## Frequently asked questions

### What is an HSA-qualified plan?

For a plan to be HSA-qualified, it must meet requirements set by the IRS that include the deductible and out-of-pocket expense amounts.

### Who is eligible to enroll in an HSA?

Individuals may open an HSA if:

- They are enrolled in a qualified high-deductible health plan
- They don't have coverage under another health plan, such as a spouse's plan
- They are not enrolled in Medicare
- They are not claimed as a dependent on someone else's tax return

### How much can be contributed to an HSA?

Combined HSA contributions cannot exceed the maximum contribution limit as determined by the IRS. For 2010, the annual limits are \$3,050 for individual coverage, or \$6,150 for family coverage.

### How do I get the account set up?

Once you're enrolled in an Evolve HSA medical plan, you will need to set up an account with the banking partner of your choice by contacting the bank and filling out the appropriate forms. A list of Regence's preferred banking partners can be found on the following page.

### When should I set up the account?

You may set up the account at any time, but you cannot fund the account until you have been approved for the health plan. To take full advantage of the value of the HSA, we encourage you to have the account set up and funded as soon as you have received approval. Only claims that occurred since the account has been open can be paid out of the account.

*For investment or tax advice on HSA plans, please talk to an accountant or tax advisor.*

# Regence Financial Services Partners

The Regence Evolve HSA is a combination of a specially designed, high-deductible Regence health plan and a tax-advantaged savings account. For your convenience, we have developed partnerships with a select group of financial institutions that offer HSA accounts along with some added benefits to Regence members. You may choose to open an account with one of our partners or with any financial institution that offers HSAs.

## Benefits of using a Regence Financial Services Partner

- They offer high quality customer service.
- Our members have access to negotiated fee schedule.
- All partners have extensive experience working with HSAs.
- The connection process between banking partners and Regence provides seamless member service over the phone.
- You can link from [myRegence.com](http://myRegence.com) to the bank's member login page.

## Financial Services Partner Web site and contact information

**HealthEquity**  
[www.regenceor.healthequity.com](http://www.regenceor.healthequity.com)  
 1 (866) 960-8055

**US Bank**  
[www.healthsavings.usbank.com](http://www.healthsavings.usbank.com)  
 1 (877) 472-6789

**HSA Bank**  
[www.hsabank.com/orregence](http://www.hsabank.com/orregence)  
 1 (800) 357-6246

**Wells Fargo**  
[www.wellsfargo.com/investing/hsa](http://www.wellsfargo.com/investing/hsa)  
 1 (866) 890-8309

## Additional information

Feature/item	HealthEquity	HSA Bank	US Bank	Wells Fargo
Member services availability	24/7/365	M-F	M-F	M-F
Paper check available	No	Yes	Yes	No
Debit card provider	Yes	Yes	Yes	Yes
PIN available (for ATM usage)	Yes	Yes*	No	No
Ability to pay provider online	Yes	No	No	No
Minimum balance required to invest funds	\$2,000	\$1	\$2,500	\$2,500

*\*Subject to transaction fees*

# Key features of Regence Evolve:

## Coverage, savings, flexibility

### Regence Evolve Core

- Preventive care (yearly physical, Pap, PSA, etc.) covered before you meet your deductible
- Four upfront office visits per member per year covered before you meet your deductible (\$35 copay per visit)
- Generic medications covered with a \$10 copay, before you meet your prescription deductible
- First \$200 per member per year outpatient X-ray and lab services covered at 100% per year before you meet your deductible

### Regence Evolve Plus

- Preventive care (yearly physical, Pap, PSA, etc.) covered before you meet your deductible
- Four upfront office visits per member per year covered before you meet your deductible (\$25 copay per visit)
- Vision exam and hardware each year \$150 per calendar year maximum, covered before you meet your deductible.
- Complementary care included (acupuncture, chiropractic and naturopathic care) \$500 per calendar year maximum, covered before you meet your deductible.
- First \$400 per member per year outpatient X-ray and lab services covered at 100% per year before you meet your deductible

### Regence Evolve HSA Plan

- Preventive care (yearly physical, Pap, PSA, etc.) covered before you meet your deductible
- Simple plans with both 80% and 50% coverage options
- Personal service and help from dedicated Regence HSA Customer Service department

### Regence Evolve HSA 100 Plan

- Unique plan that covers you at 100% once your annual deductible is met
- Simple to understand and use
- Personal service and help from dedicated Regence HSA Customer Service department

### Regence Evolve Dental Option 1

- \$750 Annual maximum that increases on a rewards basis (*For example, if you have at least one claim and incur less than \$500 in claims in year one, we'll increase your next year's annual maximum by \$250. If you incur less than \$750 in claims in year two, we'll increase the next year's maximum by another \$250. If you incur less than \$1,000 in claims in year three, we'll increase the next year's maximum by yet another \$250. By year four you could have a \$1,500 maximum benefit.*)
- No deductible for preventive care
- Discounts available through the national **Regence Dental network**

### Regence Evolve Dental Option 2

- Annual maximum of \$750 (basic, restorative and major services combined)
- Your coinsurance is 0% for the first \$200 and then 50% up to the \$750 calendar year maximum
- No deductibles
- Discounts available through the national **Regence Dental network**

# Regence Evolve Core<sup>SM</sup>

**Category 1:** Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.

**Category 2:** Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.

**Category 3:** Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits	Per individual		Per family
<b>Annual deductible</b> Deductible does not apply to certain benefits	\$1,000, \$2,500, \$5,000, \$7,500, \$10,000		Family deductible is three times the individual amount
<b>Annual coinsurance maximum</b> Once you reach this amount, Regence pays 100%	\$7,500		\$22,500
<b>Lifetime maximum</b>	\$2 million per member		
<b>Provider networks</b>	<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Coinsurance</b> Percentage you pay after the deductible	You pay 30%	You pay 50%	You pay 50%
	<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Up-front office visits (injury and illness)</b> First four per calendar year Not subject to deductible	\$35 office-visit copay		
<b>Prescription medications</b> \$1,000 per calendar year maximum for all drugs (including contraceptives); RegenceRx discount continues after maximum is met	Generics - \$10 copay Brand formulary - \$500 deductible, 50% coinsurance		
<b>Preventive care</b> Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies Immunizations for adults and children	Coinsurance only No deductible or age or annual limits		
<b>Up-front outpatient radiology and laboratory</b> (limit does not apply to preventive care or complex outpatient imaging)	First \$200 per calendar year, not subject to deductible		
<b>Vision care - refraction and hardware</b>	Not covered		
<b>Emergency room</b>	\$150 copay per ER visit (waived if directly admitted); deductible and 30% coinsurance		
<b>Hospitalizations</b> Inpatient and outpatient services	Deductible and coinsurance		
<b>Maternity</b> Diagnosis, prenatal care, labor and delivery	Deductible and coinsurance		
<b>Individual dental options</b> (optional with medical plan)	Dental Option 1 or Dental Option 2		
<b>Complex outpatient imaging</b> (CT Scan, MRI, PET, MRA, SPECT, Bone Density)	Deductible and 50% coinsurance; \$1,500 annual maximum benefit		
<b>After the up-front benefits are exhausted</b> Office visits, laboratory and radiology services	Deductible and coinsurance		

# Regence Evolve Plus<sup>SM</sup>

**Category 1:** Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.

**Category 2:** Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.

**Category 3:** Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits	Per individual		Per family
<b>Annual deductible</b> Deductible does not apply to certain benefits	\$1,000, \$2,500, \$5,000, \$7,500		Family deductible is three times the individual amount
<b>Annual coinsurance maximum</b> Once you reach this amount, Regence pays 100%	\$5,500 per member (\$4,000 per member with \$1,000 calendar-year deductible option)		\$16,500 per family (\$12,000 per family with \$1,000 calendar-year deductible option)
<b>Lifetime maximum</b>	\$2 million per member		
<b>Provider networks</b>	<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Coinsurance</b> Percentage you pay after the deductible	You pay 20%	You pay 50%	You pay 50%
	<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Up-front office visits (injury and illness)</b> First four per calendar year, not subject to deductible	\$25 office-visit copay		
<b>Prescription medications</b> \$4,500 per calendar year maximum for all drugs (including contraceptives); RegenceRx discount continues after maximum is met	Generics - \$10 copay Brand formulary - \$500 deductible, 50% coinsurance (On \$1,000 deductible medical plan: \$500 prescription medications deductible is waived and 50% coinsurance applies to brand formulary and non-formulary.)		
<b>Preventive care</b> Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies	Coinsurance only No deductible or age or annual limits		
<b>Immunizations for adults and children</b>	0% coinsurance; no deductible		
<b>Up-front outpatient radiology and laboratory</b> (limit does not apply to preventive care or complex outpatient imaging)	First \$400 per calendar year, not subject to deductible		
<b>Vision care – refraction and hardware</b>	20% coinsurance; routine eye exam and hardware covered to a combined \$150 per calendar year maximum; not subject to deductible or coinsurance maximum		
<b>Emergency room</b>	\$100 copay per ER visit (waived if directly admitted); deductible and 20% coinsurance		
<b>Hospitalizations</b> Inpatient and outpatient services	Deductible and coinsurance		
<b>Maternity</b> Diagnosis, prenatal care, labor and delivery	Deductible and coinsurance		
<b>Individual dental options</b> (optional with medical plan)	Dental Option 1 or Dental Option 2		
<b>Complex outpatient imaging</b> (CT Scan, MRI, PET, MRA, SPECT, Bone Density)	Deductible and 50% coinsurance		
<b>After the up-front benefits are exhausted</b> Office visits, laboratory and radiology services	Deductible and coinsurance		

# Regence Evolve HSA Plan<sup>SM</sup>

**Category 1:** Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.

**Category 2:** Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.

**Category 3:** Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits		Single	Family	
<b>Annual deductible</b> Deductible does not apply to certain benefits		\$1,500 or \$3,500	\$3,000 or \$7,000	
<b>Annual out-of-pocket maximum</b> Once you reach this amount, Regence pays 100%		\$5,000 per member	\$10,000 per family	
<b>Lifetime maximum</b>		\$2 million per member		
<b>Provider networks</b>		<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Coinsurance</b> Percentage you pay after the deductible You may choose 20/40/40 or 50/50/50 option	20/40/40	You pay 20%	You pay 40%	You pay 40%
	50/50/50	You pay 50%	You pay 50%	You pay 50%
		<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Office visits</b>		Deductible and coinsurance		
<b>Prescription medications</b> Generics only (including generic contraceptives and generic diabetic drugs and supplies); RegenceRx discount available		Deductible and coinsurance		
<b>Preventive care</b> Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies Immunizations for adults and children		Coinsurance only No deductible or age or annual limits		
<b>Vision care – refraction and hardware</b>		Not covered		
<b>Diagnostic laboratory and radiology services</b>		Deductible and coinsurance		
<b>Emergency room</b> Including professional charges		Deductible and 20% or 50% coinsurance (depending on your coinsurance choice)		
<b>Hospitalizations</b> Inpatient and outpatient services		Deductible and coinsurance		
<b>Maternity</b> Diagnosis, pre-natal care, labor and delivery		Deductible and coinsurance		
<b>Complex Outpatient Imaging</b> (CT Scan, MRI, PET, MRA, SPECT, Bone Density)		Deductible and 50% coinsurance		
<b>Individual dental options</b> (optional with medical plan)		Dental Option 1 or Dental Option 2		

# Regence Evolve HSA 100 Plan<sup>SM</sup>

**Category 1:** Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.

**Category 2:** Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.

**Category 3:** Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits	Single	Family	
<b>Annual deductible</b> Deductible does not apply to certain benefits	\$5,000 per member	\$10,000 per family	
<b>Annual out-of-pocket maximum</b> Once you reach this amount, Regence pays 100%	Annual out-of-pocket maximum includes all deductibles. After annual out-of-pocket maximum is met, you pay 0% for all covered services; some limits apply.		
<b>Lifetime maximum</b>	\$2 million per member		
<b>Provider networks</b>	<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Coinsurance</b> Percentage you pay after the deductible	0%	0%	0%
	<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Nonparticipating)</b>
<b>Office visits</b>	You pay 0% after deductible		
<b>Prescription medications</b> \$2,000 annual limit Generics only (including generic contraceptives and generic diabetic drugs and supplies) RegenceRx discount available	You pay 0% after deductible up to \$2,000 annual limit		
<b>Preventive care</b> Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies Immunizations for adults and children	You pay 0% after deductible		
<b>Vision care – refraction and hardware</b>	Not covered		
<b>Diagnostic laboratory &amp; radiology services</b>	You pay 0% after deductible		
<b>Emergency room</b>	You pay 0% after deductible		
<b>Hospitalizations</b> Inpatient & outpatient services	You pay 0% after deductible		
<b>Maternity</b> Diagnosis, pre-natal care, labor and delivery	You pay 0% after deductible		
<b>Complex Outpatient Imaging</b> (CT Scan, MRI, PET, MRA, SPECT, Bone Density)	You pay 0% after deductible		
<b>Individual dental options</b> (optional with medical plan)	Dental Option 1 or Dental Option 2		

# Medical plan

## Limitations and exclusions

A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before the effective date of coverage. The pre-existing condition period terminates six-months following the effective date of coverage.

Medical limitations and exclusions	Regence Evolve Core	Regence Evolve Plus	Regence Evolve HSA Plans
Alcoholism Treatment	\$4,500 every two calendar years maximum (inpatient and outpatient combined)	\$4,500 every two calendar years maximum (inpatient and outpatient combined)	\$4,500 every two calendar years maximum (inpatient and outpatient combined)
Breast Reduction, Eye Lid Surgery, Varicose Vein Surgery	Excluded	\$2,500 per lifetime maximum benefit	Excluded
Complementary Care (Acupuncture, chiropractic care and the services of an acupuncturist, a chiropractor and a naturopath)	Excluded	Limited to \$500 per calendar year maximum benefit; not subject to deductible or coinsurance maximum. Does not include tobacco cessation services.	Excluded
Cosmetic/Reconstructive Services and Supplies	Excluded	Excluded	Excluded
Counseling in the Absence of Illness	Excluded	Excluded	Excluded
Custodial Care	Excluded	Excluded	Excluded
Drug Abuse Treatment	Excluded	Excluded	Excluded
Fees, Taxes, Interest	Excluded	Excluded	Excluded
Government Programs	Excluded	Excluded	Excluded
Hospitalization for Dentistry	Excluded	Excluded	Excluded
Infertility Treatment	Excluded	Excluded	Excluded
Investigational Services	Excluded	Excluded	Excluded
Medications without a Prescription Order	Excluded	Excluded	Excluded
Mental Health Treatment	Excluded	Inpatient: 6 days per calendar year Outpatient: 12 visits per calendar year	Inpatient: 6 days per calendar year Outpatient: 12 visits per calendar year
Military Service Related Conditions	Excluded	Excluded	Excluded
Motor Vehicle Coverage and Other Insurance Liability	Excluded	Excluded	Excluded
Non-Direct Patient Care	Excluded	Excluded	Excluded
Non-Duplication of Medicare	Excluded	Excluded	Excluded
Obesity or Weight Reduction/Control	Excluded	Excluded	Excluded
Orthognathic Surgery (except for congenital conditions, injury, and sleep apnea)	Excluded	Excluded	Excluded
Personal Comfort Items	Excluded	Excluded	Excluded
Physical Exercise Programs and Equipment	Excluded	Excluded	Excluded

# Medical plan

## Limitations and exclusions

Medical limitations and exclusions	Regence Evolve Core	Regence Evolve Plus	Regence Evolve HSA Plans
Private Duty Nursing	Excluded	Excluded	Excluded
Riot, Rebellion and Illegal Acts	Excluded	Excluded	Excluded
Routine Foot Care	Excluded	Excluded	Excluded
Routine Hearing Exams	Excluded	Excluded	Excluded
Self-Help, Self-Care, Training or Instructional Programs	Excluded	Excluded	Excluded
Services and Supplies Provided by a Member of Your Family	Excluded	Excluded	Excluded
Services and Supplies That Are Not Medically Necessary	Excluded	Excluded	Excluded
Services to Alter Refractive Character of the Eye	Excluded	Excluded	Excluded
Sexual Reassignment Treatment and Surgery	Excluded	Excluded	Excluded
Sexual Dysfunction	Excluded	Excluded	Excluded
Temporomandibular Joint (TMJ) Disorder Treatment	Excluded	Excluded	Excluded
Third-Party Liability	Excluded	Excluded	Excluded
Tobacco Addiction Treatment	\$500 per lifetime maximum benefit	\$500 per lifetime maximum benefit	\$500 per lifetime maximum benefit
Travel and Transportation Expenses (other than covered ambulance services)	Excluded	Excluded	Excluded
Routine Vision Exam and Hardware	Excluded	Combined \$150 per calendar year maximum; not subject to deductible or coinsurance maximum	Excluded
Work-Related Conditions	Excluded	Excluded	Excluded

This chart does not contain all limitations and exclusions. Please refer to your policy for a complete list of benefits and the limitations and exclusions that apply

# Regence Evolve Dental Option 1

## Summary of benefits

Dental benefits	
Deductible per calendar year	\$50 per insured \$150 per family (3 times the insured amount)
Maximum benefit per calendar year	\$750 per insured
<b>Important note:</b> The dental deductible is calculated separately from any other deductible of the policy.	
Understanding your dental benefits	
<p>We will begin to pay benefits for covered services in any calendar year only after your deductible is satisfied unless otherwise specified.</p> <p>Once you have satisfied any applicable deductible, we pay a percentage of the allowed amount for covered services up to the maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your coinsurance (insured responsibility).</p> <p>Under the policy, you have the opportunity to qualify for a reward increase and add certain unused portions of the maximum benefit for the current calendar year to the maximum benefit for the following calendar year. For more information please refer to the policy.</p> <p>We do not reimburse dentists for charges above the allowed amount. A participating dentist will not charge you for any balances for covered services beyond your deductible and/or coinsurance amount. Nonparticipating dentists, however, may bill you for any balances over our payment level in addition to any deductible and/or coinsurance amount. You can find a list of providers at our Web site or by calling Customer Service.</p>	
Covered dental services (per Member)	Member responsibility
<b>Preventive dental services</b> Bitewing X-rays: 2 per calendar year Complete intra-oral mouth X-rays: Once in a 3-year period Cleanings: 2 per calendar year (in lieu of periodontal maintenance) Oral examinations: 2 per calendar year Panoramic mouth X-rays: Once in a 3-year period Sealants (permanent bicuspid and molars only): Under 18 years of age Space maintainers: Under 12 years of age Topical fluoride application: Under 18 years of age, 2 treatments per calendar year	0% deductible waived
<b>Basic dental services (six-month waiting period)</b> Endodontic services including root canal treatment, pulpotomy and apicoectomy Emergency treatment for pain relief Fillings consisting of composite and amalgam restorations General dental anesthesia or intravenous sedation (subject to necessity) Uncomplicated and complex oral surgery procedures Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings) Periodontal debridement: Once in a 3-year period Periodontal scaling and root planing: Once per quadrant in a 2-year period	20%
<b>Major dental services (12-month waiting period)</b> Bridges: Except no benefits are provided for replacement made fewer than seven-years after placement Crowns, inlays and onlays: Except no benefits are provided for replacement made fewer than seven-years after placement Dentures (full and partial): Except no benefits are provided for replacement made fewer than seven-years after placement Implants (endosteal): 4 per insured lifetime	50%

# Regence Evolve Dental Option 2

## Summary of benefits

<b>Dental benefits</b>	
Deductible per calendar year	N/A
Maximum benefit per calendar year	\$750 per insured
<b>Important note:</b> You will not be eligible for any dental benefits until the first day of the seventh month of continuous coverage under the policy.	
<b>Understanding your dental benefits</b>	
<p>We pay a percentage of the allowed amount for covered services up to the maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your coinsurance (insured responsibility).</p> <p>We do not reimburse dentists for charges above the allowed amount. A participating dentist will not charge you for any balances for covered services beyond your deductible and/or coinsurance amount. Nonparticipating dentists, however, may bill you for any balances over our payment level in addition to any deductible and/or coinsurance amount. You can find a list of providers at our Web site or by calling Customer Service.</p> <p>There are no age limits or frequency limits for Dental Option 2</p>	
<b>Covered dental services (per Member)</b>	<b>Member responsibility</b>
<b>Preventive, basic and major dental services</b> The first \$200 of covered services per calendar year	0%
<b>Preventive, basic and major dental services</b> After the first \$200 of covered services each calendar year	50%

# Regence Evolve Dental

## Limitations and exclusions

*Exclusions applicable to both Dental Option 1 and Dental Option 2 except where noted.*

**Additional procedures** to construct new crown under existing partial denture framework

**Application of desensitizing medicaments**

**Application of desensitizing resin** for cervical and/or root surface

**Behavior management**, for Dental Option 1 only

**Bleaching of teeth**

**Broken retainers**

**Collection of cultures and specimens**

**Connector bar or stress breaker**

**Diagnostic casts or study models**

**Duplicate x-rays**, for Dental Option 1 only

**Endodontic endosseous implants**, for Dental Option 1 only

**Exfoliative cytology sample collection or brush biopsy**, for Dental Option 1 only

**Experimental or investigational services:** experimental or investigational services as determined by Regence dental policy, for Dental Option 1 only

**Fees, Taxes, Interest**

**Gold foil restorations**, for Dental Option 1 only

**Hospitalizations for dentistry**

**House/extended care facility calls**

**Implant maintenance procedures**, including: removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis

**Incision and drainage of abscess extraoral soft tissue**, complicated or non-complicated

**Indirect pulp capping**

**Interim partial or complete dentures**

**Labial veneers**

**Local anesthesia, sterilization, and supplies billed as separate charges** (these procedures are considered inclusive of billed procedures)

**Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth**, for Dental Option 1 only

**Lost or stolen items**

**Maxillofacial prosthetic procedures**

**Military service related conditions:** Any condition resulting from military service in the armed forces of any country or any act of war (declared or undeclared)

**Modification of removable prosthesis following implant surgery**

**Nitrous oxide**, for Dental Option 1 only

**Occlusal analysis and adjustments**

**Occlusal guards**, for Dental Option 1 only

**Oral hygiene instructions**

**Oral/facial photographic images**

**Orthodontic services, including craniomandibular orthopedic treatment:** procedures for tooth movement, regardless of purpose, correction of malocclusion, preventive orthodontic procedures, and other orthodontic treatment

**Pediatric dentures**, for Dental Option 1 only

**Pin retention in addition to restoration**

**Precision attachments**

**Prescription drugs**, including take home prescription drugs, pre-medications, or supplies

**Provisional splinting**, for Dental Option 1 only

**Pulp vitality tests**

**Radical resection of maxilla or mandible**

**Radiographic/surgical implant index**

**Removal of nonodontogenic cyst, tumor, or lesion**

**Replacement of lost, stolen, or broken dental appliances**

**Services and supplies provided by a family member:** services and supplies provided to a member by an immediate family member

**Services and supplies that are not Medically necessary:** Services and supplies that are not medically necessary for the treatment of an illness, injury or physical disability

**Services performed in a laboratory**, for Dental Option 1 only

**Surgical procedures for isolation of a tooth with rubber dam**

**Surgical stent**, for Dental Option 1 only

**Therapeutic drug injections**

**Third Party Coverage:** Services and supplies for treatment of illness or injury for which a third party is responsible [e.g. automobile medical, personal injury protection (PIP), automobile no-fault (Idaho only; unless the automobile contract contains a COB provision in which case the COB provision of the plan shall apply), homeowner, commercial premises coverage or similar coverage]

**Tobacco or nutritional counseling** for the control and prevention of oral disease

**Tooth transplantation**, for Dental Option 1 only

**Travel and transportation expenses**

**Treatment of complications** (post surgical); unusual circumstances

**Treatment of simple or compound fractures of the mandible**

**Treatment of Temporomandibular Joint Dysfunction**

**Unspecified implant procedures**

*This page does not contain all limitations and exclusions. Please refer to your policy for a complete list of benefits and the limitations and exclusions that apply*

## **Step 2**

### See what Regence membership means

As a Regence member, you and enrolled family members have access to a wide range of resources, tools and programs designed to help you improve and maintain your health. Your participation in these programs is free, voluntary and completely confidential.

Want to learn more? Keep reading!



# Value-added programs

**These programs are not insurance but are offered in addition to your medical plan to help you get information and support when you need it.**



Join the conversation at **myRegence.com**—an online resource, powered by the Regence Engine®, designed to advise, navigate and reward you in your health care decisions. On **myRegence.com**, you can:

- Take a General Health Assessment
- Check your claims
- Enroll in a wellness program
- Find a doctor
- Get an estimate on costs of care
- Learn about health issues
- Earn Rewards points
- Talk to other Regence members

Want to try it out? Visit **www.myRegence.com** and click on *Guest Pass Registration*.

## Special Beginnings®

Nurses help expectant mothers throughout their pregnancies. Moms-to-be receive toll-free access to a nurse 24/7 and Rewards points through **myRegence.com** upon enrollment.

## Case Management

Receive help and support for you and your family in the event of a sudden or serious illness or injury. We'll assign an experienced nurse case manager to serve as your personal advocate during a time when you need it most, to help you understand your treatment options, show you how to get the most out of your benefits, and work with your physician to support your treatment plan.

## CareEnhance®

Call toll-free, 24 hours a day, for confidential health care advice. A registered nurse can answer any question and even tell you if symptoms call for a trip to the ER, a visit to the doctor or self-care at home.

# Value-added programs

## Regence Advantages

As a Regence member you can enjoy savings on health-related products and services with Regence Advantages. The program is offered to every Regence member at no additional cost.

Discounts include:

- **EyeMed Vision Care®:** Save 35% on a complete pair of glasses (frames and lenses); 15% on non-disposable contacts; and 20% off eye wear items, such as frames, lenses and lens options. Discount is available at LensCrafters, Pearle Vision, Sears Optical, Target Optical, JCPenney Optical and many private practice locations.
- **GlobalFit™:** Become a new fitness club member and enjoy membership discounts at one of GlobalFit's 10,000 member clubs across the country. For your convenience, enrollment and billing are handled through GlobalFit, not the individual club.
- **QualSight®:** Save 40% to 50% on Traditional or Custom LASIK through the QualSight network. For another \$450 per eye, IntraLase (bladeless) LASIK is also available.
- **Epic® Dental:** Purchase smile-protecting supplies at 25% off, including mouthwash, gums, mints and toothpaste. All items contain xylitol, a natural ingredient that fights cavities.
- **Jenny Craig®:** All Jenny Craig plans are personalized and offer one-on-one support from professional weight loss consultants. Three options to choose from:
  - **A free 30-day program.\***
  - **Corporate VIP\*:** 50% off this six-month program.
  - **Premium Success Program\*:** 20% off this one-year program, a free pedometer and up to 10% off all products.\*
- **Beltone™:** Free screening, 25% discount on Beltone hearing aids, a one-year supply of hearing aid batteries, and free follow-up visits and testing.
- **TruHearing™:** Savings of up to 60% MSRP; 45-day money back guarantee; one-time three-year replacement for loss or damage; one-year supply of batteries with each purchase.
- **Newport Audiology™ Centers:** A free hearing exam if you're Medicare-eligible, or \$25 if you're at least age 15, a 32% discount on all hearing-aids and a two-year supply of batteries (up to 96 batteries) at no extra charge per hearing-aid purchase.
  - Discounts through **Beltone, Newport Audiology** and **TruHearing** are available not only to policyholders, but to their parents and grandparents as well.
- **TruVision™:** Significant discounts on laser vision correction services such as LASIK and PRK eye surgery.
- **Safe Beginnings:** Enjoy a 15% discount on everything you need to babyproof your home! Choose from the largest selection of safety gates, cabinet locks, outlet covers, window guards, and many other items to help keep your baby safe.
- **YMCA Discounts:** The YMCAs in Oregon offer a new member benefit rate to all Regence BlueCross BlueShield of Oregon members. Just show your Regence member card and mention the new member benefit rate. Benefit rates vary by club, and not every YMCA offers the same classes and services. Call the YMCA nearest you for specific details.

For more information on Regence Advantages, visit our Web site at [www.regence.com](http://www.regence.com), click on *Why Us* and then *Member Advantages*.

\*Plus the cost of food.

## Step 3

### Apply for coverage

#### Try our new and improved online shopping tool

Our online application process is quick and easy. It even features tools that can help you decide which plan is right for you. Just go to [www.regence.com](http://www.regence.com) and follow the step-by-step directions.

#### Paper applications

If you prefer to mail in your application, we've provided all the forms you need.

If you're applying for medical coverage, you'll need to **complete and return** the following:

1. *Oregon Application and Standard Health Statement* (required and included in this packet)
2. *Affidavit of Domestic Partnership* (required only for non-certified domestic partners and included in this packet)

Return all materials to us in the enclosed envelope. Please allow seven working days before inquiring about the status of your application.

Your contract will be effective on the first day of the month after your application is approved. We'll begin to process your application immediately once we receive it. If we need additional information, processing could be delayed. Once coverage is offered, we'll send you your member card(s) and a contract.

If you have questions about the application, please call us at 1-888-REGENCE (1-888-734-3623).







**Regence**

Individual Plans MS E-8U  
P.O. Box 1271  
Portland, OR 97207-1271

1-888-REGENCE (1-888-734-3623)

[www.regence.com](http://www.regence.com)