

# Washington BlueChoices<sup>SM</sup> Comparison

Revised: July 20, 2004

This comparison illustrates the benefit differences between our standard medical plans and the new BlueChoices portfolio. This is only a comparison and is not intended to fully explain the details of each benefit. Please refer to the benefit summary or contract for more specific benefit information.

Benefit	Comparison Applies to					Standard Plan	BlueChoices <sup>SM</sup>
	AccessBlue	HMOO	K2	Option One Overlay	PPO		
Additional Accident	X		X	X	X	For the first 90 days following an accidental injury, related claims are not subject to any plan deductible.	Accident related claims are paid as any illness, subject to any applicable deductible, copayment or coinsurance.
Ambulance	X	X	X	X	X	Ambulance benefits are paid at plan copayment or coinsurance after any applicable deductible.	Ambulance benefits are paid subject to any applicable deductible and coinsurance. Member responsibility will apply to In-Network deductible and coinsurance. <b>Emergencies:</b> There are no mileage or dollar limits. <b>Non-emergencies:</b> Ground transportation limited to 300 miles per calendar year for non-emergencies. Air ambulance limited to \$5,000 per calendar year.
BlueCard <sup>®</sup>	X					Participating BlueCard <sup>®</sup> coverage (empty Suitcase on ID card). Participating BlueCard providers are paid In-Network benefit and will not bill member for balances	PPO BlueCard coverage (PPO Suitcase on ID card). Preferred BlueCard providers are paid at In-Network benefit and will not bill member for balances over allowed.

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BlueCard (continued)						over allowed.	Participating providers are paid at Out-of-Network benefit and will not bill member for balances over allowed.
Child Eye Exam		X				Covered every 24 months, up to age 18.	Not covered unless Vision add-on option is purchased.
Claims Processing Report			X	X	X	The Claims Processing Report shows deductible met per member per calendar year.	The Claims Processing Report (see also Explanation of Benefits) will be reformatted slightly to show In-Network and Out-of-Network deductibles for each calendar year.
Credits - Deductible - Stoploss - Transplant	X	X	X	X	X	Credits for deductible applied. Stoploss credits not applied. No lifetime maximum applied for transplant benefits.	<b>Deductible:</b> Deductible met previously will be credited to the individual member, even if claims are received after the initial credits for the group are completed. <b>Stoploss (Coinsurance):</b> Each member's stoploss (maximum coinsurance) is credited one time shortly after the group's renewal date. If claims are submitted after the initial credit, additional stoploss will not be applied to the new policy. <b>Transplant:</b> Transplant benefits paid on previous Regence HMOO and Regence BlueCross BlueShield of Oregon policy will be carried forward to the new policy.
Diagnostic Radiology and	X	X	X	X	X	Benefit varied by plan.	<b>BlueEssentials<sup>SM</sup>:</b> All DRL services subject to any applicable deductible

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Laboratory (DRL)							and coinsurance. <b>BluePreferred<sup>®</sup> and BlueClassic<sup>SM</sup></b> : In-Network deductible is waived for first \$500 of covered expenses in each calendar year.
Deductible Carryover	X		X	X	X	Any covered expenses applied toward, but not satisfying, the deductible in the last calendar quarter will be applied to the deductible for the following year.	Every January 1 the deductible will start over at zero. The deductible carryover provision does not apply.
Dual Deductible	X			X	X	Single combined deductible for In-Network and Out-of-Network providers.	All claims from In-Network providers are subject to one deductible (e.g., \$500), and all claims from Out-of-Network providers are subject to a separate deductible (e.g., \$500).
Emergency Room	X	X	X	X	X	Any applicable \$100 copayment, deductible and/or coinsurance. Copayment waived if admitted.	\$100 copayment, deductible and coinsurance. Copayment waived if admitted.
Emergency Room (ER) for true emergency at Out-of-Network hospital	X	X	X	X	X	Any applicable \$100 copayment, deductible, and/or coinsurance. Copayment waived if admitted.	\$100 copayment, deductible and coinsurance paid at In-Network level. Copayment waived if admitted.
Explanation of Benefits (EOB)	X	X				An EOB is mailed to the member each time a bill is received for services. The EOB shows a description of billed charges, benefit payment and member responsibility.	The EOB will have a new name, Claims Processing Report. The Claims Processing Report has a new look as well. Members may refer to the Web site at <a href="http://www.or.regence.com">www.or.regence.com</a> or call Customer Service to learn about the new format.

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Family Deductible			X	X	X	Each family member's deductible may be used in any combination to satisfy the family deductible. The family deductible is equal to three times the individual deductible (e.g., \$300 individual deductible/\$900 family deductible). Once the family deductible is met, additional family members are eligible for benefits without having to satisfy a deductible.	The family deductible is defined as three separate family members each meeting their deductibles. Once the family deductible is met, additional family members are eligible for benefits without having to satisfy a deductible.
ID Card	X	X	X	X	X	<ul style="list-style-type: none"> <li>▪ Claims and eligibility phone number varies.</li> <li>▪ Limited benefit information stated.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All members may call 1 (800) 628-7017 for benefits, claims status and eligibility.</li> <li>▪ Comment section on the ID cards will show which BlueChoices product a member is on, including a brief description of the benefits such as deductible and copayment.</li> <li>▪ The provider network is listed on the top right of the card as it is today.</li> </ul>
Immunizations				X	X	Available through age 18.	Available for adults and children.
Infertility		X				Covered at 50% when received from In-Network physician.	Benefit not covered.
Lifetime Maximum	X	X	X	X	X	<ul style="list-style-type: none"> <li>▪ AccessBlue, K2, Option One Overlay, Point of Service (out-</li> </ul>	Benefits paid on previous Regence BCBSO and Regence HMOO policies

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Lifetime Maximum (continued)						<p>of-plan) and PPO: \$2,000,000 lifetime maximum applies.</p> <ul style="list-style-type: none"> <li>HMOO and Point of Service: No lifetime maximum for in-plan services.</li> </ul>	will be carried forward and applied to the new policy. Lifetime maximum is \$2,000,000.
Maximum Coinsurance	X	X	X	X	X	<p><b>HMOO:</b> Each family member has an annual out-of-pocket maximum which includes copayments (e.g., \$1,500). Once the out-of-pocket maximum is met, benefits are paid at 100% for that family member the remainder of the year.</p> <p><b>AccessBlue/Option One Overlay/PPO:</b> Once deductible is met, benefits are paid at plan percentage (e.g., 80% In-Network and 60% Out-of-Network) up to the single stoploss (for example, \$5,000). Once stoploss has been met, benefits are paid at 100% for that family member the remainder of the year, after applicable copayments.</p> <p><b>K2:</b> Once deductible is met, benefits are paid at plan percentage (e.g., 80%) up to the stoploss (e.g., \$5,000). Once stoploss has been met, benefits</p>	Maximum coinsurance accumulates separately based on the utilization of In-Network and Out-of-Network providers. Maximum coinsurance is the total amount member pays for coinsurance in a calendar year, after deductible, before the full cost (100%) of eligible expenses is paid, less applicable copayments.
Maximum							

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Coinsurance (continued)						are paid at 100% for that family member the remainder of the year, after applicable copay.	
Non-participating Provider Payment (Service received in Oregon or Clark County, Washington)				X	X	Non-participating providers are paid using the participating allowed amount; member is responsible for balances over allowed.	Non-participating providers are paid using preferred allowed amount; member is responsible for balances over allowed. This will result in greater out-of-pocket expenses for members choosing Out-of-Network providers.
Office Visit	X	X	X	X	X	All physician office visits paid according to plan benefits, no differentiation as to services performed during the office call (e.g., spinal manipulations by an osteopathic physician).	<b>IN-NETWORK:</b> An office visit to an In-Network Personal Physician is subject to \$20 copayment, and an In-Network specialist is subject to \$40 copayment. Additional office services such as minor surgery or therapeutic injections are subject to deductible and coinsurance. (Also see Diagnostic Radiology and Laboratory and Personal Physician Benefits.)  <b>OUT-OF-NETWORK:</b> Office visits and additional office services such as radiology and laboratory, minor surgery, or therapeutic injections are paid subject to any applicable deductible and coinsurance.
Primary Care Provider (PCP)	X	X				<b>HMOO:</b> To be eligible for benefits, member must select and properly	Plans do not require selection of a PCP. To receive the best benefit,

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Requirement or Selection						use PCP. PCP coordinates referrals for specialty care and preauthorization for hospitalization. <b>AccessBlue:</b> Members receive the greatest benefit when selecting a Personal Physician.	members should seek care from an In-Network physician whenever possible.
Personal Physician		X	X	X	X	Plan did not include provision for Personal Physicians.	Personal Physicians include any In-Network family, general or internal medicine practitioner; pediatrician; nurse practitioner; or an obstetrician and/or gynecologist. Members receive the greatest benefit when seeing an In-Network Personal Physician. (Also see Office Visit Benefit.)
Rehabilitation (Physical, Occupational, and Speech Therapy)					X	No contracted rehabilitation providers, paid at mid-range percentage.	In-Network rehabilitation providers are available on all provider networks, thus the In-Network or Out-of-Network benefit level will apply.
Restoration of Benefits	X		X	X	X	\$25,000 is restored toward the maximum lifetime benefit each January 1.	\$10,000 is restored toward the maximum lifetime benefit each January 1.
Routine Physical	X	X	X	X	X	<b>AccessBlue:</b> Routine office copayment and any applicable coinsurance includes exam and related radiology and laboratory. Service must be provided by a Personal Physician or other	Included in all BlueChoices medical plans.  Well baby exams and related radiology and laboratory are eligible as indicated by physician, paid subject
Routine Physical							

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(continued)						<p>Personal Provider.</p> <p><b>HMOO:</b> Routine office copayment includes exam and related radiology and laboratory. Service must be provided by PCP.</p> <p><b>K2:</b> Routine office copayment and any applicable coinsurance includes exam and related radiology and laboratory.</p> <p><b>PPO/ Option One Overlay:</b> Not covered unless add-on option purchased.</p> <p><b>PPO/Option One Overlay with preventive care rider:</b> Maximum of \$100 for exam and related radiology and laboratory for subscriber or spouse, \$35 maximum for dependents.</p> <p><i>Frequency limits depending on age apply to all plans.</i></p>	<p>to plan benefits. If Out-of-Network providers are utilized, services will be subject to deductible and coinsurance.</p> <p>For members age two and over, maximum is \$200, and includes exam and related radiology and laboratory. Benefits not available for Out-of-Network providers. <i>Frequency limits depending on age apply.</i></p>
Transplant	X	X	X	X	X	Lifetime maximum does not apply for transplant services.	Payment for all covered transplant services and supplies (with the exception of medication) is limited to a lifetime maximum of \$250,000 per enrollee. Transplant benefits paid on previous Regence HMOO and Regence BCBSO policy will be carried

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Transplant (continued)							forward to the new policy.



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