EVERGREEN SECURITY TRUST

Regence

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

2010 MEDICAL PLAN COMPARISON

Benefit	PPO 250 PPO 90/60/20		PPO 350 PPO 80/50/25		PPO 500 PPO 80/50/30		PPO 750 PPO 80/50/25		PPO 1000 PPO 80/50/25		T-50/$3,500 Traditional 50	T-50/$5,000 Traditional 50
Provider Network	**Pref**	**Par**	**Pref**	**Par**	**Pref**	**Par**	**Pref**	**Par**	**Pref**	**Par**	**Traditional** (Includes Pref & Par)	**Traditional** (Includes 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
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 & Lab		$1,000 / $3,000 Waived on Office Visits and First $500/year Outpatient X-ray & Lab		No Deductible	No Deductible
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	$5,000 / $10,000
Coinsurance Level Professional & Facility/Services	90%	60%	80%	50%	80%	50%	80%	50%	80%	50%	50%	50%
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%	50%	50%
Emergency Room Copay	$200		$200		$200		$200		$200		$200	$200
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%	50%	50%
Mental/Nervous (Unlimited) • **Inpatient**	90%	60%	80%	50%	80%	50%	80%	50%	80%	50%	50%	50%
• **Outpatient**	90%	60%	80%	50%	80%	50%	80%	50%	80%	50%	50%	50%
Acupuncture	100% 60% 12 Visits **Not** Subject to Deductible		100% 50% 12 Visits **Not** Subject to Deductible		100% 50% 12 Visits **Not** Subject to Deductible		80% 50% 12 Visits Subject to Deductible		80% 50% 12 Visits Subject to Deductible		50% 12 Visits	50% 12 Visits
Spinal Manipulations	100% 60% 10 Visits **Not** Subject to Deductible		100% 50% 10 Visits **Not** Subject to Deductible		100% 50% 10 Visits **Not** Subject to Deductible		80% 50% 10 visits Subject to Deductible		80% 50% 10 visits Subject to Deductible		50% 10 Visits	50% 10 Visits
Prescription Drug Benefit	90% *		80% *		Rx $15/$45/$65		Rx $15/$45/$65 (MAC-A)**		Rx $15/$45/$65 (MAC-A)**		50%	50%

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

**If a provider prescribes or a member elects to purchase brand-name drugs when a generic equivalent is available, the member will be responsible for paying the difference in the cost between the brand-name drug and the generic drug in addition to the copay amount, not to exceed the full retail cost.

Optional Vision Rider	**Optional Rider**	**Optional Rider**	**Optional Rider**	**Optional Rider**	**Optional Rider**	**Optional Rider**	**Optional Rider**
▪ 1 routine eye exam per year	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay
▪ Lenses & Frames – every 2 years	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200

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Benefit	T-50/$10,000 Traditional 50	T-50/$2,500 Traditional 50	T-50/$2,500 PPO 50/50 Ded (Wv on Rx)	HSA 1500 PPO 80/60		HSA 2500 PPO 80/60		HSA 3500 PPO 80/60		Selections POS 80/50/30	
Provider Network	**Traditional** (Includes Pref & Par)	**Traditional** (Includes Pref & Par)	**Traditional** (Includes Pref & Par)	**Pref**	**Par**	**Pref**	**Par**	**Pref**	**Par**	**In-Net**	**Ext-Net**
Lifetime Maximum	$2,000,000	$2,000,000	$2,000,000	$2,000,000		$2,000,000		$2,000,000		$2,000,000	
Annual Deductible	No Deductible	$500 / $1,000	$500 / $1,000	$1,500 / $3,000		$2,500 / $5,000		$3,500 / $7,000		None	$500 / $1,000
Annual Out-of-Pocket Maximum	$10,000 / $20,000	$2,500 / $5,000	$2,500 / $5,000	$5,000 / $10,000		$5,000 / $10,000		$5,000 / $10,000		$3,500 / $7,000	$10,000 / $20,000
Coinsurance Level Professional & Facility/Services	50%	50%	50%	80%	60%	80%	60%	80%	60%	80%	50%
Office Visits	50%	50%	50%	80%	60%	80%	60%	80%	60%	$30 then 80%	$30 then 50%
Emergency Room Copay	$200	$200	$200	80%	60%	80%	60%	80%	60%	$200	
Preventive Care (Unlimited)	50%	50%	50%	80%	60%	80%	60%	80%	60%	$30 then 80%	Not Covered
Mental/Nervous • **Inpatient**	50%	50%	50%	80%	60%	80%	60%	80%	60%	80%	50%
• **Outpatient**	50%	50%	50%	80%	60%	80%	60%	80%	60%	80%	50%
Acupuncture	50% 12 Visits	50% 12 Visits Subject to Deductible	50% 12 Visits Subject to Deductible	80% 12 Visits Subject to Deductible	60%	80% 12 Visits Subject to Deductible	60%	80% 12 Visits Subject to Deductible	60%	80% 12 Visits	50%
Spinal Manipulations	50% 10 Visits	50% 10 Visits Subject to Deductible	50% 10 Visits Subject to Deductible	80% 10 Visits Subject to Deductible	60%	80% 10 Visits Subject to Deductible	60%	80% 10 Visits Subject to Deductible	60%	80% 10 Visits	50%
Prescription Drug Benefit	50%	50%	50% Deductible Waived on Rx	80%		80%		80%		Rx $15/$45/$65	

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

**If a provider prescribes or a member elects to purchase brand-name drugs when a generic equivalent is available, the member will be responsible for paying the difference in the cost between the brand-name drug and the generic drug in addition to the copay amount, not to exceed the full retail cost.

Optional Vision Rider	Optional Rider	Optional Rider	Optional Rider	Optional Rider	Optional Rider	Optional Rider	Vision Included in Selections Plan
▪ 1 routine eye exam per year	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	Exam Paid at 100% Subject to $25 Copay	$30 copay then 80%
▪ Lenses & Frames – every 2 years	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200	Hardware 80% to $200