



WBACC Trust Plan Comparison March 1, 2009 - February 28, 2010



Plan Option	PPO 200, 400, 500A 100/80/80/50	PPO 500B 70/70/50	Advance Plans 100-80/80/50	Advance 1000 100 - 70/70/50	H S A Qualified Plan 80/80/60
Deductible Individual / Family per calendar year (PCY)	PPO 200 - \$200/\$600 PPO 400 - \$400/\$1,200 PPO 500A - \$500/\$1,500	\$500/\$1,500	Advance 200 - \$200/\$600 Advance 500 - \$500/\$1,500 Advance 750 - \$750/\$2,250	\$1,000/\$3,000	\$1,500/\$3,000 Entire family deductible must be met prior to benefits being paid for any family member
Coinsurance Maximum Individual / Family per calendar year	PPO 200 - \$3,000/\$9,000 PPO 400 - \$3,000/\$9,000 PPO 500A - \$3,000/\$9,000	\$3,000/\$9,000	Advance 200 - \$2,500/\$7,500 Advance 500 - \$2,500/\$7,500 Advance 750 - \$2,500/\$7,500	\$5,000/\$15,000	\$5,000/\$10,000 Entire family coinsurance max must be met prior to benefits being paid for any family member
Copay Per Office Visit	PPO 200 - \$25 PPO 400 - \$25 PPO 500A - \$30	No copay	\$25 All plans	\$30	No copay
Professional Services	PPO/Participating	PPO/Participating	PPO/Participating		PPO/Participating
Office Visit	100% / 50% Not subject to deductible when copay applies	70% / 50% Deductible waived	100% / 50% First 4 office, home & O/P hospital visits PCY are <u>not</u> subject to deductible 80% / 50% 5th & subsequent visits are subject to ded. as are other services not billed as an office visit	100% / 50% First 4 office, home & outpatient hospital visits PCY are <u>not</u> subject to deductible 70% / 50% 5th & subsequent visits are subject to deductible as are other services not billed as an office visit	80% / 60%
Outpatient Diagnostic Lab & X-ray (Includes mammograms & PSA tests)	80% / 50% Deductible waived when billed as a preferred professional office visit	70% / 50%	100% / 50% First \$500 PCY is <u>not</u> subject to ded. 80% / 50% Charges above \$500 PCY are subject to ded.	100% / 50% First \$500 PCY is <u>not</u> subject to deductible 70% / 50% Charges above \$500 PCY are subject to deductible	
Hospital Facility Inpatient care (including I/P & O/P Lab & X-ray) Emergency Room - copay waived if admitted	80% / 50% \$150 Copay, 80% / 50%	70% / 50% \$150 Copay, 70% / 50%	80% / 50% \$75 Copay, 80% / 50%	70% / 50% \$75 Copay, 70% / 50%	80% / 60% 80% / 60%
Preventive Care Annual exam, well baby care, immunizations, pap smears, cancer screening (not subject to deductible)	100% / 50%, Unlimited	70% / 50%, Unlimited	100% / 50%, Unlimited	100% / 50%, Unlimited	80% / 60%, Unlimited Deductible waived
Other Services					
Transplants - \$250,000 lifetime max 6-month waiting period on all plans, \$250,000 lifetime max \$50,000 per transplant donor organ procurement max \$2,500 per transplant travel & lodging max	80% / 50%	70% / 50%	80% / 50%	70% / 50%	80% / 60%
Mental Health 8 Inpatient Days per Calendar Year 12 Outpatient Days per Calendar Year	80% / 50% - 8 days 80% / 50% - 12 visits	70% / 50% - 8 days 70% / 50% - 12 visits	80% / 50% - 8 days 80% / 50% - 12 visits	70% / 50% - 8 days 70% / 50% - 12 visits	80% / 60% - 8 days 80% / 60% - 12 visits
Chemical Dependency - \$14,500 max every two cal yrs	100% / 50%; copay applies	70% / 50%	80% / 50%	70% / 50%	80% / 60%
Rehabilitation Max per condition Inpatient / max Outpatient PCY (Does not apply to the coinsurance max amount)	80% / 50% PPO 200 - \$30,000/\$3,000 PPO 400 - \$30,000/\$2,500 PPO 500A - \$30,000/\$1,500	70% / 50% \$30,000/\$1,500	80% / 50% \$30,000/\$1,500	70% / 50% \$30,000/\$1,500	80% / 60% \$30,000/\$1,500
Spinal Manipulations - 10 manipulations PCY	80% / 50%	70% / 50%	80% / 50%	70% / 50%	80% / 60%
Acupuncture - 12 visits PCY	80% / 50%	70% / 50%	80% / 50%	70% / 50%	80% / 60%
Prescription Drug - Generic / Brand Name / Non-formulary					
Retail Mail Order - 90 day supply - \$20/\$70/\$140	\$10/\$35/\$70	\$10/\$35/\$70 \$150 ded. Waived on generics	\$10/\$35/\$70	\$10/\$35/\$70 \$150 ded. Waived on generics	80% for all prescriptions Regence BlueShield reimburses member

All Plans have a \$2,000,000 lifetime maximum

This is a brief summary of benefits. For full coverage provisions, including waiting periods & exclusions, please refer to the benefit brochure & contract filed with the WBACC Trust.