



## WBACC HSA

<b>Deductible</b>	\$3,500 Individual/\$7,000 Family**
<b>Out of Pocket Maximum</b>	\$5,000 Individual/\$10,000*** <i>All eligible coinsurance expenses and the annual deductible will accumulate to the stoploss limit, unless otherwise specified.</i>
<b>Coinsurance</b>	80% Preferred/60% Participating
<b>Copay</b>	N/A
<b>Rx</b>	80% - Participating Pharmacies Only- Reimbursed
<b>Lifetime Maximum</b>	\$2,000,000 / \$20,000 annual reinstatement

Benefits	Preferred Providers*	Participating Providers
<b>Office Visits</b> Subject to deductible	80%	60%
<b>Preventive Care</b> Unlimited, deductible waived	80%	60%
<b>Lab &amp; X-Ray</b>	80%	60%
<b>Hospital Services</b>	80%	60%
<b>Maternity</b> Not subject to preexisting condition waiting period	80%	60%
<b>Skilled Nursing Facility</b> 90 days per calendar year	Only Participating Providers currently available	80%
<b>Ambulance</b>	80% Recognized ambulance providers only	
<b>Inpatient Rehab Services</b> \$30,000 maximum per condition	80%	60%
<b>Outpatient Rehab</b> \$1,500 maximum per calendar year	80%	60%
<b>Inpatient Mental Health</b>	80%	60%
<b>Outpatient Mental Health</b>	80%	60%
<b>Chemical Dependency</b>	80%	60%
<b>Spinal Manipulations</b> 10 spinal manipulations per calendar year	80%	60%
<b>Transplants</b> 6 month waiting period, \$350,000 lifetime maximum, \$50,000 per transplant organ procurement, \$2,500 per transplant travel and lodging maximum	80%	60%

\*To determine if a provider is "Preferred," refer to the Regence BlueShield provider directory or the website [www.wa.regence.com](http://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.

Rates on any dual option choice which includes an HSA Plan must be increased by one risk level.

\*\* Family deductible applies when the subscriber and one or more dependents are enrolled. Prior to benefits being paid for any family member, the entire family deductible must be met.

\*\*\* The family out-of-pocket amount applies when the subscriber and one or more dependents are enrolled. Prior to benefits being paid for any family member at 100%, the entire family out-of-pocket maximum must be met.