

**Regence Evolve HSA Plan (50/50/50) Highlights**

The Regence Evolve HSA Plan is 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. This plan offers optional dental packages. For details see the Optional Benefits Available section.

<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 per calendar year <b>\$1,500 or \$3,500</b> for single coverage <b>\$3,000 or \$7,000</b> for family coverage  Family coverage: no one family member is eligible for benefits until the entire family deductible is met.		
<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 per calendar year <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.		
<b>Covered Services</b>	<b>Evolve HSA Plan</b>		
	<b>Category 1 (Preferred)</b>	<b>Category 2 (Participating)</b>	<b>Category 3 (Non-contracted)</b> <small>(Member may be responsible for any provider costs above the Category 3 allowed amount)</small>
	<b>Member Responsibility</b> Coinsurance applies after deductible is met and until out-of-pocket maximum is reached.		
<b>Professional Services</b> Office and inpatient services and supplies	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Hospital Services/Ambulatory Surgical Center</b> Inpatient and outpatient services and supplies			
<b>Emergency Room Services</b>			
<b>Home Health</b> 130 visits per calendar year	<b>0%</b>	<b>0%</b>	<b>50%</b>
<b>Preventive Care and Immunizations</b> Not subject to the deductible			

Covered Services	Evolve HSA Plan		
	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted) <small>(Member may be responsible for any provider costs above the Category 3 allowed amount)</small>
	Member Responsibility Coinsurance applies after deductible is met and until out-of-pocket maximum is reached.		
<b>Hospice</b>			
<b>Mental Health and Chemical Dependency Treatment (combined)</b> Inpatient: 8 days per calendar year Outpatient: 20 visits per calendar year			
<b>Rehabilitation Services (includes neurodevelopmental therapy)</b> Inpatient: 15 days per calendar year Outpatient: 20 visits per calendar year for each type of therapy (physical, speech, and occupational)	50%	50%	50%
<b>Skilled Nursing Facility</b> 30 inpatient days per calendar year			
<b>Prescription Drugs:</b> Generics only; subject to medical deductible.  Self-administered chemotherapy medications covered (includes generics / formulary brand / non-formulary brand).			
Optional Benefits Available			
Covered Services	Evolve HSA Plan Member Responsibility		
<b>Dental Option I</b>  Incentive Dental Plan When you incur services less than \$750, you may be rewarded with an additional benefit of \$250 the following year, not to exceed at total benefit of \$1,500. Waiting Periods: 6 months for Basic Services and 12 months for Major Services.	No deductible and 0% for Preventive dental care \$50 deductible per calendar year for Basic and Major Care 20% for Basic care 50% for Major care		
<b>Dental Option II</b>  Dollar-Based Dental Plan Waiting Periods: 6 months for all covered services \$750 per calendar year maximum benefit (Basic, Restorative and Major services combined)	No deductible 0% for the first \$200 of covered services then 50% up to the annual maximum		

<b>Additional Information</b>	
<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). Standard plan benefits apply for any service that does not meet these guidelines.
<b>Waiting Periods</b>	<p>There is a 12 month waiting period that must be met prior to benefits being available for pre-existing conditions. By pre-existing, we mean a condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the effective date of coverage; a condition for which medical advice, diagnosis, care or treatment was recommended or received during the six months immediately preceding the effective date of coverage; or a pregnancy existing on the effective date of coverage. Members may receive credit from prior medical coverage. Pre-existing condition waiting periods do not apply to Members up to age 19. Separate waiting periods apply for dental services when you select a dental product. See Optional Benefits for more information.</p> <p>Qualifying coverage means with respect to an individual, health benefits or coverage provided under any of the following: Group health benefit plan; Health insurance coverage without regard to whether the coverage is offered in the group market, individual market or otherwise; Medicare; Medicaid; medical and dental care for members and certain former members of the uniformed services and their dependents ("uniformed services" means the armed forces, the Commissioned Corps of the National Oceanic and Atmospheric Administration and the Public Health Service); a medical care program of the Indian Health Services or of a tribal organization; a state high-risk pool coverage; Federal Employees Health Benefits Program (FEHBP); a public health plan (a plan established or maintained by a state, a foreign country, the U.S. government, or other political subdivision of a state, the U.S. government or foreign country that provides health insurance coverage to individuals enrolled in the plan); or a health plan issued under the Peace Corps Act. A state Children's Health Insurance Program (CHIP), is creditable coverage, whether it is a stand-alone separate program, a CHIP Medicaid expansion program, or a combination program, and whether it is provided through a group health plan, health insurance, or any other mechanism.</p>
<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® Program. Plan benefits apply as described above, and members may receive discounts on their services.
<b>General Medical Exclusions</b>	
We will not provide benefits for any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. However, these exclusions will not apply with regard to an otherwise Covered Service for a preventive service as specified under the Preventive Care benefit in the Medical Benefits Section.	
<ul style="list-style-type: none"> <li>• <b>Complementary Care:</b> Acupuncture, chiropractic care, massage or massage therapy and the services of an acupuncturist, a chiropractor, a massage therapist and a naturopath.</li> <li>• <b>Conditions Caused By Active Participation In a War or Insurrection:</b> The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection.</li> <li>• <b>Conditions Incurred In or Aggravated During Performances In the Uniformed Services:</b> The treatment of any member's condition that the Secretary of Veterans Affairs determines to have been incurred in, or aggravated during, performance of services in the uniformed services of the United States.</li> <li>• <b>Cosmetic/Reconstructive Services and Supplies</b> except to treat a congenital anomaly for members up to age 18, to restore a physical bodily function lost as a result of injury or illness or related to breast reconstruction following a medically necessary mastectomy, to the extent required by law.</li> <li>• <b>Counseling</b> in the absence of illness.</li> <li>• <b>Custodial Care:</b> Non-skilled care and helping with activities of daily living.</li> <li>• <b>Elective Abortion:</b> Termination of pregnancy (elective abortion), except when performed to preserve the life of the enrolled female member.</li> <li>• <b>Fees, Taxes, Interest:</b> Charges for shipping and handling, postage, interest, or finance charges that a provider might bill.</li> <li>• <b>Foot Care (Routine):</b> Routine foot care including treatment of corns and calluses and trimming of nails, except when indicated for diabetic patients.</li> <li>• <b>Government Programs:</b> Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or governmental program.</li> <li>• <b>Growth Hormone Therapy</b> (coverage for these services may be provided under the prescription medication benefit.)</li> <li>• <b>Hearing Care:</b> 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. This exclusion does not apply to cochlear implants.</li> <li>• <b>Hospitalization for Dentistry.</b></li> <li>• <b>Infertility:</b> Treatment of infertility, except to the extent covered services are required to diagnose such condition. Non-covered treatment includes all assisted reproductive technologies and fertility drugs and medications.</li> <li>• <b>Investigational Services:</b> Treatment or procedures (health interventions) and services, supplies and accommodations provided in connection with investigational treatments or procedures.</li> <li>• <b>Maternity Care:</b> Maternity care benefits, except for involuntary complications of pregnancy which shall be covered as any illness condition.</li> <li>• <b>Medications and Dietary Substances</b></li> </ul>	

#### General Medical Exclusions

We will not provide benefits for any of the following conditions, treatments, services, supplies or accommodations, including any direct complications or consequences that arise from them. However, these exclusions will not apply with regard to an otherwise Covered Service for a preventive service as specified under the Preventive Care benefit in the Medical Benefits Section.

- **Motor Vehicle Coverage and Other Insurance Liability:** Expenses that are payable under any automobile medical, personal injury protection ("PIP"), or automobile no-fault coverage (unless the automobile contract contains a coordination of benefits provision, in which case, the coordination of benefits provision of the plan shall apply); underinsured or uninsured motorist coverage, homeowner's coverage, commercial premises coverage or similar contract or insurance, whether or not you make a claim under such coverage. Once benefits under such contract or insurance are exhausted or considered to no longer be injury-related under the no-fault provisions of the contract, we will provide benefits according to the plan.
- **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.
- **Nutritional Counseling:** except as provided for diabetic education
- **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 or psychological conditions.
- **Orthognathic Surgery:** Services and supplies for orthognathic surgery. By "orthognathic surgery," we mean surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities resulting from abnormal development to restore the proper anatomic and functional relationship of the facial bones. This exclusion does not apply to orthognathic surgery due to a temporomandibular joint disorder, injury, sleep apnea or congenital anomaly.
- **Over the Counter Contraceptives** including supplies and oral contraceptives (coverage for these services may be provided under the prescription medication benefit.)
- **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.
- **Reversal of Sterilizations** including services and supplies related to reversal of sterilization.
- **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 or sustained by a member while committing an illegal act or felony.
- **Self-Help, Self-Care, Training, or Instructional Programs** including diet and weight monitoring services, childbirth-related classes including infant care and breast feeding classes, 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.**
- **Sexual Dysfunction:** Services and supplies including medications for or in connection with sexual dysfunction regardless of cause, except for counseling services provided by covered, licensed mental health practitioners.
- **Sexual Reassignment Treatment and Surgery:** Treatment, surgery, or counseling services for sexual reassignment.
- **Third-Party Liability:** Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
- **Tobacco Addiction Treatment** including supportive items for addiction to tobacco, tobacco products, or nicotine substitutes.
- **Travel and Transportation Expenses** other than covered ambulance services.
- **Vision Care:** Visual therapy, training and eye exercises, vision orthoptics, surgical procedures to correct refractive errors/astigmatism, reversal or revisions of surgical procedures which alter the refractive character of the eye; routine exam and hardware.
- **Work-Related Conditions:** Expenses for services and supplies incurred as a result of any work-related injury or illness, including any claims that are resolved related to a disputed claim settlement. The only exception is if a subscriber or spouse is exempt from state or federal workers' compensation law.

### General Pharmacy Exclusions

- **Biological Sera, Blood or Blood Plasma**
- **Cosmetic Purposes:** Prescription medications used for cosmetic purposes including removal, inhibition or stimulation of hair growth, retardation of aging or repair of sun-damaged skin.
- **Devices or Appliances** (coverage for devices and appliances may otherwise be provided under the medical benefits.)
- **Foreign Prescription medications** except those associated with an emergency medical condition while you are traveling outside the United States, or those you purchase while residing outside the United States.
- **Growth hormones** unless we preauthorize them.
- **Insulin Pumps and Pump Administration Supplies** (coverage for insulin pumps and supplies is provided under the medical benefits).
- **Medications We Don't Consider Self-administrable** (coverage for these medications may otherwise be provided under the medical benefits).
- **Nonprescription medications:** Medications that by law do not require a prescription order.
- **Prescription Medications Dispensed in a Facility:** Prescription medications dispensed to you while you are a patient in a hospital, skilled nursing facility, nursing home or other health care institution.
- **Prescription Medications Dispensed in Connection with Participation in a Clinical Trial.**
- **Prescription Medications for Smoking Cessation.**
- **Prescription Medications for Treatment of Infertility.**
- **Prescription Medications Not Dispensed by a Pharmacy Pursuant to a Prescription Order.**
- **Prescription Medications not within a Provider's License:** Prescription medications prescribed by providers who are not licensed to prescribe medications (or that particular medication) or who have a restricted professional practice license.
- **Prescription Medications with no FDA Proven Therapeutic Indication.**
- **Prescription Medications Without Examination:** Prescriptions made by a provider without recent and relevant in-person examination of the patient, whether the prescription order is provided by mail, telephone, internet, or some other means.
- **Professional Charges for Administration of any Medication.**

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.

Please note: If you are declined coverage or are HIPAA eligible with 12 months of creditable coverage, you may be eligible for your choice of the following High Risk Pool Plans: Basic, Standard, Catastrophic A, Catastrophic B, or the HSA compatible plan. You may also be eligible for any High Risk plan if your insurance carrier refuses to issue a health benefit plan providing coverage substantially similar to coverage offered under an equivalent High Risk Pool plan except at a rate exceeding the rate of the High Risk Pool Plan. Please contact us for more information.

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