

**Preferred Plans,  
Selections® Plans,  
HSA-Qualified Preferred Plans 80/80/60,  
Regence HSA Healthplan  
Traditional Plans, and  
Traditional Dental Plans**



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Effective January 1, 2010, the following change is made to your plan:

The last paragraph in the **“Coordination of Benefits”** provision is revised to read as follows:

If you are covered by more than one health benefit plan and you do not know which is your primary plan, you or your provider should contact any one of the health plans to verify which plan is primary. The health plan you contact is responsible for working with the other health plan to determine which is primary and will let you know within 30 calendar days.

**CAUTION:** All health plans have timely claim filing requirements. If you or your provider fail to submit your claim to a secondary plan within that plan’s claim filing time limit, the plan can deny the claim. If you experience delays in the processing of your claim by the primary plan, you or your provider will need to submit your claim to the secondary plan within its claim filing time limit to prevent a denial of the claim.

To avoid delays in claim processing, if you are covered by more than one plan you should promptly report to your providers and health plans any changes in your coverage.

**Please keep this insert with your brochure for an up-to-date record of your plan.**