



**Regence HSA Healthplan 3.0 Embedded Deductible (80/60) Benefit Highlights**

- The Regence HSA Healthplan 3.0 is a simple way to pay for life’s medical expenses. Comprehensive health plan combined with a separate tax-free savings account provides a simple way to pay for life’s medical expenses. You get broad medical coverage, support and guidance from an HSA specialist plus rewards for healthy living.
- Groups can choose from one of the following four networks for In-Network benefits: Participating Network, Preferred BlueOption Network, Preferred ValueCare Network, or Preferred FocalPoint Network.

<b>Annual Maximum</b>	<b>\$2,000,000 Annual Maximum</b>
<b>Calendar Year Deductible</b> Applies to all covered expenses except where noted	Deductible: <b>\$3,000</b> for single coverage <b>\$5,000 or \$7,000</b> for family coverage  Benefits begin for one family member when the single deductible is met. When the family deductible is met, benefits begin for the entire family.
<b>Calendar Year Out-of-Pocket Maximum</b> Out-of-pocket maximum amount per calendar year, including deductible, applies to all covered expenses. When the out-of-pocket maximum is reached, this plan provides benefits at 100% of the allowed amount for the remainder of the calendar year.	Out-of-Pocket Maximum: <b>\$5,000</b> for single coverage <b>\$10,000</b> for family coverage  Family coverage: no one family member is eligible for 100% coverage until the entire family out-of-pocket maximum is met.

Covered Services	In-Network	Out-of-Network (Member may be responsible for any provider costs above the allowed amount)
	Benefits for services below will be provided at the percentage of the allowed amount specified, <u>after</u> deductible is met and until out of pocket maximum is met.	
<b>Professional Services</b> Office and inpatient services and supplies	80%	60%
<b>Hospital Services/Ambulatory Surgical Center</b> Inpatient and outpatient services and supplies	80%	60%
<b>Maternity</b>	80%	60%
<b>Preventive Care and Immunizations</b>	100% (Deductible waived)	75%

Covered Services	In-Network	Out-of-Network (Member may be responsible for any provider costs above the allowed amount)
	Benefits for services below will be provided at the percentage of the allowed amount specified, <u>after</u> deductible is met and until out of pocket maximum is met.	
<b>Emergency Room Services</b>	80%	80%
<b>Rehabilitation Services</b> Inpatient: 15 days per calendar year Outpatient: 40 visits per calendar year	80%	60%
<b>Home Health</b> 130 visits per calendar year	80%	60%
<b>Hospice</b> Respite care limited to 14 days inpatient/outpatient per lifetime	80%	60%
<b>Skilled Nursing Facility</b> 60 inpatient days per calendar year	80%	60%
<b>Spinal Manipulations</b> 10 spinal manipulations per calendar year	80%	60%
<b>Prescription Medication Coverage</b> Subject to medical deductible. Retail or Mail Order: Up to 90 day supply for covered prescription medications (Up to 30 day supply for covered self-administrable injectable medications).	80%	80%
	Member may be balance billed when a nonparticipating pharmacy is used.  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.	

Covered Services	Optional Benefits Available	
	In-Network	Out-of-Network (Member may be responsible for any provider costs above the allowed amount)
<b>Chemical Dependency Treatment/Mental Health (Combined)</b> (Groups of 2-50): 8 inpatient days/ 12 outpatient visits per calendar year	50%	50%
<b>Chemical Dependency Treatment/Mental Health (Combined)</b> (Groups of 2+) No benefit maximums	80%	60%
<b>Prescription Medication Coverage (in addition to standard prescription medication benefits)</b> Specific Generic and Formulary Brand medications for the following chronic conditions are covered prior to deductible being met: asthma, diabetes, high blood pressure, high cholesterol, tobacco cessation.	80%	80%
<b>Spinal Manipulations</b> No benefit maximum	80%	60%
<b>Vision</b> One routine eye exam per calendar year. Hardware limited to \$150 per calendar year maximum benefit.	100% (Deductible waived)	100% (Deductible waived)

Optional Program Available	
<p>Employee Assistance Program (EAP)</p> <p>No cost to the member for:</p> <p>Up to four face-to-face sessions per incident to manage stress or work-life balance situations</p> <p>Legal and financial assistance</p> <p>24/7 crisis line</p>	
Additional Information	
<b>Preventive Care</b>	Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA).
<b>Waiting Periods</b>	No benefits are provided for treatment relating to a transplant until the member has been covered under this or a prior plan for twelve consecutive months. There is a nine-month waiting period that must be met prior to benefits being available for pre-existing conditions. Members may receive credit from prior medical coverage. Pre-existing condition waiting periods do not apply to Members up to age 19.
<b>Outside the Service Area</b>	Members have the security of knowing they can access Blue Cross and/or Blue Shield (Blue Plan) providers across the country and worldwide through the BlueCard <sup>®</sup> Program. Plan benefits apply as described above, and members may receive discounts on their services.

### General Medical Exclusions

Coverage is not provided for any of the following, including direct complications or consequences that arise from:

- **Cosmetic/Reconstructive Services and Supplies** except for reconstruction for functional injury and disease, to treat a congenital anomaly for members up to age 18, and for breast reconstruction following a medically necessary mastectomy to the extent required by law
- **Counseling** in the absence of illness
- **Custodial Care:** Non-skilled care and helping with activities of daily living
- **Dental Examinations and Treatments**
- **Fees, Taxes, Interest:** Charges for shipping and handling, postage, interest, or finance charges that a provider might bill
- **Government Programs:** Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or governmental program
- **Immunizations** if the Insured receives them only for purposes of travel, occupation or residency in a foreign country
- **Infertility** except to the extent covered services are required to diagnose such condition
- **Investigational Services:** Treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures
- **Medications without a Prescription Order**
- **Military Service Related Conditions:** The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection or conditions incurred in or aggravated during performance in the Uniformed Services
- **Motor Vehicle Coverage and Other Insurance Liability**
- **Non-Direct Patient Care** including appointments scheduled and not kept, charges for preparing medical reports, itemized bills or claim forms, and visits or consultations that are not in person, including telephone consultations and email exchanges
- **Obesity or Weight Reduction/Control:** Medical treatment, medication, surgical treatment (including reversals), programs, or supplies that are intended to result in or relate to weight reduction, regardless of diagnosis
- **Orthognathic Surgery** except for congenital conditions, temporomandibular joint disorder, injury, and sleep apnea
- **Personal Comfort Items:** Items that are primarily for comfort, convenience, cosmetics, environmental control, or education
- **Physical Exercise Programs and Equipment** including hot tubs or membership fees at spas, health clubs, or other such facilities; applies even if the program, equipment, or membership is recommended by the member's provider
- **Private Duty Nursing** including ongoing shift care in the home
- **Riot, Rebellion and Illegal Acts:** Services and supplies for treatment of an illness, injury or condition caused by a member's voluntary participation in a riot, armed invasion or aggression, insurrection or rebellion, sustained by a member while committing an illegal act or felony
- **Routine Foot Care** including treatment of corns and calluses and trimming of nails
- **Routine Hearing Care:** Routine hearing examinations, programs, or treatment for hearing loss including hearing aids (externally worn or surgically implanted) and the surgery and services necessary to implant them, except for cochlear implants
- **Self-Help, Self-Care, Training, or Instructional Programs** including childbirth classes, diet and weight monitoring services and instruction programs, including those to learn how to stop smoking and programs that teach a person how to use durable medical equipment or how to care for a family member
- **Services and Supplies Provided by a Member of Your Family**
- **Services and Supplies That Are Not Medically Necessary**
- **Services to Alter Refractive Character of the Eye**
- **Sexual Reassignment Treatment and Surgery:** Treatment, surgery, or counseling services for sexual reassignment
- **Sexual Dysfunction:** Regardless of cause, except for counseling provided by covered, licensed mental health practitioners, if chemical dependency/mental health benefit coverage is selected
- **Termination of Pregnancy** except where the mother's life is threatened or the fetus is not viable, as required by state law
- **Third-Party Liability:** Services and supplies for treatment of illness or injury for which a third party is or may be responsible
- **Travel and Transportation Expenses** other than covered ambulance services
- **Work-Related Conditions** except for subscribers who are owners, partners, or corporate officers and are exempt from state or federal workers' compensation law

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.