WBACC PPO 1,000

PPO 1,000 has the following unique features: 1) Unlimited office, home, or outpatient hospital visits per year and the first $500 per year for outpatient diagnostic x-ray and laboratory services will not be subject to the annual deductible and will be provided as specified below; 2) Outpatient diagnostic x-ray and laboratory exceeding the first $500 per year, and all other professional services not billed as an office visit will be subject to the annual deductible and will be provided as specified below; and 3) Preventive care benefits are unlimited and not subject to deductible. Refer to the Benefit Booklet for limitations that may apply. All other benefits of this plan will be provided at the percentage of the allowed amount as specified below after the deductible has been met. All benefits must be medically necessary and are subject to any copays and coinsurance unless otherwise specified. When you have reached the annual out-of-pocket coinsurance maximum, this plan will provide benefits at 100% of the allowed amount for the remainder of the calendar year, unless otherwise specified.

Deductible	$1,000 Individual/$3,000 Family
Out of Pocket Maximum	$3,000 Individual/$9,000 Family
Rx	$10/35/70, Mail Order - 90 Days $30/105/210 *If your provider prescribes or you elect to purchase brand-name drugs when a generic equivalent is available, you will be responsible for paying the difference in price between the brand-name drug and the generic drug in addition to the copay amount.*
Lifetime Maximum	$2,000,000 - $20,000 annual reinstatement

Benefits	**Preferred Providers***	**Participating Providers**
Office Visits **Not subject to deductible** Unlimited office, home, or outpatient hospital visits per year after office-visit copay and first $500/year for outpatient x-ray and lab, including mammograms and prostate cancer screenings. **Subject to deductible** Outpatient x-ray and lab above the first $500/year; and other professional services not billed as an office visit	100% after $30 copay 80%	50% 50%
Hospital Services $200 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	80%	50%
Outpatient Mental Health	80%	50%
Spinal Manipulations 10 spinal manipulations per calendar year	80%	50%
Chemical Dependency	80%	50%
Transplants 6 month waiting period, $350,000 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 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.** **3/10**