



2009 MEDICAL PLAN COMPARISON

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

Benefit	PPO 250		PPO 350		PPO 500		PPO 750		PPO 1000		Selections		PPO 50/50		PPO 50/50 Ded		PPO 50/50 Ded Waived on Rx		HSA 1500	
	PPO 90/60/20	PPO 80/50/25	PPO 80/50/30	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	PPO 80/50/25	POS 80/50/30	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 50/50	PPO 80/60	
Provider Network	Pref	Par	Pref	Par	Pref	Par	Pref	Par	Pref	Par	In-Net	Ext-Net	Pref	Par	Pref	Par	Pref	Par	Pref	Par
Lifetime Maximum	\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000		\$2,000,000	
Annual Deductible	\$250 / \$500 waived on Office Visits		\$350 / \$700 waived on Office Visits		\$500 / \$1,000 waived on Office Visits		\$750 / \$2,250 waived on Office Visits and first \$500/year outpatient x-ray and lab		\$1,000 / \$3,000 waived on Office Visits and first \$500/year outpatient x-ray and lab		None	\$500 / \$1,000	No deductible		\$500 / \$1,000		\$500 / \$1,000		\$1,500 / \$3,000	
Annual Out-of-Pocket Maximum	\$2,000 / \$4,000		\$2,500 / \$5,000		\$3,500 / \$7,000		\$2,500 / \$7,500		\$5,000 / \$15,000		\$3,500 / \$7,000	\$10,000 / \$20,000	\$3,500 / \$7,000		\$2,500 / \$5,000		\$2,500 / \$5,000		\$5,000 / \$10,000	
Coinsurance Level Professional & Facility/Services	90%	60%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	50%	50%	50%	50%	50%	50%	80%	60%
Office Visits	\$20 then 100%	\$20 then 60%	\$25 then 100%	\$25 then 50%	\$30 then 100%	\$30 then 50%	\$25 then 100%	\$25 then 50%	\$25 then 100%	\$25 then 50%	\$30 then 80%	\$30 then 50%	50%	50%	50%	50%	50%	50%	80%	60%
Emergency Room Copay	\$125		\$125		\$125		\$75		\$75		\$125		\$125		\$125		\$125		80%	60%
Preventive Care (Unlimited)	\$20 then 100%	\$20 then 60%	\$25 then 100%	\$25 then 50%	\$30 then 100%	\$30 then 50%	\$25 then 100%	\$25 then 50%	\$25 then 100%	\$25 then 50%	\$30 then 80%	Not Covered	50%		50%		50%		80%	60%
Mental/Nervous • Inpatient	90% to 8 days	60% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	80% to 8 days	50% to 8 days	50% to 8 days		50% to 8 days		50% to 8 days		80% to 8 days	60% to 8 days
• Outpatient	90% to 12 visits	60% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	80% to 12 visits	50% to 12 visits	50% to 12 visits		50% to 12 visits		50% to 12 visits		80% to 12 visits	60% to 12 visits
Prescription Drug Benefit*	90% *		80% *		Rx \$15/\$40/\$60		Rx \$15/\$40/\$60		Rx \$15/\$40/\$60		Rx \$15/\$40/\$60		50%		50%		50%, deductible waived on Rx		80%	
Vision – This benefit not subject to any deductible requirements. ▪ 1 routine eye exam	Exam paid at 100% subject to \$20 copay		Exam paid at 100% subject to \$25 copay		Exam paid at 100% subject to \$30 copay		Exam paid at 100%		Exam paid at 100%		\$30 then 80%	Not Covered	Exam paid at 50%		Not Covered		Not Covered		Exam paid at 100%	
▪ Lenses & Frames – every 2 years	Hardware 90% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 80% to \$200		Hardware 50% to \$200		Not Covered		Not Covered		Hardware 80% to \$200	

* Additional Plans (250a and 350a) are available with a \$15/\$40/\$60 Rx copay program. Not Subject to Annual Deductible.