

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.

AGE	\$1000 DEDUCTIBLE		\$2500 DEDUCTIBLE		\$5000 DEDUCTIBLE		\$7500 DEDUCTIBLE	
	NS	SMOKER	NS	SMOKER	NS	SMOKER	NS	SMOKER
<25	\$215	\$247	\$163	\$187	\$135	\$155	\$122	\$140
25-29	\$247	\$284	\$187	\$215	\$155	\$178	\$140	\$161
30-34	\$287	\$330	\$217	\$249	\$180	\$207	\$163	\$187
35-39	\$339	\$390	\$256	\$295	\$212	\$244	\$192	\$221
40-44	\$399	\$458	\$301	\$347	\$250	\$287	\$226	\$260
45-49	\$482	\$555	\$365	\$419	\$302	\$348	\$273	\$314
50-54	\$574	\$660	\$434	\$499	\$360	\$414	\$325	\$374
55-59	\$673	\$775	\$509	\$586	\$422	\$485	\$382	\$439
60-64	\$789	\$907	\$597	\$686	\$495	\$569	\$447	\$515
65>	\$789	\$907	\$597	\$686	\$495	\$569	\$447	\$515
Child	\$215		\$163		\$135		\$122	

*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.