



## WBACC PPO 250+

<b>Deductible</b>	\$250 Individual/\$750 Family
<b>Out of Pocket Maximum</b>	\$3,000 Individual/\$9,000 Family
<b>Coinsurance</b>	80% Preferred/50% Participating
<b>Copay</b>	\$25
<b>Rx</b>	\$10/35/70, Mail Order - 90 Days \$20/70/140
<b>Lifetime Maximum</b>	\$2,000,000 / \$20,000 annual reinstatement

Benefits	Preferred Providers*	Participating Providers
<b>Office Visits</b> Deductible waived	100% after \$25 copay	50%
<b>Preventive Care</b> Unlimited, deductible waived.	100% after \$25 copay	50%
<b>Routine Mammography &amp; Prostate Cancer Screening</b> Not subject to deductible, copay or stop loss	100%	50%
<b>Outpatient Diagnostic Lab &amp; X-Ray</b> (Includes diagnostic mammograms & PSA tests) Deductible waived when billed as a professional visit	80%	50%
<b>Hospital Services</b> \$200 ER copay, waived if admitted	80%	50%
<b>Maternity</b> Not subject to preexisting condition waiting period	80%	50%
<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%	50%
<b>Outpatient Rehab</b> \$3,000 maximum per calendar year	80%	50%
<b>Inpatient Mental Health</b>	80%	50%
<b>Outpatient Mental Health</b>	80%	50%
<b>Chemical Dependency</b>	100% Applicable copay will apply	50% Applicable copay or coinsurance will apply
<b>Spinal Manipulations</b> 10 spinal manipulations per calendar year	80%	50%
<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%	50%
<b>Smoking Cessation</b> \$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](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.