



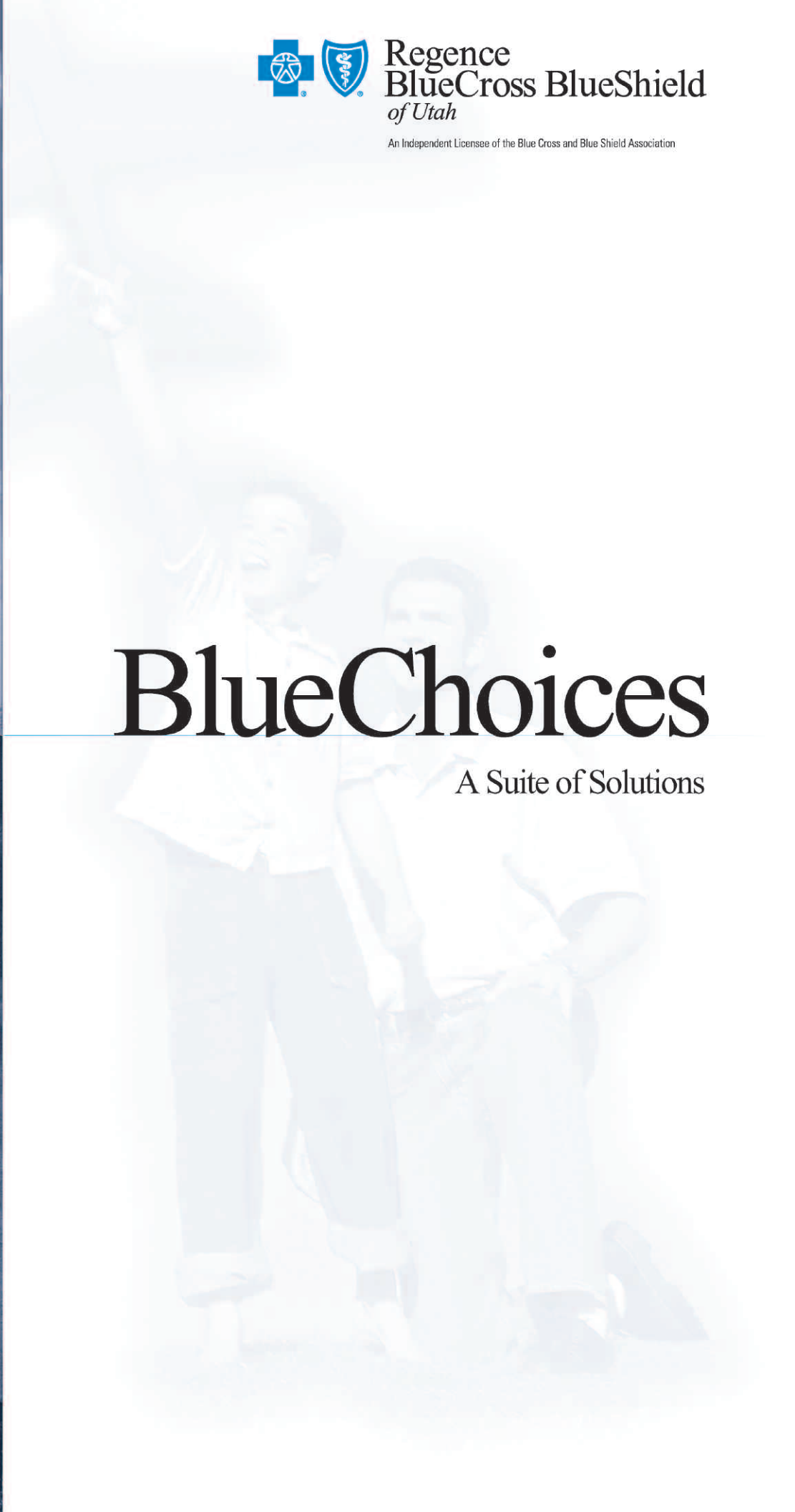
Regence
BlueCross BlueShield
of Utah

An Independent Licensee of the Blue Cross and Blue Shield Association



BlueChoices

A Suite of Solutions



November 2005

Discover the Choice, Affordability, and Freedom of BlueChoices

A BOLD, SIMPLE NEW CONCEPT:

Employers statewide are requesting more affordable product choices from their health insurance company that will allow greater freedom for their employees. They expect solutions and options – to meet the delicate challenge of balancing budget constraints with their employees’ expectations of choice and convenience.

Regence BlueCross BlueShield of Utah is pleased to offer BlueChoices, a unique, new line of products which offers our customers more choice in networks and a greater array of benefits than can be found anywhere else in the Utah health insurance market.

BLUECHOICES — IN A WORD, UNIQUE:

- More affordable choices of benefits/networks for employers;
- Greater freedom for employees to choose the combination of benefits and networks that fit their needs and budget;
- The availability for employees to switch networks;
- The peace of mind knowing that your employees are covered nationwide through our BlueCard network of providers.

BLUECHOICES — COMBINING YOUR CHOICE OF BENEFITS WITH YOUR CHOICE OF NETWORKS:

| NETWORK CHOICES | | | |
|--|--|--|--|
| REGENE BLUECROSS BLUESHIELD OF UTAH "TRADITIONAL" • 44 hospitals • 4,350 physicians | | | |
| REGENE VALUECARE • 37 hospitals • 4,150 physicians | | | |
| REGENE HEALTHWISE • 19 hospitals • 3,550 physicians | | | |
| | BLUEESSENTIALS COMPLETE COVERAGE THAT IS SIMPLE AND AFFORDABLE | BLUEPREFERRED PREFERRED COVERAGE WITH MAXIMUM CHOICE AND VARIETY | BLUECLASSIC PREMIUM COVERAGE FOR ULTIMATE SECURITY |
| | BENEFIT CHOICES | | |

BLUECHOICES — THE STRENGTH OF CUSTOMIZATION:

Turn the pages and learn more about BlueEssentials, BluePreferred, BlueClassic and how your employees can customize their own health plan to meet their own unique needs.

**BLUECHOICES OFFERS SOLUTIONS, PLAIN AND SIMPLE.
IT'S THE ULTIMATE IN NEW HEALTH CARE CHOICES.**

| BENEFITS | BLUE ESSENTIALS | | | | BLUE PREFERRED | | | | BLUE CLASSIC | | | |
|---|--|---------|---------------------|----------|---|--|---------------------|---------|--|---------|---------------------|---------|
| | Deductible | | Maximum Coinsurance | | Deductible | | Maximum Coinsurance | | Deductible | | Maximum Coinsurance | |
| | Individual | Family | Individual | Family | Individual | Family | Individual | Family | Individual | Family | Individual | Family |
| <p>Aggregate Deductible and Coinsurance Maximums (per Calendar Year) Once an individual deductible is met, benefits begin for that member, OR when the family aggregate deductible is met, benefits begin for the entire family. No one member can contribute more than his or her individual deductible toward the family deductible.</p> <p>Separate deductibles for contracting and non-contracting providers.</p> <p>\$0 and \$100 Deductibles only available to groups size 51 +</p> | \$ 500 | \$1,000 | \$2,000 | \$ 4,000 | \$ 0 | \$ 0 | \$1,000 | \$2,000 | \$ 0 | \$ 0 | \$1,000 | \$2,000 |
| | \$1,000 | \$2,000 | \$2,000 | \$ 4,000 | \$ 250 | \$ 500 | \$1,500 | \$3,000 | \$ 100 | \$ 200 | \$1,000 | \$2,000 |
| | \$1,500 | \$3,000 | \$3,000 | \$ 6,000 | \$ 500 | \$1,000 | \$2,000 | \$4,000 | \$ 250 | \$ 500 | \$1,000 | \$2,000 |
| | \$2,000 | \$4,000 | \$4,000 | \$ 8,000 | \$1,000 | \$2,000 | \$2,000 | \$4,000 | \$ 500 | \$1,000 | \$1,500 | \$3,000 |
| | \$3,000 | \$5,000 | \$4,000 | \$ 8,000 | \$1,500 | \$3,000 | \$3,000 | \$6,000 | \$1,000 | \$2,000 | \$2,000 | \$4,000 |
| | \$4,000 | \$6,000 | \$5,000 | \$10,000 | \$2,000 | \$4,000 | \$4,000 | \$8,000 | \$1,500 | \$3,000 | \$2,000 | \$4,000 |
| Maximum Benefit Contracting Providers | \$2,000,000 per Enrollee | | | | \$2,000,000 per Enrollee | | | | \$2,000,000 per Enrollee | | | |
| Typical Coinsurance Contracting Providers | 70% / 30% | | | | 80% / 20% | | | | 80% / 20% | | | |
| Typical Coinsurance Non-Contracting Providers | 55% / 45% | | | | 60% / 40% | | | | 60% / 40% | | | |
| Office Visits for Injury/Sickness | After Deductible, 70% / 30% | | | | Low Deductible Option** After Deductible*, \$15 Copayment for Primary Provider \$30 Copayment for Specialist | High Deductible Option** After Deductible*, \$20 Copayment for Primary Provider \$35 Copayment for Specialist | \$15 Copayment | | | | | |
| Minor Office Surgeries/ Diagnostic Tests | After Deductible, 70% / 30% | | | | After Deductible* and Office Copayment, 100% | | | | After Copayment, 100% | | | |
| Major Office Surgeries/ Diagnostic Tests | After Deductible, 70% / 30% | | | | After Deductible, 80% / 20% | | | | After Copayment, 100% | | | |
| Office Visits for Preventive Care | After Deductible, 70% / 30% | | | | Low Deductible Option** After Deductible*, \$15 Copayment for Primary Provider \$30 Copayment for Specialist | High Deductible Option** After Deductible*, \$20 Copayment for Primary Provider \$35 Copayment for Specialist | \$15 Copayment | | | | | |
| | Limited to \$300 per Enrollee per Calendar Year | | | | Limited to \$300 per Enrollee per Calendar Year | | | | Limited to \$500 per Enrollee per Calendar Year | | | |
| Inpatient Hospital/Physician Services | After Deductible, 70% / 30% | | | | After Deductible, 80% / 20% | | | | After Deductible, 80% / 20% | | | |
| Outpatient Hospital/Physician Services | After Deductible, 70% / 30% | | | | After Deductible, 80% / 20% | | | | After Deductible, 80% / 20% | | | |
| Emergency Department | After Deductible, 70% / 30% | | | | After Deductible*, \$100 Copayment – Copay waived if visit results in an admission | | | | \$75 Copayment – Copay waived if visit results in an admission | | | |
| Urgent Care Clinic | After Deductible, 70% / 30% | | | | After Deductible*, \$35 Copayment | | | | \$30 Copayment | | | |
| Outpatient Rehabilitation Services When Services are rendered in a Physician/Practitioner's Office | After Deductible, 70% / 30% | | | | Low Deductible Option** After Deductible*, \$15 Copayment | High Deductible Option** After Deductible*, \$20 Copayment | \$15 Copayment | | | | | |
| When Services are rendered in the Outpatient Department of a Hospital | After Deductible, 70% / 30% | | | | After Deductible, 80% / 20% | | | | After Deductible, 80% / 20% | | | |
| Chiropractic Care Maximum of 10 visits per Enrollee per Calendar Year | After Deductible, 70% / 30% | | | | Low Deductible Option** After Deductible*, \$15 Copayment | High Deductible Option** After Deductible*, \$20 Copayment | \$15 Copayment | | | | | |
| Special Beginnings® | Enrollee pays nothing | | | | Enrollee pays nothing | | | | Enrollee pays nothing | | | |
| Out-of-State Coverage | Access available through national BlueCard network | | | | Access available through national BlueCard network | | | | Access available through national BlueCard network | | | |

* Enhanced Partial Deductible Waiver available to purchase as an optional benefit.

**Low Option refers to \$0-\$500 Deductible plans; High Option refers to \$1,000-\$2,000 Deductible plans.

This is a partial summary of benefits for comparative purposes only. The benefits Booklet contains a complete detail of benefits, limitations and exclusions and is the governing document. The benefits Booklet also describes grievance procedures for disputes.

| ADDITIONAL BENEFITS AND/OR RIDERS | BLUE ESSENTIALS | | BLUE PREFERRED | | | | BLUE CLASSIC | | | |
|---|--|----------|--|--|----------|---|--|---|----------|----------|
| | Option 3 | Option 4 | Option 1 | Option 2 | Option 3 | Option 4 | Option 1 | Option 2 | Option 3 | Option 4 |
| Rx Drug Card | | | | | | | | | | |
| Deductible, per Enrollee per Calendar Year (Maximum 3 per family, separate from Medical Deductible) | \$100 | \$100 | \$50 | \$50 | \$100 | \$100 | \$50 | \$50 | \$100 | \$100 |
| Generic | \$5 | \$10 | \$5 | \$10 | \$5 | \$10 | \$5 | \$10 | \$5 | \$10 |
| Formulary | 40% | 50% | 20% | 20% | 40% | 50% | 20% | 20% | 40% | 50% |
| Non-Formulary | 50% | 50% | 50% | 35% | 50% | 50% | 50% | 35% | 50% | 50% |
| Deductible Waiver for Drug Card | Available | | Available | | | | Available | | | |
| Enhanced Partial Deductible Waiver | Not Available | | Available | | | | Included as Standard Benefit | | | |
| Additional Accidental Injury/ Life-Threatening Illness | Not Available | | Available | | | | Included as Standard Benefit | | | |
| Employee Assistance Program (EAP) | Available | | Available | | | | Available | | | |
| Mental Health Condition and Substance Abuse Note: exclusive provider network applies to Regence HealthWise Small Groups 2-50 Large Groups 50+ | All options available on all products | | | | | | | | | |
| | Option 1 Small Group 50% / 50% | | Option 2 Catastrophic 80% / 20% <small>(Same but separate Deductible Copayment, and Maximum Coinsurance/Copayment Maximum as Medical benefit)</small> | | | | Option 3 Catastrophic 50% / 50% <small>(Same but separate Deductible Copayment, and Maximum Coinsurance/Copayment Maximum as Medical benefit)</small> | | | |
| | Available Not Available | | Not Available Available | | | | Available Available | | | |
| Dental Groups 2-10 Groups 10+ Groups 20+ Network Deductible Basic Preventive Prosthetic Orthodontic Orthodontic Maximum Benefit Maximum Benefit (per Calendar Year) | All options available on all products | | | | | | | | | |
| | Option F | | Option G/K | | | Option S | | Option V | | |
| | Available Available Available | | Not Available Available Available | | | Not Available Not Available Available | | Not Available Not Available Available | | |
| | BCBS | | BCBS/ValueCare | | | BCBS | | ValueCare | | |
| | \$50 (2 Enrollee Maximum) | | \$50 (3 Enrollee Maximum) | | | \$50 (3 Enrollee Maximum) | | \$50 (3 Enrollee Maximum) | | |
| | 80% / 20% | | 80% / 20% | | | 80% / 20% | | 80% / 20% | | |
| | 80% / 20% | | 100% | | | 100% | | 100% | | |
| | 50% / 50% | | 50% / 50% | | | 50% / 50% | | 50% / 50% | | |
| | Not Available | | Not Available | | | 50% / 50% (limited to \$500 per Enrollee per Calendar Year) | | 50% / 50% | | |
| | | | | | | \$1,000 Lifetime Maximum | | \$1,000 Lifetime Maximum | | |
| | \$500 | | \$1,000 | | | \$1,000 | | \$1,000 | | |
| Vision Available to groups size 20+ | Option 1 1 pair of glasses (lenses and frames) or 1 pair of contacts per Enrollee per Calendar Year | | | Option 1 1 pair of glasses (lenses and frames) or 1 pair of contacts per Enrollee per Calendar Year | | | Option 1 1 pair of glasses (lenses and frames) or 1 pair of contacts per Enrollee per Calendar Year | | | |

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