

HSA -Qualified Preferred Catastrophic Plan

Benefits shown below are when you use a preferred provider.



Deductible Options:

Individual Plan \$2,500 deductible for individual / \$2,500 co-insurance maximum
\$3,500 deductible for individual/\$1,500 co-insurance maximum

Family Plan \$5,000 deductible for family / \$5,000 co-insurance maximum
\$7,000 deductible for family / \$3,000 co-insurance maximum

Deductible is waived and services paid in full for in-network for preventive care exam
(includes mammogram, immunizations, pap smear, PSA testing)

All other services, paid AFTER deductible is met

- **Office visits - you pay 20% co-insurance** (Preferred Providers)
- **Hospital and Physician Services – you pay 20% co-insurance** (Preferred Providers)
(Participating providers 40% co-insurance with unlimited co-insurance max.)
- **Out-of-Pocket Maximum = Deductible plus co-insurance maximum**

Notes regarding coverage:

2 million lifetime maximum

10 spinal manipulations /12 acupuncture visits per calendar year (PCY)

Inpatient physical therapy -\$4,000 PCY; outpatient -\$2,000 PCY

Inpatient mental health – 8 days PCY; outpatient 12 visits PCY

No fourth quarter deductible “carry-over”

Includes occupational injury coverage for the subscriber only.

Includes prescription discount program.

Partial list of Exclusions

Maternity, Vision, prescription drugs, chemical dependency, TMJ

Age Band Category	Single		Family	
	\$2,500 Deductible		\$5,000 Deductible	
	Non-Smoker	Smoker	Non-Smoker	Smoker
0-29	\$102	\$111	\$79	\$90
30-34	\$124	\$140	\$98	\$111
35-39	\$147	\$179	\$116	\$140
40-44	\$188	\$216	\$148	\$172
45-49	\$216	\$249	\$172	\$201
50-54	\$249	\$286	\$201	\$229
55-59	\$299	\$345	\$237	\$274
60 +	\$350	\$415	\$276	\$330
First Child	N/A	N/A	\$77	\$77
2 or more	N/A	N/A	\$153	\$153

Age Band Category	Single		Family	
	\$3,500 Deductible		\$7,000 Deductible	
	Non-Smoker	Smoker	Non-Smoker	Smoker
0-29	\$92	\$102	\$72	\$82
30-34	\$113	\$129	\$90	\$102
35-39	\$134	\$162	\$106	\$129
40-44	\$171	\$196	\$137	\$155
45-49	\$196	\$227	\$155	\$184
50-54	\$227	\$261	\$184	\$208
55-59	\$271	\$314	\$216	\$249
60 +	\$318	\$378	\$250	\$300
First Child	N/A	N/A	\$70	\$70
2 or more	N/A	N/A	\$139	\$139

Rates Effective August 2009

*This flyer was prepared by the Health Insurance Connection, Inc. to give you a brief summary of a plan available from Regence BlueShield. Please refer to Regence summaries for more complete information and to your contract upon enrollment for exact language of benefits & limitations. This summary is not a contract. Rates guaranteed until August. 1, 2010 06/09