

Benefit Comparison
 Innova[®], Engage[®] and ActivateSM to Current Regence BlueShield Products
 Information as of January 1, 2010



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

Plan Highlights	Innova Benefits	Engage Benefits	Activate Benefits	Regence BlueShield Preferred and Traditional Benefits
Networks	Category 1 - Preferred Category 2 - Participating Category 3 - Non-contracted	(Same as Innova)	(Same as Innova)	Preferred Participating
Lifetime Maximum Benefit All medical benefits apply to the lifetime maximum	\$2,000,000 No annual reinstatement.	(Same as Innova)	(Same as Innova)	\$2,000,000 \$20,000 annual reinstatement.
Calendar Year Deductible	Innova choices: \$250, \$500, \$750, \$1,000, \$1,500, \$2,000, \$3,000, \$5,000, \$7,500 One deductible applies to all tier levels. Family deductible is three times individual amount. Covered members who reach the equivalent of three individual amounts in a calendar year satisfy the family deductible for the year. No common accident provision.	Engage choices: \$0, \$250, \$500, \$1,000, \$2,000, \$3,000, \$5,000, \$7,500 One deductible applies to all tier levels. Family deductible is three times the individual. Covered members who reach the equivalent of three individual amounts in a calendar year, satisfy the family deductible for the year. No common accident provision.	Activate choices: \$1,500, \$2,000, \$3,000 One deductible applies to all tier levels. Family deductible is three times the individual. Covered members who reach the equivalent of three individual amounts in a calendar year, satisfy the family deductible for the year. No common accident provision.	FourFront and Preferred Plan Choices: \$200, \$500, \$750, \$1,000 Traditional: \$0 deductible Deductible waiver on PPO 100/90/60 plans. One deductible applies to all tier levels. Family deductible is three times the individual. Covered members who reach the equivalent of three individual amounts in a calendar year, satisfy the family deductible for the year. Two or more family members injured in a common accident need to satisfy one deductible amount only for members to receive benefits.
Deductible Carryover	No fourth-quarter deductible carryover.	(Same as Innova)	(Same as Innova)	Fourth-quarter deductible carryover.

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Calendar Year Coinsurance Maximum	<p>Choices: \$2,000, \$3,000, \$4,000, \$6,000.</p> <p>One coinsurance maximum applies to all tier levels.</p> <p>Family is three times the individual.</p> <p>Does not include deductible and copays.</p>	(Same as Innova)	<p>\$3,000, \$4,000, \$6,000</p> <p>One coinsurance maximum applies to all tier levels.</p> <p>Family coinsurance maximum is three times the individual amount.</p> <p>Covered members who reach the equivalent of three individual amounts in a calendar year satisfy the family coinsurance maximum for the year.</p> <p>Does not include deductible.</p>	<p>Choices: \$2,500, \$5,000.</p> <p>One coinsurance maximum applies to the product</p> <p>Family is three times the individual.</p> <p>Does not include deductible and copays.</p>
Coinsurance Levels	<p>Innova: 90% / 70% / 70% 80% / 60% / 60% 70% / 50% / 50%</p> <p>Category 3: Subject to balance billing, with some exceptions (e.g., ambulance).</p>	<p>Engage: 80% / 80% / 80% 70% / 70% / 70% 50% / 50% / 50%</p> <p>Category 3: Subject to balance billing, with some exceptions (e.g., ambulance).</p>	<p>Activate: 80%/60%/60%</p> <p>Category 3: Subject to balance billing, with some exceptions (e.g., ambulance).</p>	<p>FourFront: 80/50%</p> <p>Preferred: 100/90/60% or 80/50%</p> <p>Traditional: 50%</p>
Up-Front Office Visits	<p>Choices: First 4, 6, or unlimited visits billed as office visits per calendar year (category 1 and 2 only) covered at 100%.</p> <p>Subject to copay, not subject to deductible.</p> <p>Up-Front copay choices: Category 1: \$20 or \$30 Category 2: \$35 or \$45</p> <p>Includes preventive care visits.</p> <p>Category 3 not covered for Up-Front benefit.</p>	<p>Up-Front benefits not available.</p> <p>Option: Preventive care rider: Paid at 80%; no benefit maximums; not subject to deductible; adult/child immunizations included</p>	<p>Up-Front benefits not available except through the Member Choice Account.</p>	<p>FourFront: First 4 visits billed as office visits per calendar year covered at 100%, for preferred providers or 50% for participating providers.</p> <p>Subject to \$15 or \$25 copay, not subject to deductible.</p> <p>Preferred: Deductible waived on all office visits when waiver option chosen.</p> <p>Traditional: No deductible plan.</p> <p>Preventive visits covered under preventive care option.</p>

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Up-Front Outpatient Radiology and Laboratory	First \$400 per calendar year covered at 100%. Not subject to deductible. Preventive and medical radiology and laboratory included.	Up-Front benefits not available. Option: Preventive care rider: Paid at 80%; no benefit maximums; not subject to deductible; adult/child immunizations included	Up-Front benefits not available except through the Member Choice Account.	FourFront: First \$500 per calendar year covered at 100% for preferred providers and 50% for participating providers. Not subject to deductible. Preferred: Deductible waiver option available. Traditional: No deductible plan. Preventive covered under preventive care option.
Professional Services	Innova: Office visits (after Up-Front limits are met) and other professional services such as surgeries covered after deductible and coinsurance. Office visit copays do not apply.	Engage: Covered after deductible and coinsurance. Office visit copays do not apply.	Activate: Professional services covered under medical plan benefits; deductible/coinsurance; no office visit copay.	FourFront: Office visits (after Up-Front limits are met) and other professional services such as surgeries covered after deductible and coinsurance. Preferred: Covered after deductible and coinsurance. Deductible waived on office visits when deductible waiver is chosen. Office visit copays apply except on Preferred 80/50 and Traditional plans.
Other Outpatient Radiology and Laboratory	Covered to Up-Front benefit limits then deductible and coinsurance apply.	Covered after deductible and coinsurance.	Covered after deductible and coinsurance.	FourFront: Covered to any Up-Front benefit limits then deductible and coinsurance apply. Preferred: Not subject to deductible when deductible waiver option is chosen.
Acupuncture	12 visits per calendar year covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	12 visits per calendar year covered after deductible and coinsurance.
Ambulance Services	Ground and air ambulance covered to nearest facility with no dollar maximum. Services are covered at the Category 1 level of the plan, after deductible.	(Same as Innova)	(Same as Innova)	Ground and air ambulance covered to nearest facility with no dollar maximum. Services are covered at a set coinsurance level, after deductible.

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Chemical Dependency	Groups 2-50: \$15,000 every two calendar years for inpatient and outpatient services. Groups 51+: No benefit limit Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	Groups 2-50: \$15,000 every two calendar years for inpatient and outpatient services. Groups 51+: No benefit limit Covered after deductible and coinsurance.
Diabetic Education	Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	Covered after deductible and coinsurance.
Durable Medical Equipment	\$7,500 per calendar year maximum benefit. Covered after deductible and coinsurance. Insulin pumps and supplies, and lifesaving equipment, such as oxygen and ventilators, will not accrue to the above benefit limit.	(Same as Innova)	(Same as Innova)	No benefit maximum Covered after deductible and coinsurance.
Emergency Room Services	\$100 copay per emergency room visit (waived if directly admitted) Emergency room visits and related services are covered at the Category 1 level of the plan, after deductible.	(Same as Innova)	(Same as Innova)	\$75 copay per emergency room visit (waived if directly admitted) Emergency room visits and related services are covered at the highest in-network level of the plan after deductible.
Family Planning	Oral contraceptives and devices covered under Prescription Medications benefit. Contraceptive devices, tubal procedures, vasectomy and implants covered under medical benefits after deductible and coinsurance. Infertility treatment excluded.	(Same as Innova)	(Same as Innova)	Oral contraceptives covered under Prescription Medication riders Contraceptive devices, tubal procedures, vasectomy and implants covered under medical benefits after deductible and coinsurance. Infertility treatment excluded.

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Genetic Testing	\$5,000 per lifetime maximum (prenatal testing not subject to limit). Covered to Up-Front benefit maximum then deductible and coinsurance apply.	\$5,000 per lifetime maximum (prenatal testing not subject to limit). Deductible and coinsurance apply.	\$5,000 per lifetime maximum (prenatal testing not subject to limit). Deductible and coinsurance apply.	Excluded except prenatal testing is provided for diagnosis of congenital disorders of the fetus (no dollar limit).
Home Health	130 visits per calendar year. Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	130 visits per calendar year. Covered after deductible and coinsurance.
Hospice	No inpatient or outpatient limit. Members must have been certified by their providers to be eligible for services.	(Same as Innova)	(Same as Innova)	6 months overall Inpatient: 14 days Members must have been certified by their providers to be eligible for services.
Respite Care (Continuous patient care with the intent of providing temporary relief for family members or friends from their duties of caring for the patient)	14 days per lifetime for inpatient and outpatient. Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	120 hours per 3-month period. Covered after deductible and coinsurance.
Hospital Services / Ambulatory Surgical Center	Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	Covered after deductible and coinsurance.
Immunizations	Childhood immunizations covered at 100% to age 18 not subject to deductible. Adult immunizations covered under medical benefits; deductible and coinsurance apply. Travel immunizations excluded.	(Same as Innova) Option: Preventive care rider: Paid at 80%; no benefit maximums; not subject to deductible; adult/child immunizations included	Adult immunizations covered under medical benefits; deductible and coinsurance apply. Travel immunizations excluded.	Childhood and adult preventive immunizations covered under preventive care options. Travel immunizations excluded.
Maternity	Routine maternity covered for subscriber and spouse only. Complications covered for subscriber, spouse, and dependent daughters. Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	Routine maternity covered for subscriber and spouse only. Complications covered for subscriber, spouse, and dependent daughters. Covered after deductible and coinsurance.

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Mental Health	Groups 2-50: Inpatient: 8 days per calendar year maximum; Outpatient: 12 visits per calendar year maximum. Groups 51+: No benefit limit Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	Groups 2-50: Inpatient: 8 days per calendar year maximum; Outpatient: 12 visits per calendar year maximum. Groups 51+: No benefit limit Covered after deductible and coinsurance.
Neurodevelopmental Therapy	\$1,500 per calendar year for children age 6 and under only, inpatient and outpatient combined. Includes physical, speech, and occupational therapies with a neurodevelopmental diagnosis. Covered after deductible	(Same as Innova)	(Same as Innova)	\$1,500 per calendar year for children age 6 and under only, inpatient and outpatient combined. Includes physical, speech, and occupational therapies with a neurodevelopmental diagnosis. Covered after deductible
Nutritional Counseling	Three visits per lifetime for all types of conditions. (Diabetic counseling will not accrue to benefit limit) Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	No benefit maximum; covered for diabetic and medical nutrition therapy only. Covered after deductible and coinsurance.
Orthotics	\$500 per calendar year maximum benefit (Diabetic orthotics will not accrue to benefit limit) Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	No calendar year maximum. Covered after deductible and coinsurance.
Prostheses	\$20,000 per calendar year for external prostheses. (External breast prostheses and surgically implanted prostheses will not accrue to benefit limit.) Covered after deductible and coinsurance.	(Same as Innova)	(Same as Innova)	No calendar year maximum. Covered after deductible and coinsurance.

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Rehabilitation Services	<p>Inpatient: \$25,000 calendar year maximum benefit.</p> <p>Outpatient: \$1,500 calendar year maximum benefit.</p> <p>Covered after deductible and coinsurance.</p> <p>Includes physical, speech, and occupational therapies. Cardiac and pulmonary rehabilitation benefits are covered under regular medical plan benefits.</p>	(Same as Innova)	(Same as Innova)	<p>Inpatient: \$30,000 maximum per condition.</p> <p>Outpatient: \$1,500 calendar year maximum.</p> <p>Covered after deductible and coinsurance.</p> <p>Includes physical, speech, and occupational therapies. Cardiac and pulmonary rehabilitation benefits are covered under regular medical plan benefits.</p>
Repair of Teeth	Not covered under medical plan benefits.	(Same as Innova)	(Same as Innova)	\$1,000 per occurrence; services must begin within 30 days of injury; treatment covered up to 12 months from injury date.
Skilled Nursing Facility	<p>60 days per calendar year.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Innova)	(Same as Innova)	<p>90 days per calendar year max.</p> <p>Covered after deductible and coinsurance.</p>
Smoking Cessation	Not covered under medical plan benefits.	(Same as Innova)	(Same as Innova)	Covered at set coinsurance levels to \$500 lifetime.
Spinal Manipulations	<p>10 spinal manipulations per calendar year.</p> <p>Optional benefit available with no annual limit on spinal manipulations.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Innova)	(Same as Innova)	<p>10 spinal manipulations per calendar year.</p> <p>Optional benefit available with no annual limit on spinal manipulations.</p> <p>Covered after deductible and coinsurance.</p>
Temporomandibular Joint Disorders (TMJ) Treatment	<p>\$1,000 per calendar year.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Innova)	(Same as Innova)	<p>\$1,000 per calendar year; \$5,000 lifetime.</p> <p>Covered after deductible and coinsurance.</p>

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Transplants	<p>\$350,000 lifetime maximum.</p> <p>\$50,000 maximum donor per transplant (accrues to the overall \$350,000 transplant limit).</p> <p>Transplant services and supplies received within 90 days of surgery accumulate toward the lifetime maximum, except anti-rejection prescription medications.</p> <p>Six-month waiting period; credit time from prior coverage.</p> <p>No travel benefit.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Innova)	(Same as Innova)	<p>\$350,000 lifetime maximum.</p> <p>\$50,000 maximum donor per transplant (accrues to the overall \$350,000 transplant limit).</p> <p>Six-month waiting period.</p> <p>All transplant services and supplies accrue to lifetime maximum.</p> <p>\$2,500 per transplant travel benefit.</p> <p>Covered after deductible and coinsurance.</p>
Vision Routine eye exam for adults/children and vision hardware.	<p>Optional Benefit:</p> <p>Option #1: One routine eye exam per calendar year at 100%, not subject to deductible. Vision hardware covered at 100% to \$150 per calendar year maximum benefit, not subject to deductible.</p>	(Same as Innova)	(Same as Innova)	<p>Two Optional Benefits:</p> <p>Option #1: One routine eye exam per calendar year at 100%, not subject to deductible. Lenses and frames covered at 80% to \$200 every two years, not subject to coinsurance maximum or deductible.</p> <p>Option #2: One routine eye exam per calendar year at 100%. Schedule hardware included, not subject to deductible.</p>
Admin Rules				
Accumulator Rules - Credits from Prior Carriers	<p>A one-time manual deductible credit will be given to members of new groups upon sales notification within 31 days of the effective date of the group.</p>	(Same as Innova)	(Same as Innova)	<p>A deductible credit given to members of new groups.</p>
Change in Carrier on Hospitalization Date	<p>We will accept new members who are currently hospitalized on the date coverage begins.</p> <p>Coverage is terminated on the date coverage ends, even if the member is hospitalized.</p>	(Same as Innova)	(Same as Innova)	<p>Coverage begins on effective date and is allowed upon termination until discharged, exhaustion of benefits, or other carrier covers.</p>

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Eligibility - Occupational Injury	No maximum benefit. Benefits are covered under regular medical plan for subscribers only who are owners, partners, or corporate officers, and are exempt from Labor and Industries coverage; otherwise excluded.	(Same as Innova)	(Same as Innova)	\$250,000 lifetime maximum for subscriber only who is exempt from L&I coverage.
Eligibility - Dependent Children Age Limit	Age 25	(Same as Innova)	(Same as Innova)	Age 25
Eligibility - Legal Spouse / Domestic Partner	Legal spouse and domestic partners (same and opposite sex) eligible for coverage. (A signed company affidavit must be completed and on file for non-state registered domestic partners to be covered.)	(Same as Innova)	(Same as Innova)	Legal spouse and domestic partners (same and opposite sex) eligible for coverage. (A signed company affidavit must be completed and on file for non-state registered domestic partners to be covered.)
Timely Filing of Claims	One year from the date of service for initial claims submission, unless proven that the claim could not be submitted within the 12-month period	(Same as Innova)	(Same as Innova)	15 months