

Regence Evolve Plus

\$1,000, \$2,500, \$5,000, \$7,500 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. \$25 co-pay for office visits – first four per calendar year**
Deductible, then 20% co-insurance applies for additional visits
(Includes office, urgent care and naturopathy visits)
- 2. Preventive care – you pay 20% 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 paid at 100%.
- 3. Outpatient radiology and laboratory - First \$400 per calendar year paid at 100%**
Deductible and 20% co-insurance applies after upfront benefit limit of \$400 is met.
- 4. Vision care – \$150 benefit maximum per calendar year.**
Routine Exam and vision hardware - you pay 20% co-insurance. Use participating provider.
- 5. Prescription drugs – \$2,500 maximum** per person per calendar year – includes contraceptives
 - Tier 1 (Generic) = \$10 retail or mail order co-pay per 30 day supply
 - Tier 2 (Brand Name Formulary) = \$500 Rx deductible, then 50% co-pay for retail or mail order
 - Tier 3 (Non-Formulary) = **Not covered**

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

- **\$100 Emergency room co-pay** (waived if admitted), plus 20% co-insurance.
- **20% co-insurance for hospital and physician services** (preferred provider network)
- **50% co-insurance for complex outpatient imaging** (CT Scan, MRI, PET, SPECT, Bone Density)
- **50% co-insurance for discretionary surgery, \$2,500 lifetime max**
- **\$5,500 annual co-insurance maximum**, plus deductible and co-pays
(After you have met your deductible, you pay up to \$5,500 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
- **Includes maternity coverage**
- Spinal manipulations, 10 PCY
- Acupuncture, 6 PCY
- No fourth quarter deductible carry-over

Partial list of Exclusions:

chemical dependency, TMJ,
non-formulary brand name drugs.

	Regence Evolve Plus							
	\$1,000		\$2,500		\$5,000		\$7,500	
Age	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Per Child	\$185	N/A	\$140	N/A	\$116	N/A	\$105	N/A
0-24	\$185	\$213	\$140	\$161	\$116	\$133	\$105	\$121
25-29	\$212	\$244	\$160	\$185	\$133	\$153	\$120	\$138
30-34	\$247	\$283	\$186	\$214	\$154	\$178	\$140	\$161
35-39	\$291	\$335	\$220	\$253	\$182	\$210	\$165	\$190
40-44	\$342	\$394	\$259	\$298	\$215	\$247	\$194	\$223
45-49	\$414	\$476	\$313	\$360	\$260	\$299	\$235	\$270
50-54	\$493	\$567	\$373	\$429	\$309	\$355	\$280	\$321
55-59	\$579	\$665	\$437	\$503	\$363	\$417	\$328	\$377
60+	\$678	\$780	\$513	\$589	\$425	\$489	\$384	\$442

*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.