



New 2012 <65 Evolve 2.0 Product Lineup

Presented by
Nathan White

Quote & Apply: 12/1/11 – Product Effective 1/1/12

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Agenda

- Product closures
- New products
- New networks
- Changes to Individual dental
- Key messages and other tools
- Questions

Product Closure

Evolve 1.0 Product Closures

- The following plans will be closed to new sales effective **1/1/12**
 - Regence Evolve CoreSM
 - Regence Evolve PlusSM (*except for \$1,500 deductible*)
 - Regence Evolve HSA PlanSM
 - Regence Evolve HSA 100 PlanSM
- Evolve 1.0 products will no longer be marketed beginning 12/1/11.
- Current Evolve 1.0 members and, their eligible dependents, may remain enrolled in the plans.
- Current Members may renew on current Evolve products as long as no changes are made to their medical coverage.

Product Closures and Applications

- The application cutoff date is 11/30/11 for a 12/1/11 or a 1/1/12 effective date. Applications must be received by 5 p.m. MST, 11/30/11 to be considered.
- Applications for Evolve 1.0 Plans submitted 12/1/11 or later will not be accepted.
 - Old applications will be accepted for a short period of time but will, require a new plan selection
 - Underwriting will send a letter explaining the plan is no longer available and provides information about available products.
- Online applications for Evolve 1.0 plans through Partner Portal will be pulled by 5 p.m., 11/30/11.

New Products

New Products for 2012

- Effective date 1/1/12
- Quote and apply 12/1/11
- New Products
 - Regence RealValueSM
 - Regence Evolve Core 2.0SM
 - Regence Evolve HSA Plan 2.0 SM
 - Regence Evolve HSA 100 Plan 2.0SM
- New Network Options
- Dental Option 1 Change
- Medical Management - ICM Change

Regence RealValue (PPO)

- Regence RealValue is designed for individual consumers interested in a basic, low premium high deductible health insurance plan to provide coverage in the event of large, unexpected medical bills.
- Primary consumer audience is younger (ages 26-35), healthy, and with minimal anticipated medical needs, who have recently lost employer group health insurance, cannot afford to purchase plans with more comprehensive benefit designs, or are looking for lower premium alternatives to their existing insurance coverage.

Regence RealValue (PPO)

<p>Deductibles Separate deductibles for In-Network and Out-of-Network services.</p>	<p>In-Network: \$2,500 / Out-of-Network: \$5,000 In-Network: \$5,000 / Out-of-Network: \$10,000 In-Network: \$7,500 / Out-of-Network: \$15,000 In-Network: \$10,000 / Out-of-Network: \$20,000</p> <p>Family deductible is three times the In-Network / Out-of-Network Individual deductible amount</p>	
<p>Coinsurance Maximum Separate coinsurance maximums for In-Network and Out-of-Network services.</p>	<p>In-Network: \$5,000 / Out-of-Network: \$10,000</p> <p>Family coinsurance maximum is three times the In-Network / Out-of-Network Individual coinsurance maximum amount</p>	
<p>Network Options</p>	<p>Preferred ValueCare Network Preferred FocalPoint Network</p>	
<p>Coinsurance</p>	<p>In-Network</p>	<p>Out-of-Network</p>
	<p>35%</p>	<p>50%</p>

- No upfront office visits
- Generic drug coverage only (\$10 copay)
- Maternity coverage is excluded

Regence Evolve Core vs. Regence Evolve Core 2.0

	Regence Evolve Core			Regence Evolve Core 2.0	
Deductibles	\$2,500, \$5,000, \$7,500, \$10,000 Family deductible is two times the individual amount			In-Network: \$2,500 / Out-of-Network: \$5,000 In-Network: \$5,000 / Out-of-Network: \$10,000 In-Network: \$7,500 / Out-of-Network: \$15,000 In-Network: \$10,000 / Out-of-Network: \$20,000 Family deductible is two times the In-Network / Out-of-Network Individual deductible amount	
Coinsurance Maximum	\$5,000 Family coinsurance maximum is two times the individual amount			In-Network: \$5,000 / Out-of-Network: \$10,000 Family coinsurance maximum is two times the In-Network / Out-of-Network Individual coinsurance maximum amount	
Network Options	Participating (Traditional) Preferred (ValueCare)			Preferred FocalPoint Preferred ValueCare Preferred BlueOption	
Coinsurance Structure	Category 1	Category 2	Category 3	In-network	Out-of-Network
Preferred	30%	45%	45%	30%	45%
Participating	30%	30%	45%		

Regence Evolve HSA vs. Regence Evolve HSA 2.0

	Regence Evolve HSA						Regence Evolve HSA 2.0			
Deductibles	\$1,200, \$2,000, or \$3,500 for single coverage \$2,400, \$4,000, or \$7,000 for family coverage						\$1,200, \$2,000 or \$3,500 for single coverage \$2,400, \$4,000 or \$7,000 for family coverage			
OOP Maximum	\$3,600 for single coverage on \$1,200 deductible plan \$5,000 for single coverage on \$2,000 and \$3,500 deductible plans \$7,200 for family coverage on \$2,400 deductible plan \$10,000 for family coverage on \$4,000 and \$7,000 deductible plans						\$3,600 for single coverage on \$1,200 deductible plan \$5,000 for single coverage on \$2,000 and \$3,500 deductible plans \$7,200 for family coverage on \$2,400 deductible plan \$10,000 for family coverage on \$4,000 and \$7,000 deductible plans			
Network Options	Participating (Traditional) Preferred (ValueCare)						Preferred FocalPoint Preferred ValueCare Preferred BlueOption			
Coinsurance Structure	Category 1		Category 2		Category 3		In-Network		Out-of-Network	
	20%	50%	40%	50%	40%	50%	20%	40%	40%	50%
Rx	20% coinsurance for generics only						20% coinsurance for generics. 50% coinsurance for brand formulary			

BRAND FORMULARY COVERED!

Regence Evolve HSA 100 vs. Regence Evolve HSA 100 2.0

	Regence Evolve HSA 100			Regence Evolve HSA 100 2.0	
Deductibles	\$5,000 for single coverage \$10,000 for family coverage			\$3,000 or \$5,000 for single coverage \$6,000 or \$10,000 for family coverage	
OOP Maximum	\$5,000 for single coverage \$10,000 for family coverage			\$5,000 for single coverage on \$3,000 deductible plan \$5,950 for single coverage on \$5,000 deductible plan \$10,000 for family coverage on \$6,000 deductible plan \$11,900 for family coverage on \$10,000 deductible plan	
Network Options	Participating (Traditional) Preferred (ValueCare)			Preferred FocalPoint Preferred ValueCare Preferred BlueOption	
Coinsurance Structure	Category 1	Category 2	Category 3	In-Network	Out-of-Network
	0%	0%	0%	0%	20%
Rx	0% coinsurance for generics only			0% coinsurance for generics. 50% coinsurance for brand formulary	

Provider Network Options

- Members select one of the following provider networks
 - Preferred FocalPointSM (PPO)
 - Preferred ValueCare (PPO)
 - Preferred BlueOption (PPO) Not available with RealValue
- Emergency room paid as in-network, regardless of provider
- When care is received out-of-state, PPO BlueCard[®] providers are “in-network”

Dental Option 1 Change

- For all new and renewing Dental Option 1 members effective 1/1/12
- Modifying design due to system limitations
- Changing “Maximum Benefit” provision
- Increasing rewards **qualifying threshold** from \$500 to \$750
- Rewards Benefit of \$250 added to the Maximum Benefit the following year calendar year(s) if **member uses less than \$750 in** paid benefits
- Annual Maximum Benefit cannot exceed \$1,500

Integrated Care Management Program

Integrated care management is the evolved Regence care management program, focused on targeted whole person support and intervention, with a razor sharp focus on impactability.

- Effective 1/1/12 for Individual <65
- ICM = Utilization Management + Personal Care Team
- ICM replaces current embedded care management programs
 - Utilization Management, Case Management, Disease Management, Health Coach. No impact to CareEnhance.
- <65 members transition to ICM 1/1/12 regardless of renewal date

Current Programs vs. ICM

	Current Programs	ICM
Disciplines	Utilization Management, Case Management, Regence Disease Management, Special Beginnings, Health Coach	Utilization Management + Personal Care Team (integrated function of CM, RDM, SB, HC, BH)
Approach	Condition-driven: 1 or more clinical staff	Member driven: single point of contact, regardless of condition(s)
Scope	Population-based support	Targeted, clinically focused member support
Identification	Claims-based review – Reactive	Proactive modeling + clinically based referrals
Engagement	Multiple mediums, mixed effectiveness, claims-based application	Multiple mediums, only highly effective tactics, predictive application

Regence RealValueSM Benefit Design

Regence RealValue

<p>Deductibles Separate deductibles for In-Network and Out-of-Network services.</p>	<p>In-Network: \$2,500 / Out-of-Network: \$5,000 In-Network: \$5,000 / Out-of-Network: \$10,000 In-Network: \$7,500 / Out-of-Network: \$15,000 In-Network: \$10,000 / Out-of-Network: \$20,000</p> <p>Family deductible is three times the In-Network / Out-of-Network Individual deductible amount</p>	
<p>Coinsurance Maximum Separate coinsurance maximums for In-Network and Out-of-Network services.</p>	<p>In-Network: \$5,000 / Out-of-Network: \$10,000</p> <p>Family coinsurance maximum is three times the In-Network / Out-of-Network Individual coinsurance maximum amount</p>	
<p>Network Options</p>	<p>Preferred ValueCare Network Preferred FocalPoint Network</p>	
<p>Coinsurance</p>	<p>In-Network</p>	<p>Out-of-Network</p>
	<p>35%</p>	<p>50%</p>

- No upfront office visits
- Generic drug coverage only (\$10 copay)
- Maternity coverage is excluded

Regence RealValue

	In-Network	Out-of-Network (Member may be responsible for any provider costs above the allowed amount)
Preventive Care and Immunizations	0% (In-Network deductible waived)	25% (Out-of-Network deductible applies)
Professional Services/ Outpatient Radiology and Laboratory Office and inpatient services and supplies	35% (In-Network deductible applies)	50% (Out-of-Network deductible applies)
Clotting Factor Only available from Home Infusion Providers	35% (In-Network deductible applies)	50% (Out-of-Network deductible applies)
Hospital Services/Ambulatory Surgical Center Inpatient and outpatient services and supplies	35% (In-Network deductible applies)	50% (Out-of-Network deductible applies)
Home Health 130 visits per calendar year	35% (In-Network deductible applies)	50% (Out-of-Network deductible applies)

Regence RealValue

	In-Network	Out-of-Network (Member may be responsible for any provider costs above the allowed amount)
Hospice Respite care limited to 14 days inpatient/outpatient per lifetime	35% (In-Network deductible applies)	50% (Out-of-Network deductible applies)
Rehabilitation Services Inpatient: 5 days per calendar year Outpatient: 15 visits per calendar year	35% (In-Network deductible applies)	50% (Out-of-Network deductible applies)
Skilled Nursing Facility 30 days per calendar year	35% (In-Network deductible applies)	50% (Out-of-Network deductible applies)
Complex Outpatient Imaging (CT Scan, MRI, PET, MRA, SPECT, Bone Density)	50% (In-Network deductible applies)	50% (Out-of-Network deductible applies)
Emergency Room Services \$200 copay per ER visit (waived if directly admitted).	35% (In-Network deductible and coinsurance maximum applies)	35% (In-Network deductible and coinsurance maximum applies)

Regence RealValue

Exclusions

- Adoption
- Breast reduction, Eye Lid surgery and Varicose Vein Surgery
- Detoxification
- Genetic Testing
- Immunizations for Travel
- Maternity Care, except for complications
- Mental Health and Chemical Dependency Treatment
- Neurodevelopmental Therapy
- Orthotics, except for diabetic orthotics
- Rural Telemedicine
- Termination of Pregnancy, benefit excluded except when the mother's life is threatened or there is risk of impairment of a major bodily function; when a fetus has a lethal defect or the pregnancy is a result of rape or incest.

Regence RealValue

Prescription Medication Coverage

- No deductible
- \$10 copay for generics
- 35% coinsurance for brand diabetic drugs and supplies only. No other coverage for brand medications.

- Retail: 30-day supply per copay
- Mail order: 90-day supply (one copay per 30-day supply)
- Up to 30-day supply for covered self-administrable injectable medications at retail and mail order.

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.

Regence Evolve 2.0 Benefit Changes

Evolve Core 2.0

Benefits Highlights: Office Visits		
	In-Network	Out-of-Network
Upfront Office Visits	Four visits shared between in-network and out-of-network providers	
Copay	<p>\$35 for upfront visits. (first 4 visits)</p> <p>Deductible/Coinsurance (w/out copay) after upfront visits have been exhausted.</p>	Out-of-network deductible and Upfront Coinsurance applies for upfront visits (first 4 visits)
Deductible	In-Network deductible does not apply for upfront visits.	Out-of-network deductible always applies to out-of-network office visits.
Coinsurance and Coinsurance Maximum	<p>100% for upfront office visits.</p> <p>Standard in-network coinsurance applies once upfront visits have been exhausted.</p> <p>Standard in- network coinsurance maximum applies</p>	<p>75% for upfront office visits</p> <p>Standard out-of-network coinsurance applies once upfront office visits are exhausted.</p> <p>Standard out-of-network coinsurance applies once upfront office visits are exhausted</p> <p>Standard out-of-network coinsurance maximum applies</p>

Evolve Core 2.0

Benefits Highlights

**Upfront Outpatient
Radiology and Lab**
\$200 Upfront limit only

Copay
None

Deductible

- In- and out-of-network deductible does not apply
- Standard in- and out-of-network deductible applies once upfront limit is exhausted.

Coinsurance and Coinsurance Maximum

- Pay at 100% for in-network and out-of-network.
- Standard in- and out-of-network coinsurance applies once upfront limit is exhausted.
- Standard in- and out-of-network coinsurance maximums apply once upfront limit has been exhausted.

Evolve Core 2.0

Benefits Highlights

Preventive Care

Copay

None

Deductible

- Not subject to in-network deductible.
- Out-of-network deductible applies to out-of-network preventive care.
- Standard in-and out-of-network deductible applies if covered benefits fall outside of PPACA.

Coinsurance and Coinsurance Maximum

- Covered at 100% for in-network providers.
- Out-of-network providers covered at 75%.
- Standard in- and out-of-network coinsurance applies if covered benefits fall outside of PPACA.
- Standard in- and out-of-network coinsurance maximum applies

Evolve Core 2.0

Benefits Highlights

Emergency Room

Copay:

- \$150, waived if admitted.

Deductible, Coinsurance and Coinsurance Max

- In-network amounts apply only

Maternity

Deductible:

- \$7,500 deductible for routine maternity.

Coinsurance and Coinsurance Max

- Subject to in and out-of-network provisions.

Evolve Core 2.0

New Exclusions and Limitations

Travel Immunizations

Termination of Pregnancy

Benefit excluded except when the mother's life is threatened or there is risk of impairment of a major bodily function; when a fetus has a lethal defect or the pregnancy is a result of rape or incest.

Clotting Factor

Only covered when services provided by Home Infusion Providers

HSA 2.0 and HSA 100 2.0 Benefit Changes

Benefits Changing

Out-of-Network Coinsurance Amount for HSA 100

Cost sharing will apply for out-of-network providers after deductible at 80%

Clotting Factor

Only covered when services provided by Home Infusion Providers

Immunizations for Travel

No longer covered, even under PPACA Preventive

Prescription Medications












Now includes coverage for brand formulary at 50%

Termination of Pregnancy

No longer covered, unless under certain circumstances mentioned earlier

Network Options

Group Network Requirements by Product

PRODUCT OPTIONS (INDIVIDUAL)	NETWORK OPTIONS			
	Preferred			Participating (PAR)
	FocalPoint (PFP)	ValueCare (PVC)	BlueOption (PBO)	
Real Value (In / Out)	In Network FocalPoint RealValue PFP/NP 	In Network ValueCare RealValue PVC/NP 	Not Available	Not Available
Evolve HSA 2.0 (In / Out)	In Network FocalPoint Evolve HSA 2.0 PFP/NP 	In Network ValueCare Evolve HSA 2.0 PVC/NP 	In Network BlueOption Evolve HSA 2.0 PBO/NP 	Not Available
Evolve HSA 100 2.0 (In / Out)	In Network FocalPoint Evolve HSA 100 2.0 PFP/NP 	In Network ValueCare Evolve HSA 100 PVC/NP 	In Network BlueOption Evolve HSA 100 2.0 PBO/NP 	Not Available
Evolve Core 2.0 (In / Out)	In Network FocalPoint Evolve Core 2.0 PFP/NP 	In Network ValueCare Evolve Core 2.0 PVC/NP 	In Network BlueOption Evolve Core 2.0 PBO/NP 	Not Available



Preferred FocalPoint Network

Contracted Providers – A Few Highlights

Network in Process - Not a Complete Listing

10/2011

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Preferred FocalPointSM Network: Overview

- FocalPoint is a new “high efficiency” or “focused” network designed to mitigate the upward trend in overall health costs
- FocalPoint is an “In-/Out-” network. There is no “Category 2.”
- FocalPoint is geographically centered along the Wasatch Front with facilities from Brigham City to Payson
- Participating providers include, but are not limited to:
 - HCA MountainStar Hospitals
 - University of Utah Hospital System and Medical Group
 - Affiliated clinics and medical groups
 - Primary Children’s Medical Center (PCMC)

Preferred FocalPoint In-Network Providers

Participating Providers – 67%+ already contracted

- **Hospital Corporation of America (HCA) MountainStar**

- Brigham City Hospital (Brigham City)
- Ogden Regional Hospital (Ogden)
- Lakeview Hospital (Bountiful)
- St. Mark's Hospital (SLC)
- Timpanogos Regional Hospital (Orem)
- Mountain View Hospital (Payson)
- HCA Affiliated Physicians (HCAP)

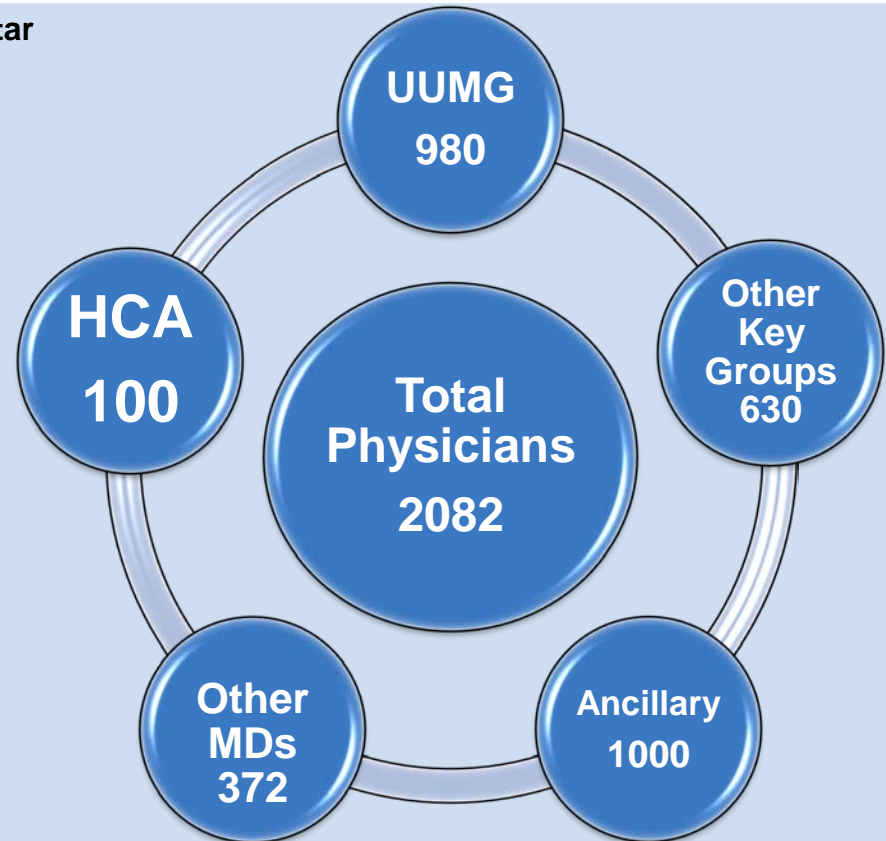
- **University of Utah**

- Huntsman Cancer Institute
- University Orthopedic Center
- University Neuropsychiatric Institute (UNI)
- University of Utah Hospital and Clinics (UUHC)

- **University of Utah Medical Group (UUMG)**

- **Primary Children's Medical Center (PCMC)**

- **Highly-affiliated clinics and groups**



Preferred FocalPoint Network: Hospitals and Facilities

- **HCA / MountainStar Hospitals:**
 - Brigham City Hospital – Brigham City
 - Lakeview Hospital – Bountiful
 - St. Mark's Hospital – Salt Lake City
 - Lone Peak Medical Campus - Draper
 - Timpanogos Hospital – Orem
 - Mountain View Hospital – Payson
- **University of Utah Hospital System – Salt Lake City**
 - University of Utah Hospital
 - Moran Eye Center
 - Huntsman Cancer Institute
 - University Orthopaedic Center
- **Primary Children's Medical Center – Salt Lake City**

FocalPoint Ancillary Services: DME, SNF, REHS, HOMH, HITS

- University Hospital - HOMH, HITS, DME, REHS
- Community Rehabilitation Services – HOMH
- Alpine Valley Care Center – SNF
- Berkshire Rehab and Comfort Care – SNF
- Pioneer Care Center - SNF
- Willow Glen Health and Rehab LLC – SNF
- Alpine Home Medical Equipment – DME
- Carol's Personal Boutique – DME
- Debra Lynn's LLC – DME
- KCI USA – DME
- Western Diabetic Supply – DME
- Shields Orthotic Prosthetic Services, Inc – DME

Preferred FocalPoint Network: Urgent Care Facilities

- FIRSTMED NORTH URGENT CARE: Bountiful
- FIRSTMED MURRAY URGENT CARE: Murray
- FIRSTMED EAST URGENT CARE: Salt Lake City
- FIRSTMED WEST URGENT CARE: West Jordan
- TRI CITY MEDICAL CLINIC: Pleasant Grove
- AFTER HOURS MEDICAL: Layton, Salt Lake City, West Jordan, Sandy, South Jordan, Draper, American Fork
- UUHC URGENT CARE: South Salt Lake

Preferred FocalPoint Network: Labs

- Myriad Genetics
- UUHC Community Clinics:
 - Midvale, Salt Lake City, South Jordan
- Quest Diagnostics

Preferred FocalPoint Network: *Large Clinics - Behavioral Health*

- Bear River Mental Health
- Center For Change
- Children's Center
- Comprehensive Psychological
- Davis Behavioral Health
- Jordan West Family Counseling
- LDS Family Services
- Sundance Behavioral Health
- University of Utah Neuropsychiatric Institute
- Valley Mental Health
- Wasatch Mental Health
- Weber Human Services

Preferred FocalPoint Network:

Provider Sampling - Oct. 2011 - Wasatch North

- Brigham Anesthesia
- Brigham Medical Clinic
- Brigham Pediatrics
- Circle of Life Women's Center
- Layton Family Practice
- MountainStar Medical Groups
- Nephrology of Northern Utah
- Sumko and Bitner Sports Medicine
- Ogden Internal Medicine
- Ogden Pulmonology
- Utah Cardiology
- Wee Care Pediatrics

Preferred FocalPoint: *Provider Sampling – Oct. 2011 Wasatch Central*

- AIM
- Alpine Medicine
- Canyon Surgery
- EPIC
- Gastroenterology Assoc.
- Highland Family Practice
- Lone Peak General Surgery
- Millcreek Anesthesia
- Millcreek Women's Center
- Mountainwest Cardiology Assoc.
- MountainStar Cardiovascular Surgery
- Nephrology Associates
- Neurology Associates
- Retina Associates of Utah
- South Jordan Family Med.
- Tanner Clinic
- Utah Imaging Associates
- Utah Orthopedics Assoc.
- Wasatch Pediatrics
- Wasatch Internal Medicine
- Western Anesthesia





Preferred FocalPoint Network:

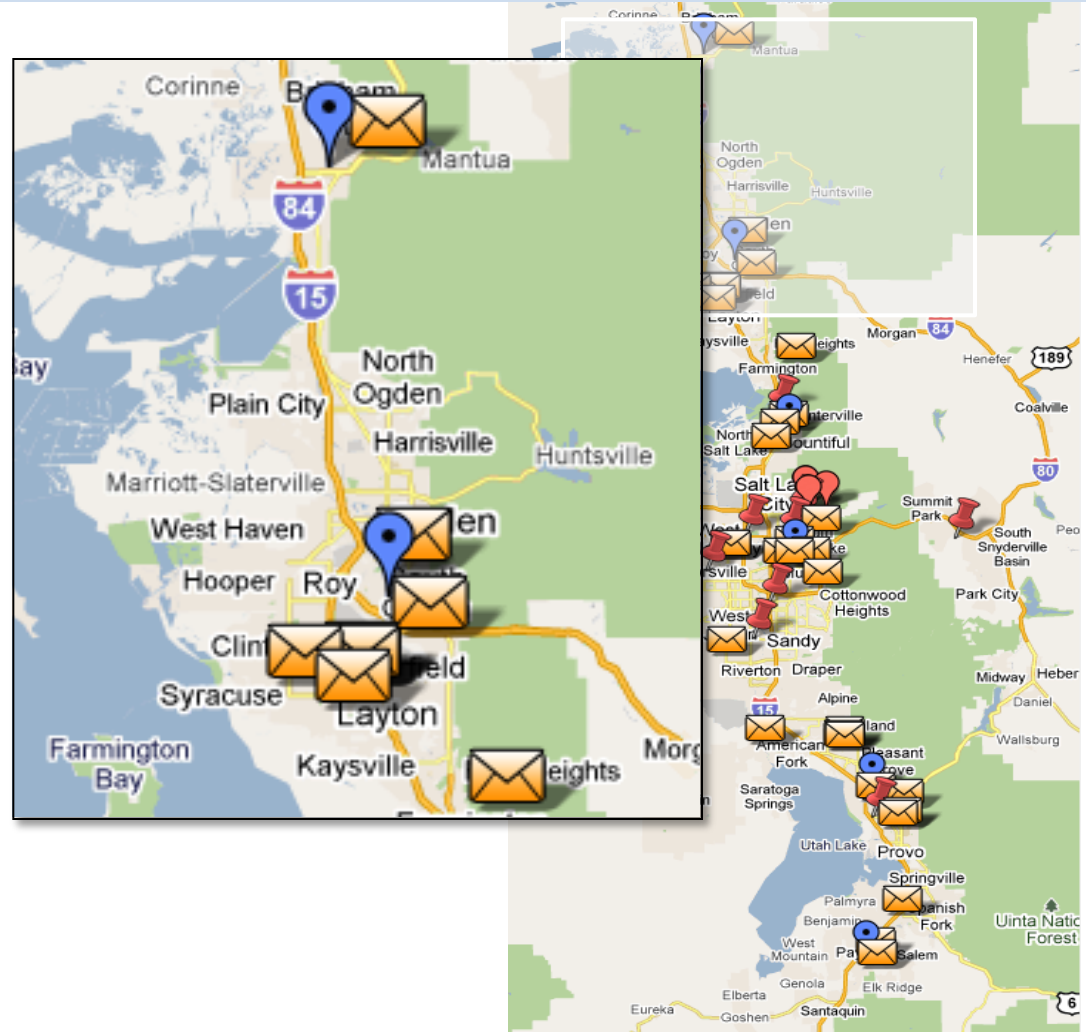
Provider Sampling – Oct. 2011 Wasatch South

- Alpine Pediatrics
- American Fork Clinic
- Mountain View Anesthesia
- Peak ENT
- Tri City Medical
- Utah Valley Pediatrics
- UT County Medical Association
- UT County Surgical Association
- Valley OB GYN
- Wasatch Neonatal

Preferred FocalPointSM Network: Geographic Details

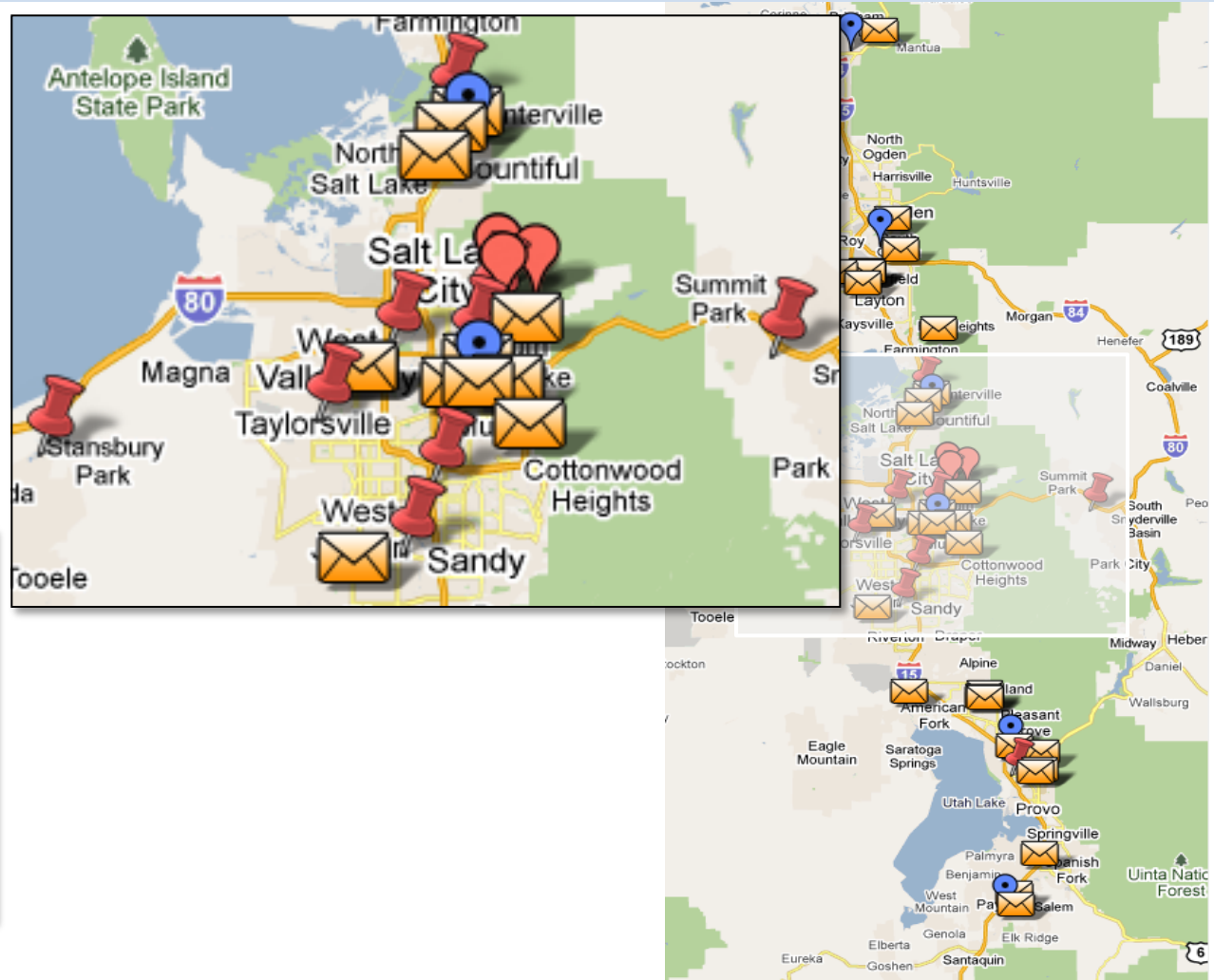
From
Brigham City ...





HCA Hospitals	
U of U Facilities	
U of U Groups	
Other Key Groups	



Preferred FocalPointSM Network: Geographic Details





... to
Salt Lake
City ...

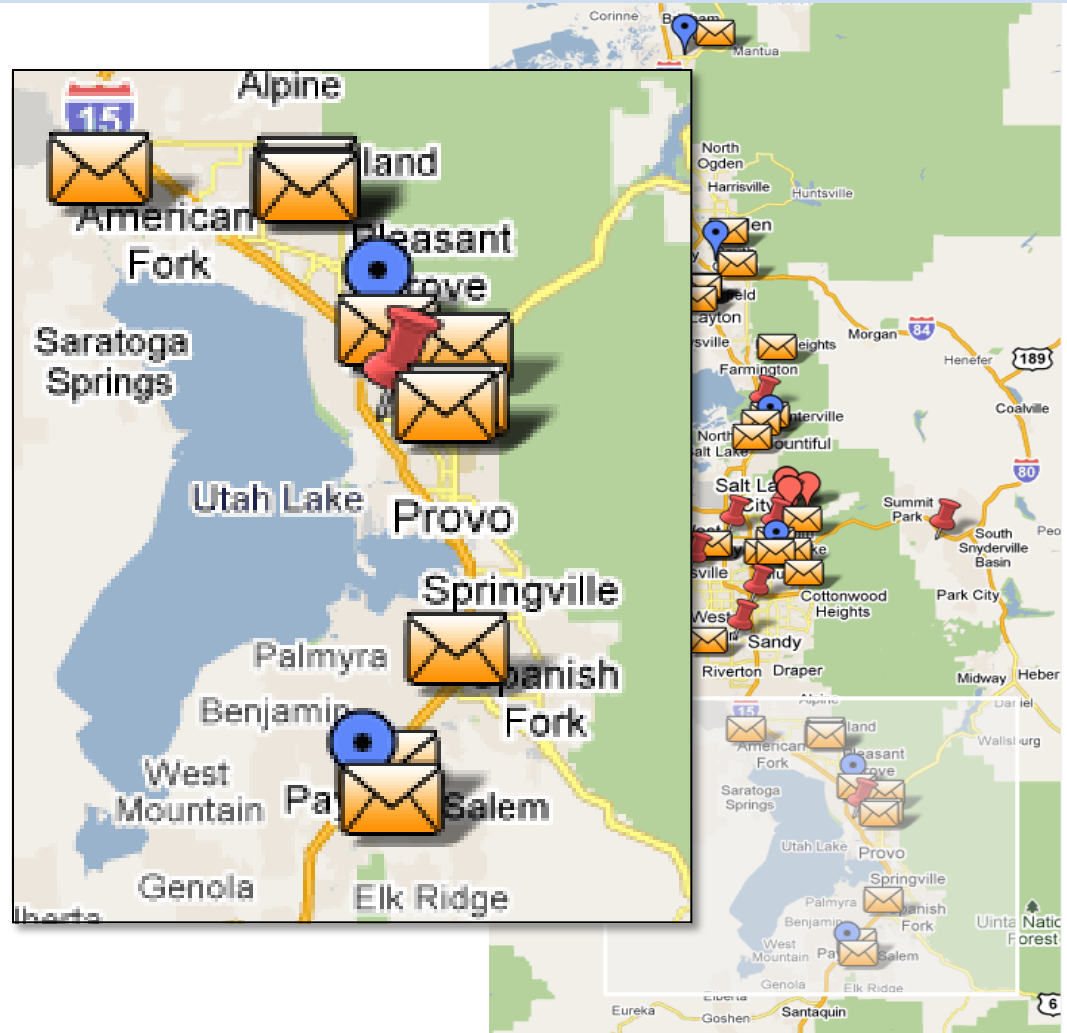


- HCA Hospitals 
- U of U Facilities 
- U of U Groups 
- Other Key Groups 

Preferred FocalPointSM Network: Geographic Details

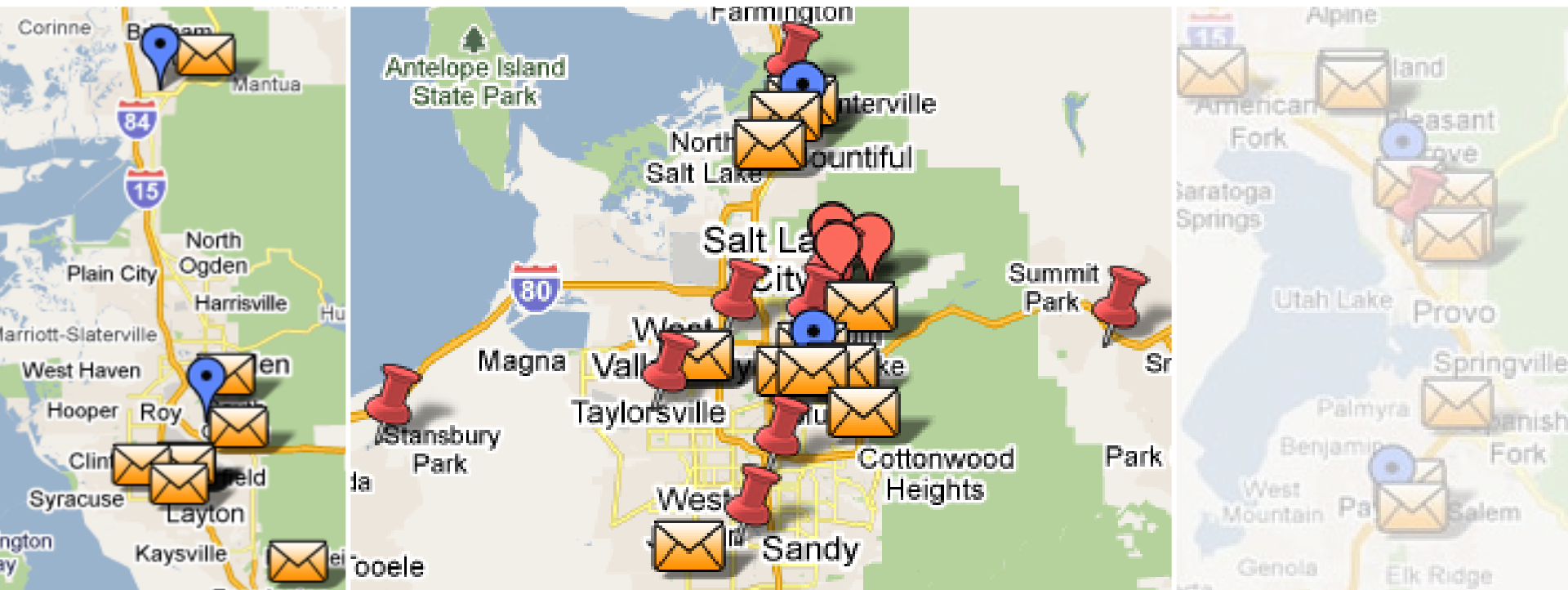
...to
Provo ...

HCA Hospitals	
U of U Facilities	
U of U Groups	
Other Key Groups	



Preferred FocalPointSM Network: Geographic Details

... and beyond!



Utah Network Options – Preferred FocalPoint

Consists of:

**HCA/MountainStar hospitals, University of Utah Medical Center and Primary Children’s Medical Center
(23% of the hospitals / 50% of professionals (% approx.))**

Preferred <u>FocalPoint</u> Network Hospitals	
Brigham City Hospital	Primary Children’s Medical Center
Lakeview Hospital	St. Mark’s Hospital
Mountain View Hospital	Timpanogos Regional Hospital
Ogden Regional Hospital	University of Utah Medical Center
Huntsman Cancer Center	University Orthopedic Center

Utah Network Options – Preferred ValueCare

Consists of:

HCA (MountainStar), Iasis, University of Utah, Primary Children’s Medical Center and rural hospitals (83% of hospitals / 89% of professionals)

Preferred ValueCare Network Hospitals		
Allen Memorial Hospital	Gunnison Valley Hospital	Primary Children’s Medical Center
Ashley Regional Medical Center	Heber Valley Medical Center	Salt Lake Regional Medical Center
Bear River Valley Hospital	Huntsman Cancer Hospital	San Juan County Hospital
Beaver Valley Hospital	Jordan Valley Medical Center	Sanpete Valley Hospital
Brigham City Hospital	Kane County Hospital	Sevier Valley Medical Center
Cache Valley Specialty Hospital	Lakeview Hospital	St. Marks Hospital
Castleview Hospital	Logan Regional Hospital	The Orthopedic Specialty Hospital
Central Valley Medical Center	Milford Valley Hospital	Timpanogos Regional Hospital
Davis Hospital and Medical Center	Mountain View Hospital	Uintah Basin Medical Center
Delta Community Medical Center	Mountain West Medical Center	University Hospital
Dixie Regional Medical Center	Ogden Regional Medical Center	University of Utah Orthopedic Center
Fillmore Hospital	Park City Medical Center	Valley View Medical Center
Garfield Memorial Hospital	Pioneer Valley Hospital	

Utah Network Options – Preferred BlueOption

Consists of:
Intermountain HealthCare hospitals, some independent hospitals and rural hospitals statewide (70% of hospitals / 90% of professionals)

Preferred BlueOption Network Hospitals		
Allen Memorial Hospital	Fillmore Hospital	Orem Community Hospital
Alta View Hospital	Garfield Memorial Hospital	Park City Medical Center
American Fork Hospital	Gunnison Valley Hospital	Primary Children's Medical Center
Ashley Regional Medical Center	Heber Valley Medical Center	Riverton Hospital
Bear River Valley Hospital	Intermountain Medical Center	San Juan County Hospital
Beaver Valley Hospital	Kane County Hospital	Sanpete Valley Hospital
Castleview Hospital	LDS Hospital	Sevier Valley Medical Center
Central Valley Medical Center	Logan Regional Hospital	The Orthopedic Specialty Hospital
Davis Hospital and Medical Center	McKay-Dee Hospital	Uintah Basin Medical Center
Delta Community Medical Center	Milford Valley Hospital	Utah Valley Regional Medical Center
Dixie Regional Medical Center	Mountain West Medical Center	Valley View Medical Center

Preferred FocalPointSM Network: The Bottom Line

- Built from ground up to foster a competitive environment
- Best network pricing
- Providers highly affiliated with HCA facilities (by recent referral patterns) and University of Utah Health Care have been targeted for contracting
- Adds an additional network option
- Comprehensive access for the Wasatch Front

Pricing

Pricing

Rates

- See “Training Rate Sheet”

Rate Finder Tool

- HealthCare Informatics is working on the updates; new products to be added and closed products to be move to the correct tab.

Rate Timing

- UT is file and use, we usually wait 30 days, which looks like mid November.

Administrative Details

Plan Change Grid

Regence BlueCross BlueShield of Utah
Individual Plan Change Grid
CPSS Products
Effective December 1, 2011¹

MOVING TO:	Plan Identifier	Open Participating Plans																
		Regence Evolve Core 2.0				Regence Evolve HSA 2.0 60%			Regence Evolve HSA 2.0 80%			Regence Evolve HSA 100 2.0		Regence RealValue				Regence Evolve Plus \$1,500
MOVING FROM:		\$2,500	\$5,000	\$7,500	\$10,000	\$1,200	\$2,000	\$3,500	\$1,200	\$2,000	\$3,500	\$3,000	\$5,000	\$2,500	\$5,000	\$7,500	\$10,000	\$1,500
Regence Evolve Core 2.0																		
\$2,500 Deductible	0209, 0213, 0217								UW									UW
\$5,000 Deductible	0210, 0214, 0218	UW							UW	UW	UW			UW				UW
\$7,500 Deductible	0211, 0215, 0219	UW	UW						UW	UW	UW			UW				UW
\$10,000 Deductible	0212, 0216, 0220	UW	UW	UW					UW	UW	UW			UW	UW			UW
Regence Evolve HSA 2.0 60%																		
\$1,200 Deductible	0314, 0320, 0326	UW							UW	UW				UW	UW			UW
\$2,000 Deductible	0316, 0322, 0328	UW	UW						UW	UW	UW			UW	UW			UW
\$3,500 Deductible	0318, 0324, 0330	UW	UW	UW					UW	UW	UW			UW	UW	UW		UW
Regence Evolve HSA 2.0 80%																		
\$1,200 Deductible	0313, 0319, 0325													UW				UW
\$2,000 Deductible	0315, 0321, 0327	UW							UW					UW				UW
\$3,500 Deductible	0317, 0323, 0329	UW							UW	UW				UW	UW			UW
Regence Evolve HSA 100 2.0																		
\$3,000 Deductible	0403, 0405, 0407																	UW
\$5,000 Deductible	0404, 0406, 0408	UW							UW	UW				UW				UW
Regence RealValue																		
\$2,500 Deductible	0501, 0505	UW							UW	UW				UW	UW			UW
\$5,000 Deductible	0502, 0506	UW	UW						UW	UW	UW			UW	UW			UW
\$7,500 Deductible	0503, 0507	UW	UW	UW					UW	UW	UW			UW	UW			UW
\$10,000 Deductible	0504, 0508	UW	UW	UW	UW				UW	UW	UW			UW	UW	UW		UW
Regence Evolve Plus																		
\$1,500 Deductible	0103, 0109																	
Regence Evolve Core (closed)																		
\$2,500 Deductible	0201, 0205	UW							UW	UW				UW	UW			UW
\$5,000 Deductible	0202, 0206	UW	UW						UW	UW	UW			UW	UW			UW
\$7,500 Deductible	0203, 0207	UW	UW	UW					UW	UW	UW			UW	UW			UW
\$10,000 Deductible	0204, 0208	UW	UW	UW	UW				UW	UW	UW			UW	UW	UW		UW
Regence Evolve Plus (closed)																		
\$500 Deductible	0101, 0107																	
\$1,000 Deductible	0102, 0108																	
\$2,500 Deductible	0104, 0110												UW					UW
\$4,000 Deductible	0105, 0111												UW					UW
\$7,500 Deductible	0106, 0112	UW							UW	UW			UW	UW				UW
Regence Evolve HSA 60% (closed)																		
\$1,200 Deductible	0302, 0308	UW	UW						UW	UW				UW	UW			UW
\$2,000 Deductible	0304, 0310	UW	UW	UW					UW	UW	UW			UW	UW			UW
\$3,500 Deductible	0306, 0312	UW	UW	UW					UW	UW	UW			UW	UW	UW		UW
Regence Evolve HSA 80% (closed)																		
\$1,200 Deductible	0301, 0307	UW							UW	UW				UW	UW			UW
\$2,000 Deductible	0303, 0309	UW							UW	UW	UW			UW	UW			UW
\$3,500 Deductible	0305, 0311	UW	UW						UW	UW	UW			UW	UW			UW
Regence Evolve HSA 100 (closed)																		
\$5,000 Deductible	0401, 0402	UW							UW	UW				UW	UW			UW
Blue Advantage Copay (closed)																		
\$250 Deductible	63166, 63167	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW
\$500 Deductible	63168, 63169	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW
\$1,000 Deductible	63170, 63171	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW
Blue Advantage Coinsurance (closed)																		
\$2,500 Deductible	63172, 63173	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW
\$5,000 Deductible	63174, 63175	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW
\$7,500 Deductible	63176, 63177	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW
Conversion Plans																		
All Plans	All	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW	UW

Notes:

- This plan change grid is effective December 1, 2011 for quotes with effective dates beginning January 1, 2012.
- These rules represent the current practices of Regence BlueCross BlueShield of Utah. They can be changed at any time throughout the year without notice.
- Changes from closed or open plans can only be made to open plans (no changes to closed plans or Conversion plans).
- Deductible changes on closed plans are not allowed due to grandfathering rules; can only change to open plans.
- Adding Dependents to a closed plan is allowed if they meet eligibility requirements.
- Changes from another BCBS carrier outside of Utah can only be made to Conversion plans.
- Network changes are not allowed for members on closed products; members must move to an open product to change networks.
- Members wanting to change to the BlueOption network or from the FocalPoint network to the ValueCare network must go through underwriting.
- All members switching from BlueAdvantage to an open product will need to go through underwriting.
- A member request to move from a pre-PPACA Evolve plan to a post-PPACA Evolve plan at the same deductible level is considered a benefit enhancement and will require underwriting.

Key

UW = Underwriting required for plan change.
Blank = No Health Statement required to change plans.

Plan Change Grid

Steps for using the Plan Change Grid :

- Locate current plan or group number in left-most column of the grid
- Scan the top row to the plan member wants to change to now and line up their current plan row with the new plan column they want to switch to.
- If the box has “UW” in it, a new application and underwriting are required
- In Utah, if the box is blank-no underwriting is required (i.e. no application)
 - In this case, member can either fill out a Plan Change Request Form (available on Evolve 2.0 Toolbox) or call Customer Service

Underwriting Scenario 1



Name: Susan Peterson

Scenario: She's enrolled on Evolve Core 1.0 on the Preferred ValueCare Network and wants to switch to the Preferred FocalPoint Network

Effective date: Feb. 1, 2012

How can we help her?

- Tell her if she wants to stay on the Evolve Core Plan but switch to the Preferred FocalPoint Network she has to move to the open Evolve Core 2.0
- Moving to Core 2.0, no underwriting is required if she wants a higher deductible; underwriting is required if she wants the same or a lower deductible
- She can remain on Evolve Core 1.0 as long as she doesn't change her medical coverage (switching deductibles or networks)

Underwriting Scenario 2



Name: Steve Bryant

Scenario: He's enrolled on the closed BlueAdvantage Plan and wants to switch to the new Evolve HSA 2.0

Effective date: March 1, 2012

How can we help him?

- He needs to go through underwriting to move from the BlueAdvantage Plan to the Evolve HSA 2.0 (or to any other open plan)
- He may ask for help determining what network is best for him, due in part to where his providers are located

Underwriting Scenario 3



Name: Neil Howard

Scenario: He's enrolled on Evolve Plus \$2,500 on the Preferred ValueCare Network and wants to move to Evolve Core 2.0 on the Preferred BlueOption Network

Effective date: April 1, 2012

How can we help him?

- Neil's enrolled on a closed plan
- Moving from Evolve Plus to Evolve Core 2.0 would not require underwriting
- But moving from the Preferred ValueCare Network to the Preferred BlueOption Network would require underwriting
- Check both plan move and network move

Marketing

Key Messages

- Regence is making changes to our Individual product portfolio in order to better serve the needs of our members and to further strengthen the appeal of our products in the Utah Individual health insurance market.
- The enhancements to the products are part of our ongoing efforts to offer the highest quality health plans to our members while providing greater choice and opportunities for reducing costs.
- The new plans are designed to encourage members to achieve greater savings through the use of in-network providers.

Timelines

- Dec 1st
 - Current plans close to new sales-Marketing begins for Evolve 2.0
 - Quote and Apply for new Evolve 2.0 plans
- Jan 1st
 - New Evolve 2.0 Plans Effective

Contacts

Utah Individual Sales Department

801-333-5555

or

888-246-1146

or

utah-ind-sales@regence.com

Individual Sales Executives

Nathan White

Tracie Smith

David Brown

Individual Sales Manager

Mike Havnes



Questions