

# 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 – covered @ 100%** (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.

**3. Outpatient radiology and Laboratory - First \$200 per calendar year covered 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	\$2500 DEDUCTIBLE		\$5000 DEDUCTIBLE		\$7500 DEDUCTIBLE		\$10000 DEDUCTIBLE	
	NS	SMOKER	NS	SMOKER	NS	SMOKER	NS	SMOKER
<25	\$97	\$112	\$80	\$92	\$69	\$80	\$62	\$71
25-29	\$112	\$129	\$92	\$106	\$79	\$91	\$71	\$82
30-34	\$130	\$149	\$107	\$123	\$92	\$106	\$83	\$95
35-39	\$153	\$176	\$126	\$145	\$109	\$125	\$98	\$113
40-44	\$180	\$207	\$148	\$170	\$128	\$147	\$115	\$132
45-49	\$218	\$251	\$179	\$206	\$155	\$178	\$139	\$160
50-54	\$260	\$298	\$213	\$245	\$185	\$212	\$166	\$191
55-59	\$305	\$350	\$250	\$288	\$217	\$249	\$195	\$224
60-64	\$357	\$410	\$293	\$337	\$254	\$292	\$228	\$262
65>	\$357	\$410	\$293	\$337	\$254	\$292	\$228	\$262
Child	\$97		\$80		\$69		\$62	

\*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 are scheduled to increase October 1, 2011. However, due to health care reform mandated coverage there could be a slight increase before that date.