



WBACC PPO 500B

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| Deductible | \$500 Individual/\$1,500 Family |
| Out of Pocket Maximum | \$3,000 Individual/\$9,000 |
| Coinsurance | 70% Preferred/50% Participating |
| Copay | No copay |
| Rx | \$10/35/70, Mail Order - 90 Days \$20/70/140 \$150 per member deductible on brand and non-formulary |
| Lifetime Maximum | \$2,000,000 / \$20,000 annual reinstatement |

| Benefits | Preferred Providers* | Participating Providers |
|--|--|--------------------------------|
| Office Visits Deductible waived | 70% | 50% |
| Preventive Care Unlimited, deductible waived | 70% | 50% |
| Routine Mammography & Prostate Cancer Screening Not subject to deductible or stop loss | 70% | 50% |
| Lab & X-Ray Deductible waived when billed as a preferred professional visit | 70% | 50% |
| Hospital Services \$150 ER copay, waived if admitted | 70% | 50% |
| Maternity Not subject to preexisting condition waiting period | 70% | 50% |
| Skilled Nursing Facility 90 days per calendar year | Only Participating Providers currently available | 70% |
| Ambulance | 70% Recognized ambulance providers only | |
| Inpatient Rehab Services \$30,000 maximum per condition | 70% | 50% |
| Outpatient Rehab \$1,500 maximum per calendar year | 70% | 50% |
| Inpatient Mental Health 8 days per calendar year | 70% | 50% |
| Outpatient Mental Health 12 visits per calendar year | 70% | 50% |
| Chemical Dependency \$14,500 maximum every 2 years at an approved state facility | 70% | 50% |
| Spinal Manipulations 10 spinal manipulations per calendar year | 70% | 50% |
| Transplants 6 month waiting period, \$250,000 lifetime maximum, \$50,000 per transplant organ procurement, \$2,500 per transplant travel and lodging maximum | 70% | 50% |
| Smoking Cessation \$500 lifetime maximum - does not apply to out of pocket maximum | 70% | 70% |

*To determine if a provider is "Preferred," refer to the Regence BlueShield provider directory or the website www.wa.regence.com. You may also call one of the WBACC Member Service Specialists at Regence BlueShield. This plan is underwritten by Regence BlueShield of Seattle, WA, an Independent Licensee of the Blue Shield Association. This is a brief summary of benefits. For full coverage provisions, including a description of waiting periods, limitations and exclusions, refer to your benefits brochure.