

Provider Choice

Regence health plans give members control over what they pay based on the provider they choose to visit. With any of these plans, all health care providers fall into one of three categories according to the level of reimbursement they accept:

Category 1—Preferred providers

This group provides services at the most competitive reimbursement level. That translates into lower health care costs for your employees. The majority of doctors and specialists fall under this category.

Category 2—Participating providers

Additional providers offer services at a slightly higher reimbursement level. This results in slightly higher out-of-pocket costs for your employees.

Category 3—Non-contracted providers

The remaining providers have not agreed to negotiated rates. We will reimburse providers up to a pre-determined amount; your employees may be responsible for any provider expenses beyond this level.

Help employees focus on wellness

With one of our health-focused plans, you can help your employees reach for a healthy lifestyle. All plans come with comprehensive wellness resources at no additional cost. **These programs are not insurance, but they are offered in addition to your medical plan to help your employees get information and support when they need it.**

myRegence.com

An award-winning online resource designed to help employees become well-informed health care consumers. It's a complete source of information where employees can:

- Take a general health assessment and join wellness programs
- Review claims and read the latest health news
- Explore treatment cost and care options
- Compare hospital cost and quality
- Research medications and cost-saving generics
- Find a doctor or specialist and read member reviews

Health CoachSM

One-on-one support to help employees set and reach personal wellness goals.

CareEnhance[®] Nurse Line

Registered nurses are on call 24/7 to answer health care concerns.

Special Beginnings[®]

Maternity program supports expectant mothers throughout their pregnancies.

Regence Advantages

Members-only discount program offers your employees savings from a number of nationally recognized, health-related companies.

Save with our extensive provider and pharmacy networks

Regence membership also means access to Blue Plan providers across the country and around the world through the BlueCard[®] program. And it means integrated pharmacy benefit management through the award-winning RegenceRx[®] program—an industry leader that consistently outperforms other national Pharmacy Benefit Management (PBM) programs in service, network pricing, clinical management, rebate yield and cost trend reduction.

To learn more, please contact your agent or Regence sales representative. You can also visit www.regence.com and click on Group Plans.

Regence health-focused plans

Innova[®]

Innova is ideal for people who want immediate access to care before having to meet a deductible. Innova offers up-front benefits, such as office visits and outpatient radiology and lab, before the deductible is met. You can also select the coinsurance benefit your employees will receive, after the deductible is met.

Engage[®]

Engage is best for people who seek simplicity in a health plan. The entire plan, regardless of the type of care provided, is based on a simple coinsurance structure. You select a single level of coinsurance benefits for your employees and Regence covers the same amount no matter which provider the member visits.

ActivateSM

Activate is a revolutionary, Web-based health plan that rewards members for taking an active role in their health. It combines a high-deductible health plan with an online account, funded by your employees' healthy behaviors, that employees can use to pay for medical expenses.

HSA HealthPlan 2.0SM

A comprehensive medical plan and a tax-free health savings account all rolled into one.

This is a brief summary of benefits; it is not a certificate of coverage. All benefits must be medically necessary. For full coverage provisions, refer to the contract.

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



Health Focused Plans	Innova			Engage			Activate	HSA Healthplan 2.0		
	90% / 70% / 70%	80% / 60% / 60%	70% / 50% / 50%	80%	70%	50%				
<ul style="list-style-type: none"> Individual deductibles listed 3x Indiv. for family deductible 2x Indiv. for Aggregate HSA family deductible 	\$250, \$500, \$750, \$1,000, \$1,500, \$2,000, \$3,000, \$5,000, \$7,500			\$0, \$250, \$500, \$1,000, \$2,000, \$3,000, \$5,000, \$7,500			\$1,500, \$2,000, \$3,000	Aggregate:	\$1,500, \$2,500, \$3,500	
Annual coinsurance maximum (3x for family, not applicable for HSA)	\$2,000, \$3,000, \$4,000, \$6,000			\$2,000, \$3,000, \$4,000, \$6,000			\$3,000, \$4,000, \$6,000	\$5,000 Individual / \$10,000 Family (Deductible accumulates to coinsurance maximum)		
Lifetime maximum	\$2,000,000			\$2,000,000			\$2,000,000	\$2,000,000		
Pre-deductible benefits	<ul style="list-style-type: none"> Office Visit Options: 4, 6, or unlimited office visits Copay Options (Cat.1/Cat.2): \$20/\$35, \$30/\$45, \$40/\$55 - No copay for Cat. 3 / Applies to deductible/coinsurance First \$400 outpatient lab and x-ray 			Optional rider: Preventive care - 80% Coinsurance, Not subject to deductible, No annual limit			<ul style="list-style-type: none"> Up to \$600 in Member Choice Funds per member per year. Earned funds are available before the deductible is met. 	Pre-deductible preventive care available on most HSA plans.		
Covered Services								\$5,000 Individual / \$10,000 Family Aggregate Plan	All Other Deductibles	
Professional Services	Cat. 1: 90% Cat. 2: 70% Cat. 3: 70%*	Cat. 1: 80% Cat. 2: 60% Cat. 3: 60%*	Cat. 1: 70% Cat. 2: 50% Cat. 3: 50%*	80%*	70%*	50%*	Cat. 1: 80% Cat. 2: 60% Cat. 3: 60%*		Cat. 1: 80% Cat. 2: 60% Cat. 3: 60%*	
Hospital Services / Ambulatory Surgical Center										
Maternity										
Emergency Room Services	90%*	80%*	70%*				80%*		80%*	
Ambulance Services										
Child Immunizations	100%*			100%*						
Adult Immunizations	Cat. 1: 90% Cat. 2: 70% Cat. 3: 70%*	Cat. 1: 80% Cat. 2: 60% Cat. 3: 60%*	Cat. 1: 70% Cat. 2: 50% Cat. 3: 50%*	80%*	70%*	50%*	Cat. 1: 80% Cat. 2: 60% Cat. 3: 60%*		Cat. 1: 80% Cat. 2: 60% Cat. 3: 60%*	
Genetic Testing										
Nutritional Counseling										
Orthotics										
Prostheses										
Rehabilitation Services										
Neurodevelopmental Therapy										
Home Health										
Hospice										
Skilled Nursing Facility										
Transplants										
TMJ										
Durable Medical Equipment										
Chemical Dependency / Mental Health										
Hearing Aids & Evaluations										
Tobacco Cessation Programs										
Prescription Medication	Covered under pharmacy benefit			Covered under pharmacy benefit			Covered under pharmacy benefit		100%*	80%*
* Category 3 - Non-contracted (Member may be responsible for any provider costs above Category 3 allowed amount)										
Optional Benefits										
Vision	Available with any Innova Plan			Available with any Engage Plan			Available with any Activate Plan		Available with any HSA Healthplan 2.0 Plan	
Employee Assistance Program									Complimentary Care is not available with HSA Healthplan 2.0	
Complimentary Care										
Pharmacy Coverage (Members may be balance billed when a non participating pharmacy is used.) Innova, Engage, and Activate pharmacy plans include a Maximum Allowable Cost policy. The policy determines what members will pay if a brand-name prescription medication is chosen when an exact generic equivalent medication is available.										
Deductible Options (Per Calendar Year)	\$0 / \$250 / \$500						\$250 / \$500 / \$1,000		Covered under medical benefits	
Plan 1	\$5 generic / \$25 brand / \$50 non-formulary / \$3,000 out-of-pocket maximum						\$10 generics / \$35 brand formulary / \$75 brand non-formulary / No out-of-pocket maximum			
Plan 2	\$7 generic / 25% brand / 50% non-formulary / \$4,000 out-of-pocket maximum						\$5 generics / 25% brand formulary / 50% brand non-formulary / No out-of-pocket maximum			
Plan 3	\$10 generic / 35% brand / 50% non-formulary / \$5,000 out-of-pocket maximum						\$7 generics / 30% brand formulary / 50% brand non-formulary / No out-of-pocket maximum			
Plan 4	\$10 generic / \$35 brand / \$75 non-formulary / No out-of-pocket maximum						10% generics / 30% brand formulary / 50% brand non-formulary / No out-of-pocket maximum			

Additional options available to groups with 100 or more enrolled employees