

Regence Evolve Core

\$2,500, \$5,000, \$7,500, \$10,000 Deductible Options

Family deductible maximum is 3x individual deductible.

Benefits shown below are when you use a preferred provider.



**Regence
BlueShield**

An Independent Licensee of the Blue Cross
and Blue Shield Association

Before the deductible is met:

These benefits are not subject to the deductible.

- 1. \$35 co-pay for office visits – first four per calendar year**
Deductible and 30% co-insurance applies for additional visits
(Includes office, urgent care and naturopathy visits)
- 2. Preventive care – you pay 30% co-insurance** (no annual benefit maximum)
Includes the following when billed as preventive: Routine physical exam, well child care; routine laboratory, radiology and diagnostic procedures including mammography, pap smear, PSA and colonoscopy (excludes complex imaging). Adult and child immunizations – you pay 30%.
- 3. Outpatient radiology and Laboratory - First \$200 per calendar year paid at 100%**
Deductible and co-insurance applies after upfront benefit limit of \$200 is met.
- 4. Prescription Drug Discount Program is included**
(Discount applies to generic and brand name formulary drugs)

After the deductible has been met, all other covered benefits are provided.

- **\$150 Emergency room co-pay** (waived if admitted), plus 30% co-insurance.
- **30% co-insurance for hospital and physician services** (preferred provider network)
- **50% co-insurance for complex outpatient imaging**, \$1,500 calendar year maximum benefit (CT Scan, MRI, PET, SPECT, Bone Density)
- **\$7,500 annual co-insurance maximum**, plus deductible and co-pays
(After you have met your deductible, you pay up to \$7,500 in co-insurance, then Regence covers 100% of allowable charges up to 2 million)
- **2 million lifetime maximum**
- **Inpatient rehabilitation - \$8,000 PCY**
- **Outpatient rehabilitation – \$1,500 PCY**
- **Inpatient and outpatient mental health**
- **Includes 24 hour “on the job” coverage** for subscriber/spouse who are exempt from L&I
- Spinal manipulations, 10 PCY
- Acupuncture, 6 PCY
- No 4th quarter deductible carry-over

Partial list of Exclusions:

maternity, chemical dependency, TMJ, prescription drugs, vision exam and hardware, discretionary surgery

Age	Regence Evolve Core							
	\$2,500		\$5,000		\$7,500		\$10,000	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Per Child	\$83	N/A	\$69	N/A	\$62	N/A	\$57	N/A
0-24	\$83	\$95	\$69	\$79	\$62	\$71	\$57	\$66
25-29	\$95	\$109	\$79	\$91	\$71	\$82	\$66	\$75
30-34	\$110	\$127	\$91	\$105	\$83	\$95	\$76	\$88
35-39	\$130	\$150	\$108	\$124	\$98	\$112	\$90	\$103
40-44	\$153	\$176	\$127	\$146	\$115	\$132	\$106	\$122
45-49	\$185	\$213	\$154	\$177	\$139	\$160	\$128	\$147
50-54	\$221	\$254	\$183	\$210	\$165	\$190	\$152	\$175
55-59	\$259	\$298	\$215	\$247	\$194	\$223	\$179	\$206
60+	\$303	\$349	\$251	\$289	\$227	\$261	\$209	\$241

*This flyer was prepared by the Health Insurance Connection, Inc. This is a brief summary of benefits and is not a certificate of coverage. For full coverage provisions, including a description of waiting periods and limitations, refer to a benefit brochure and contract. This summary is not a contract. Rates guaranteed until August 1, 2010.