



## WBACC Trust Plan Comparison March 1, 2010 - February 28, 2011



Regence BlueShield is an Independent Licensee of the Blue Cross and Blue Shield Association

Plan Option	PPO 250+ & PPO 500+ 80/80/50/\$25	PPO 500, 750, 1000, 1500, 2000, 2500 80/80/50/\$30	HSA 1500, 2500, 3500 80/80/60
<b>Deductible</b> Individual / Family per calendar year (PCY)	PPO 250+ - \$250/\$750 PPO 500+ - \$500/\$1,500	PPO 500 - \$500 / \$1,500 PPO 750 - \$750 / \$2,250 PPO 1000 - \$1,000 / \$3,000 PPO 1500 - \$1,500 / \$4,500 PPO 2000 - \$2,000 / \$6,000 PPO 2500 - \$2,500 / \$7,500	HSA 1500 - \$1,500/\$3,000 HSA 2500 - \$2,500/\$5,000 HSA 3500 - \$3,500/\$7,000  Entire family deductible must be met prior to benefits being paid for any family member
<b>Coinsurance Maximum</b> Individual / Family per calendar year	\$3,000 / \$9,000	\$3,000 / \$9,000	\$5,000/\$10,000  All eligible coinsurance expenses & annual deductible accumulate toward stoploss limit, unless otherwise specified. Entire family coinsurance max must be met prior to benefits being paid for any family member.
<b>Copay</b> Per Office Visit	\$25	\$30	No Copay
<b>Professional Services</b>	PPO/Participating	PPO/Participating	PPO/Participating
Office Visit	100% / 50% Not subject to deductible when copay applies	100% / 50% Not subject to deductible when copay applies	80% / 60%
Outpatient Diagnostic Lab & X-ray <b>(Includes diagnostic mammograms &amp; PSA tests)</b>	80% / 50% Deductible waived when billed as a professional office visit	100% / 50% First \$500 PCY is <u>not</u> subject to ded. 80% / 50% Charges above \$500 PCY are subject to ded.	80% / 60%
<b>Hospital Facility</b> Inpatient care (including I/P & O/P Lab & X-ray) Emergency Room - <b>copay waived if admitted</b>	80% / 50% \$200 Copay, 80% / 50%	80% / 50% \$200 Copay, 80% / 50%	80% / 60% 80% / 60%
<b>Preventive Care (not subject to deductible)</b> Annual exam, well baby care, immunizations, pap smears, routine cancer screening	100% / 50%, <b>Unlimited</b>	100% / 50%, <b>Unlimited</b>	80% / 60%, <b>Unlimited</b> Deductible waived
<b>Other Services</b>			
<b>Transplants</b> - \$350,000 lifetime max \$50,000 per transplant donor organ procurement \$2,500 per transplant travel & lodging max	80% / 50% 6-month waiting period	80% / 50% 6-month waiting period	80% / 60% 6-month waiting period
<b>Mental Health</b> Unlimited Inpatient days PCY Unlimited Outpatient visits PCY	80% / 50%	80% / 50%	80% / 60% 80% / 60%
<b>Chemical Dependency (No Maximum)</b>	100%/50%	100%/50%	80% /60%
<b>Rehabilitation</b> Max per condition Inpatient / max Outpatient PCY (Does not apply to the coinsurance max amount)	80% / 50% PPO 250+ - \$30,000 / \$3,000 PPO 500+ - \$30,000 / \$1,500	80% / 50% \$30,000/\$1,500	80% / 60% \$30,000 max per condition I/P 80% / 60%; \$1,500 max O/P
<b>Spinal Manipulations</b> - 10 manipulations PCY	80% / 50%	80% / 50%	80% / 60%
<b>Acupuncture</b> - 12 visits PCY	80% / 50%	80% / 50%	80% / 60%
<b>Prescription Drugs</b>			
Generic / Brand / Non-formulary	\$10/\$35/\$70  Mail Order: 2 X's Copay for 90-Day Supply	\$10/\$35/\$70 MAC-A (Mandatory Generics) Mail Order: 3 X's Copay for 90-Day Supply	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.