

Washington Conversion Plan

Individual health coverage for those leaving group coverage

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

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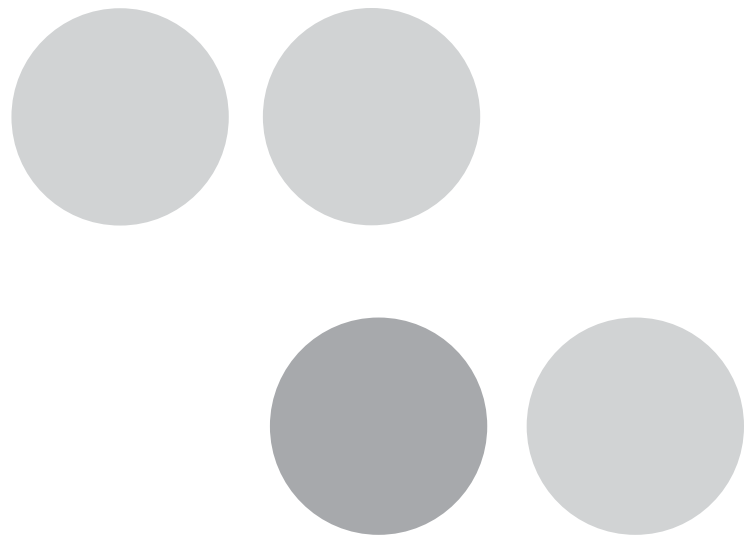
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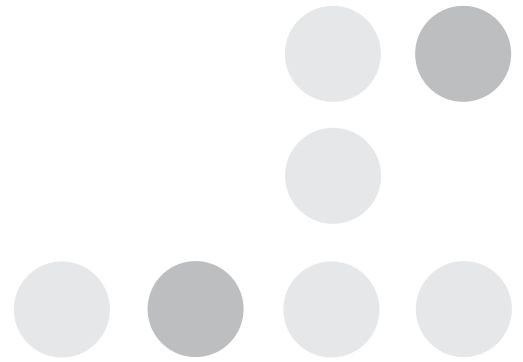
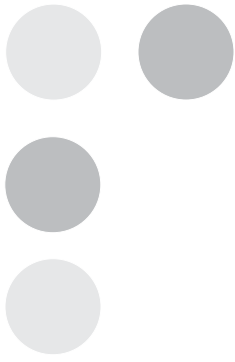
Keep this brochure available for future reference. It is a brief summary of your plan, and you may find that it answers many questions. Your conversion contract will explain your coverage in greater detail. If you have questions, please call us toll-free at 1 (800) 365-3155. Service hours are Monday through Friday from 6 a.m. to 6 p.m.

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Conversion plans are for subscribers and their families who leave Regence BlueCross BlueShield of Oregon group coverage. There are three plans to choose from: Plan AW, Plan BW and Plan CW. Payment levels vary according to the plan selected. All provide a broad range of inpatient and outpatient benefits. They're also "guarantee issue" plans, which means we automatically issue coverage as long as you're enrolled within 63 days after your group coverage ends.





Eligibility Requirements

Who Is Eligible for Coverage?

Individuals and family members under age 65 who are not enrolled in another group health plan, are not eligible for or enrolled in Medicare, and are leaving a Regence BlueCross BlueShield of Oregon group plan may transfer directly to a conversion plan.

Single-party coverage or Individual coverage protects you (the subscriber) only.

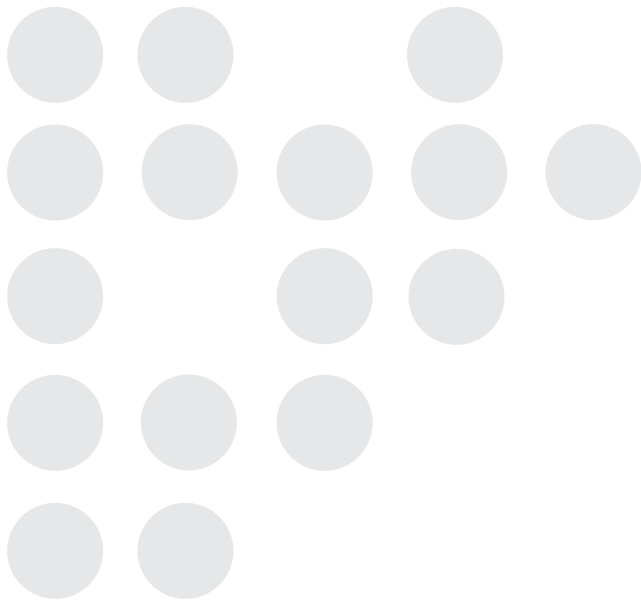
Family coverage protects you, your legal spouse or domestic partner (if under 65), and any dependent children under age 26.

You can apply for one of the three conversion plans if you meet the following requirements:

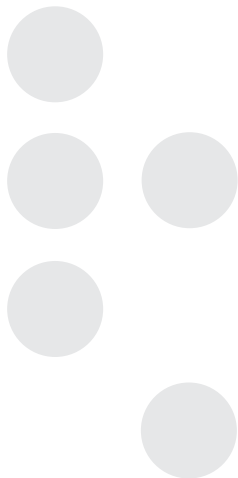
- You must have been continuously enrolled in either your present group plan or another group plan with a Blue Cross and/or Blue Shield organization for the three months immediately before you left your group plan. For instance, if you changed jobs and both employers had Blue Cross and/or Blue Shield Plan group coverage, you could combine the time you were covered under both these plans to equal at least three months.

- If you are eligible for any other group coverage that is not covering you at this time (such as through your spouse's employer), you are not eligible for a conversion plan. If you are already enrolled in another Individual policy, however, you may keep that coverage and still be eligible for conversion.
- You must not be overinsured. Being overinsured means that the total benefits you would receive from the conversion policy, together with benefits from the group policy, would be greater than the amount of health expenses you may incur.
- You must apply within 63 days after your group coverage ends.

If you are eligible for Medicare and therefore not eligible for a conversion policy, you can apply for one of our Medicare plans. Please call us toll-free at 1 (800) 452-2909 for information.



Enrollment and Waiting Periods



How Do I Enroll?

Simply complete the enclosed application form and return it to us within 63 days after your group coverage ends.

Will I Have to Complete a Health Questionnaire?

No. A health questionnaire is required only if a new family member (other than a newborn or adopted child added within 60 days of birth or placement) is added to the contract after the original effective date.

Will I Receive Credit for Waiting Periods?

Yes. If you satisfied a waiting period or any portion of a waiting period under your previous group coverage, that time will be credited to your conversion plan's waiting period. If you did not satisfy covered waiting period requirements you'll have to complete that waiting period while you're on the conversion plan. If your previous contract had no waiting periods, you do not need to satisfy any under this plan.

Pre-existing condition waiting periods do not apply to members up to age 19.

What About Waiting Periods for Family Members Added After the Contract Effective Date?

A nine-month waiting period will apply to any newly added family member for a pre-existing condition not listed on the health application.

We will credit toward your limitation periods, month for month, any prior creditable coverage if you or your enrolled dependent(s) were under another Individual plan, or group health coverage contract, or other creditable coverage during the past 63 days.

Pre-existing condition waiting periods do not apply to members up to age 19.



Premium Payments, Rates and Other Coverage Options

What About Premium Payments?

Do not send money with your application; we will send you a bill. We have convenient billing options that help you budget for your coverage. They are described on the enclosed application.

If you choose the monthly automatic bank deduction payment option on your application, you may receive a bill requesting a payment or two while we get the bank deduction option in place. Please be sure to pay any bills that come during this period.

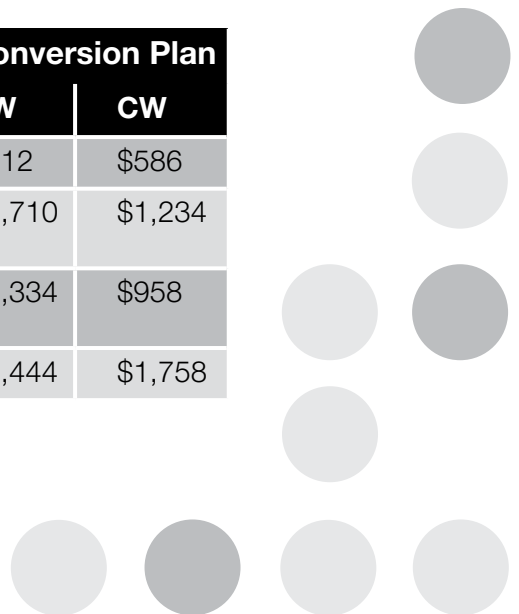
Other Coverage Options

We have other Individual products available. The premiums may be less and the coverage may be more; however, they require a separate application. Please call us toll-free at 1 (800) 452-2909 for more information about these other products. We'll send you information right away.

Monthly Premium Rates

Rates Effective July 1, 2011

	Washington Conversion Plan		
	AW	BW	CW
Subscriber	\$670	\$812	\$586
Subscriber and Spouse	\$1,405	\$1,710	\$1,234
Subscriber and Child(ren)	\$1,102	\$1,334	\$958
Family	\$2,005	\$2,444	\$1,758



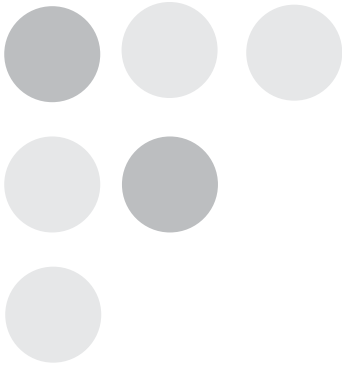
Summary of Benefits

Features	Plan AW	Plan BW	Plan CW
Annual maximum	\$2,000,000 annual maximum	\$2,000,000 annual maximum	\$2,000,000 annual maximum
Annual deductible	\$500	\$750	\$1,000
Maximum family deductible	3 individual deductibles	3 individual deductibles	3 individual deductibles
Major Medical			
After deductible, we pay	80%	100%	80%
Facility Services			
Outpatient surgery	80%	100%	80%
Emergency room for medical emergency (for specified conditions) and accidental injury*	80%	100%	80%
Hospital or skilled nursing facility room	80%	\$200 per day	80%
Maternity room and all related services**	80%	100%	80%
Intensive care unit	80%	\$400 per day	80%
Other inpatient services and supplies	80%	100%	80%
Transplant facility	Contracting 100%; Noncontracting 60%	Contracting 100%; Noncontracting 60%	Contracting 100%; Noncontracting 60%
Professional and Outpatient Services			
Home and office visits	80%	100%	80%
Preventive care and immunizations***	100%, not subject to deductible	100%, not subject to deductible	100%, not subject to deductible
Doctor visits in hospital	80%	100%	80%
X-ray and lab services	80%	100%	80%
Outpatient rehabilitation	80%	100%; up to 30 sessions per year	80%
Maternity professional fees**	80%	100%	80%
Surgeon	80%	100%	80% surgical schedule
Other Services			
Mental Health Inpatient/outpatient care	80%	100%	80%
Skilled nursing care in the home	80%	no benefit	80%
Prescription medications	We cover certain preventive medications according to United States Preventive Services Task Force (USPSTF) guidelines at 100%, no deductible, no copay at participating pharmacies only. Member must have a prescription. This plan does not have any other prescription medication benefit.		
Ambulance	80%; up to 300 miles per calendar year	100%; up to 300 miles per calendar year	80%; up to 300 miles per calendar year
Durable medical equipment	no benefit	no benefit	no benefit

* Within 7 days of an accident.

** Maternity care is available to you or your covered spouse only. Members coming onto this plan from a group contract will not be subject to a preexisting conditions waiting period for maternity care.

***Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA).



Benefit Limitations

What Benefits Are Limited?

Please note: The following is a brief list of the conversion benefit limitations. It's important to carefully read your contract for a complete description of coverage. Please refer to the Summary of Benefits for benefit reimbursement information.

Benefit Limitation	Plan AW	Plan BW	Plan CW
Inpatient Hospitalization	unlimited	70 days per calendar year	unlimited
Rehabilitation			
Inpatient care	30 days per calendar year [†]	30 days per calendar year [†]	30 days per calendar year [†]
Outpatient care	30 sessions per calendar year	30 sessions per calendar year ^{††}	30 sessions per calendar year
Skilled Nursing			
In home	90 full days or 180 visits per calendar year	no benefit	90 full days or 180 visits per calendar year
Facility care	100 days per stay	100 days per stay	100 days per stay

[†] If preauthorized, we may allow up to 60 days of inpatient rehabilitation per calendar year for certain conditions.

^{††} If preauthorized, we may allow up to 60 sessions of outpatient rehabilitation per calendar year for certain conditions.

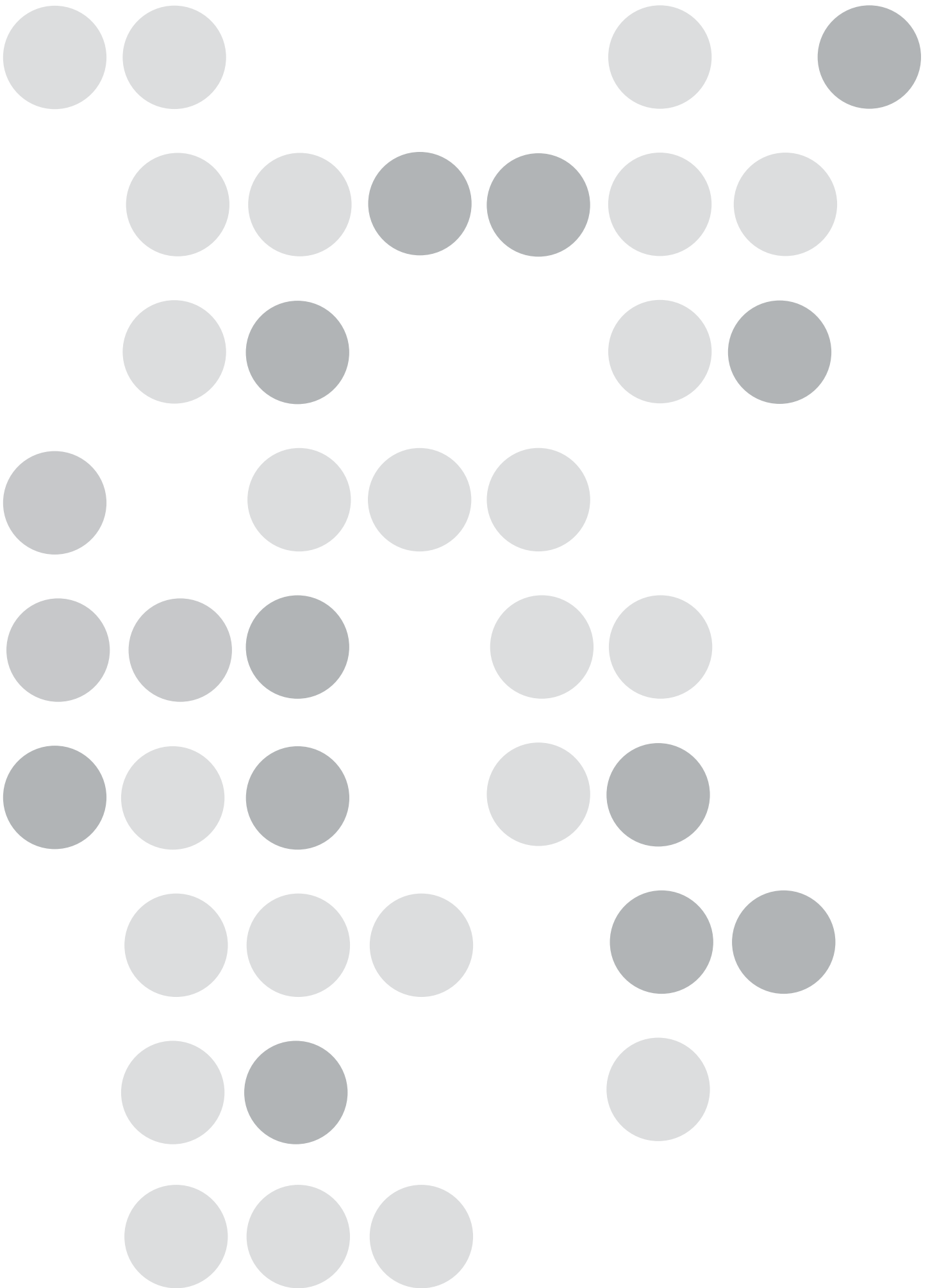


Benefit Exclusions

Please Note: The following is a brief list of the conversion contract exclusions. It's important to carefully read your contract for a complete description of coverage.

- Care, services, and supplies from a non-participating hospital, unless hospitalization is due to an emergency (as defined in the contract)
- Charges over usual and customary or reasonable
- Cosmetic or reconstructive surgery or supplies (including medications)
- Custodial care (including routine nursing care and rest cures), except as specifically covered in the contract
- Dental examinations and treatment (except as specifically provided in the "Special Dental Care" section in the contract)
- Drug abuse or drug addiction treatment
- Durable medical equipment
- Experimental or investigational procedures
- Family planning services and supplies (except sterilization)
- Hearing aids and eyeglasses
- Orthognathic surgery
- Outpatient counseling (such as marital counseling)
- Prescription medications, except for those designated as preventive by USPSTF
- Routine services or supplies, except as specifically covered in the contract
- Self-help, training, or instructional programs
- Services or supplies you get free or for which no charge is normally made
- Treatment for tobacco addiction
- Treatment not medically necessary
- Treatment received before coverage begins or after coverage ends (including admission to a hospital, skilled nursing facility, or special facility)
- Treatment of an illness or injury for which a third party is responsible
- Services payable under motor vehicle coverage
- Weight loss programs
- Work-related conditions (unless you are exempt from state or federal workers' compensation laws)





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For more information call us at
1 (800) 365-3155
TTY users should call (503) 375-4289 (Salem)