



WBACC PPO 500A

Deductible	\$500 Individual/\$1,500 Family
Out of Pocket Maximum	\$3,000 Individual/\$9,000
Coinsurance	80% Preferred/50% Participating
Copay	\$30
Rx	\$10/35/70, Mail Order - 90 Days \$20/70/140
Lifetime Maximum	\$2,000,000 / \$20,000 annual reinstatement

Benefits	Preferred Providers*	Participating Providers
Professional Service Deductible waived	100% after \$30 copay	50%
Preventive Care Unlimited, deductible waived	100% after \$30 copay	50%
Routine Mammography & Prostate Cancer Screening Not subject to deductible, copay or stop loss	100%	50%
Outpatient Diagnostic Lab & X-Ray (Includes diagnostic mammograms & PSA tests) Deductible waived when billed as a professional visit	80%	50%
Hospital Services \$150 ER copay, waived if admitted	80%	50%
Maternity Not subject to preexisting condition waiting period	80%	50%
Skilled Nursing Facility 90 days per calendar year	Only Participating Providers currently available	80%
Ambulance	80% Recognized ambulance providers only	
Inpatient Rehab Services \$30,000 maximum per condition	80%	50%
Outpatient Rehab \$1,500 maximum per calendar year	80%	50%
Inpatient Mental Health 8 days per calendar year	80%	50%
Outpatient Mental Health 12 visits per calendar year	80%	50%
Chemical Dependency \$14,500 maximum every 2 years at an approved state facility	100% Applicable copay will apply	50% Applicable copay or coinsurance will apply
Spinal Manipulations 10 spinal manipulations per calendar year	80%	50%
Transplants 6 month waiting period, \$250,000 lifetime maximum, \$50,000 per transplant organ procurement, \$2,500 per transplant travel and lodging maximum	80%	50%
Smoking Cessation \$500 lifetime maximum	75%	75%

*To determine if a provider is "Preferred," refer to the Regence BlueShield provider directory or the website ww.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.