

Oregon Portability Plans

Effective Dec. 1, 2009



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



Regence

Read the contract carefully – This document provides a very brief description of the important features of the contract. Please note that it is not intended to be a part of the insurance contract. Only the actual contract provisions are final and binding. The contract itself sets forth in detail your rights and obligations as well as those of the insurance company.

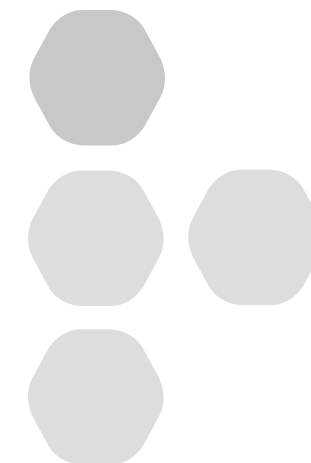
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You can purchase a portability plan directly from Regence, without an agent or broker. You will find a summary of the benefits and the premiums for these plans at the end of this booklet.

Introduction



The Low Cost Plan and the **Prevailing Plan** are two health plans Regence offers to you if you are in one of the following situations:

- You are leaving a Regence Oregon-based group plan
- You transferred to Oregon from another Blue Cross and/or Blue Shield Plan in another state

If you are currently employed, you are not eligible for the Low Cost Plan or the Prevailing Plan. Qualified individuals and their dependents are guaranteed coverage without regard to a prior health need or pre-existing condition.

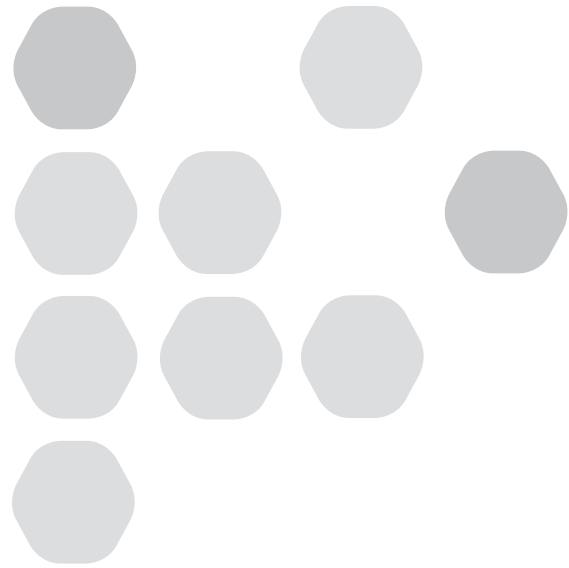
Leaving Regence Oregon-based employer group coverage



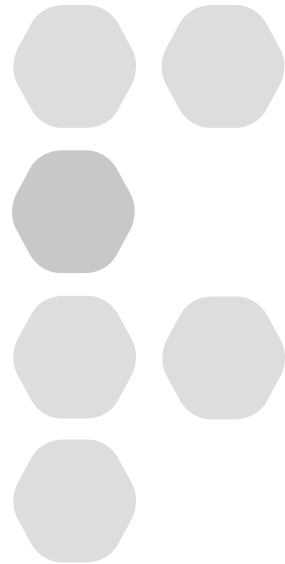
Oregon law requires health insurance carriers to provide coverage for individuals losing their employer-sponsored health coverage, also known as group coverage. We offer the Low Cost Plan and the Prevailing Plan, regardless of your health, when your Regence Oregon-based group coverage ends.

To qualify, your employer must first notify us that you are no longer enrolled on your group plan. **We cannot process an application for these plans prior to being notified of your group plan termination.**

You have 63 days from the date your group coverage ends to apply for one of these plans.



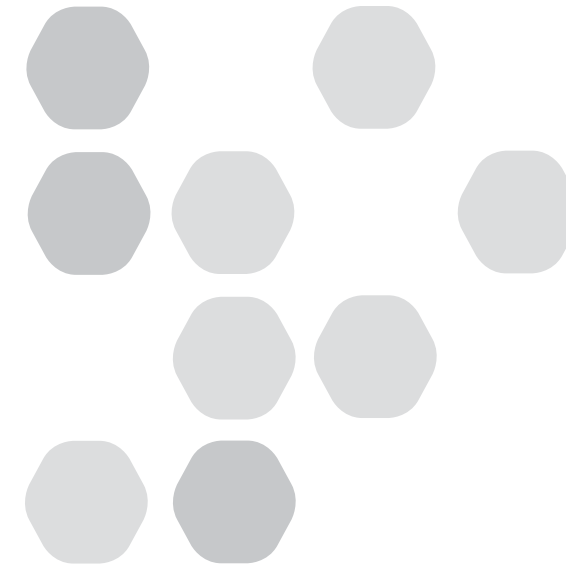
Eligibility Leaving group coverage



Who is eligible for coverage?

To purchase the Low Cost Plan or the Prevailing Plan, you must be terminating from one of our Regence Oregon-based group plans.

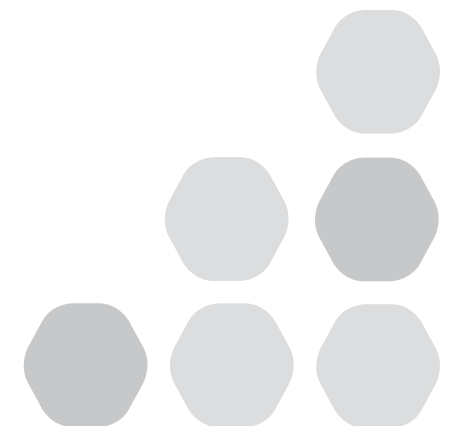
- Members who left their Oregon-based group coverage within the last 63 days are eligible. In most cases, employees leave group coverage for one of the following reasons:
 - They terminated coverage with their employer.
 - They got divorced.
 - They turned 23 and are no longer considered a dependent on their parents' policy.
- You are eligible if you are younger than 65 years of age and not eligible for Medicare.
- Legal spouses or domestic partners are eligible if they are not eligible for Medicare at the time of the employee's termination.
- Children are eligible to be dependents on the policy if they are under age 23, are still considered legal dependents, and were on the parents' Oregon-based group coverage at the time of the termination.
- You are eligible if your legal residence is within the state of Oregon.
- If you were terminated from a Regence Oregon-based group plan, you are eligible if you were continuously covered by group coverage for at least 180 days. During this time, coverage could have been with another Oregon carrier as long as the coverage was continuous, Oregon-based and didn't have a lapse of coverage greater than 63 days.
- If the above 180-day-coverage requirement is not satisfied, you are still eligible if you have been continuously covered for 18 months without a lapse greater than 63 days. This coverage can be a combination of Individual and Family, group and/or COBRA coverage. However, the last month of coverage must be with a Regence Oregon-based group.
- If you are on COBRA in Oregon, you do not need to exhaust COBRA benefits prior to seeking coverage.

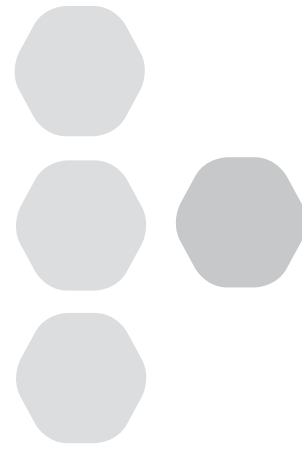


Eligibility Leaving group coverage

Who is NOT eligible for coverage?

- Members older than 65 years and/or eligible for Medicare are not eligible.
- Individuals and their dependents who were previously eligible but did not select a Low Cost Plan or Prevailing Plan within the 63-day time frame are not eligible.
- Individuals and their dependents who do not meet Oregon residency requirements are not eligible.
- Regence members who have or **are eligible for group coverage** are not eligible.
- Regence members who left group coverage more than 63 days ago are not eligible.
- Regence members who were not continuously covered for the 180-day minimum group coverage or were not covered for the 18-month coverage requirement are not eligible. (If you have a break in coverage of more than 63 days during this time, you are no longer eligible for the Low Cost Plan or the Prevailing Plan.)





Eligibility Moving into the area



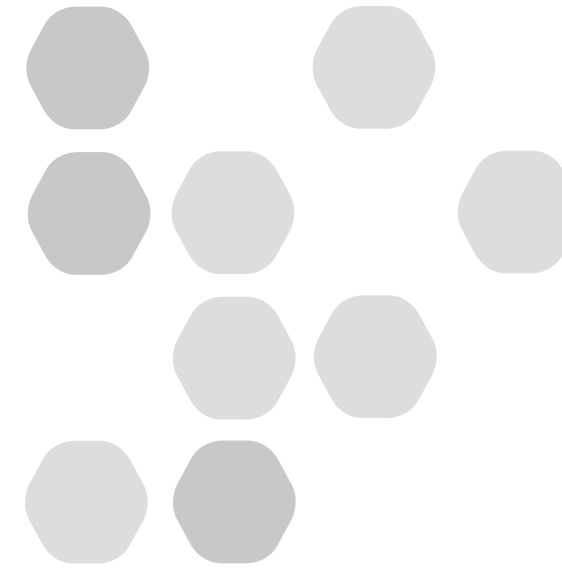
As part of our association with other Blue Cross and/or Blue Shield Plans across the nation, we offer the Low Cost Plan and the Prevailing Plan to individuals who move to Oregon from another state.

These plans assure you of ongoing health coverage. While we cannot guarantee the same premiums and benefits of your prior plan, you can rest assured that you can obtain coverage from Regence. If you lived in another state and had coverage with a Blue Cross and/or Blue Shield Plan, you are eligible for the Low Cost Plan or the Prevailing Plan if you meet the requirements.

Who is eligible for coverage?

Members who recently moved to Oregon and who previously had coverage with another Blue Cross and/or Blue Shield Plan outside Oregon are eligible to enroll in the Low Cost Plan or the Prevailing Plan. Previously, you must have had an employer-sponsored group plan or an Individual and Family plan. You cannot purchase a portability plan if you previously had a Medicare or Medicare Supplement plan, short-term medical, disease-only, dental-only or other limited benefit plan.

- You are eligible at any age. However, if you are older than 65 and are eligible for Medicare, you may want to consider one of our Regence MedAdvantage plans or a Medicare Supplement plan. (See the section in this brochure on Medicare.)
- You, your legal spouse or your domestic partner are eligible if you were not eligible for Medicare on the date the Low Cost Plan or the Prevailing Plan would be effective.
- Children are eligible to be dependents on your policy if they are under 23, are still considered your legal dependent and were on your prior plan.
- The legal residence for you and your dependents must be within the state of Oregon.

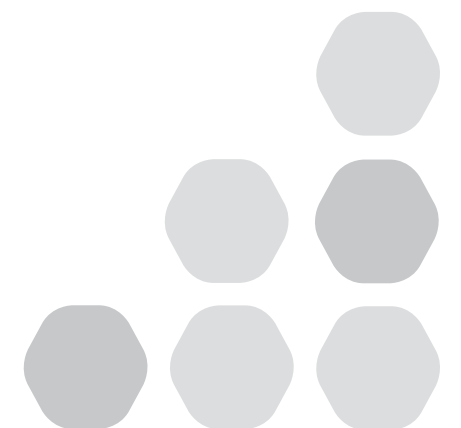


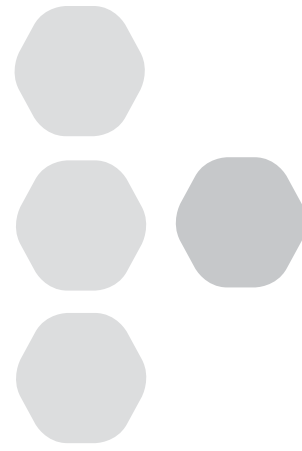
Eligibility Moving into the area

Who is NOT eligible for coverage?

- If you or a previously enrolled dependent are eligible for Medicare, you are not eligible to purchase the Low Cost Plan or the Prevailing Plan.
- If you or your eligible dependents do not enroll within 63 days after losing your prior coverage, you will not be eligible for this offer at any time in the future.
- Anyone who does not meet Oregon residency requirements is not eligible.

- Individuals and their dependents who are moving to Oregon and currently do NOT have a health plan with another Blue Cross and/or Blue Shield Plan are not eligible. However, you may be eligible for enrollment in an Individual and Family plan. Please see the section titled "Shopping for an Individual and Family health plan."





Enrollment



Complete the enclosed application at the back of this booklet and return it to the address on the application. We must receive your application within 63 days of the date your current coverage ends.

Newly acquired family members (through marriage, birth, adoption, etc.) may be added at a later time if we receive an application or you call us within 31 days of the family member becoming eligible. You can reach us at **1 (800) 365-3155**.

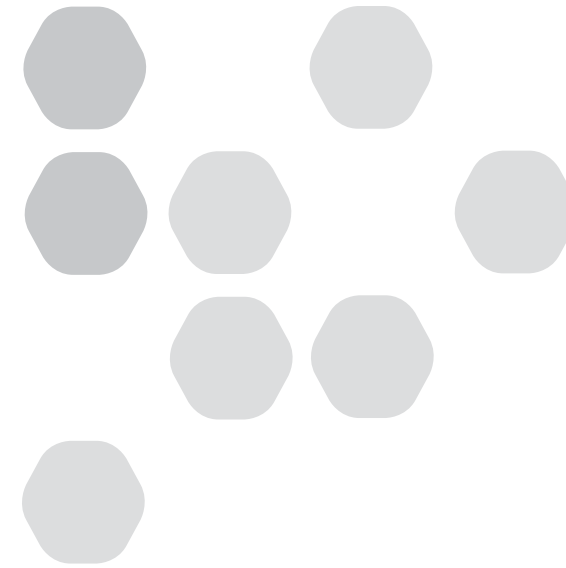
A health statement that lists your specific health history is not required when applying for the Low Cost Plan or the Prevailing Plan. A health statement **is** required for our Individual and Family plans. You may enroll in a portability plan to ensure continuous coverage and cancel it when your Individual and Family plan application is accepted.

When coverage begins

It generally takes about 10 to 15 working days to complete the review of your application once we receive it. We will notify you if there is a delay in accepting your application.

Your coverage becomes effective on the date your previous coverage terminates.

We will bill you for premium to cover any prior months to ensure continuous coverage. We will accept for processing claims you may have incurred during that time. We will process any claims according to the terms of the plan, subject to applicable deductibles and coinsurance or cost-sharing requirements.



Payment options

Do not send money with your application. Once you are approved for coverage, you will be billed based on your effective date and the plan you choose. Our convenient billing methods are outlined below and on the application.

- Monthly paper bill: You may receive monthly paper bills as your premium notice, effective on the first day of the month.
- Monthly SurePay bill: SurePay is a convenient, worry-free way to make your monthly payments automatically. It has no extra

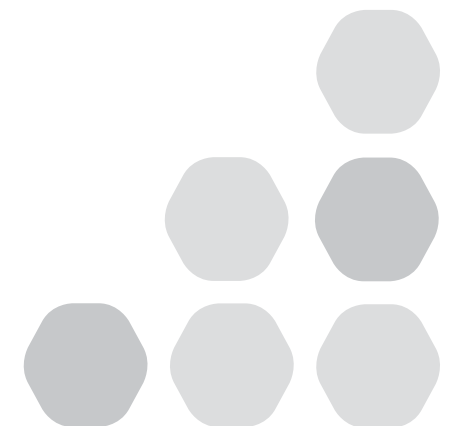
fees, and it eliminates postage costs as well as the time and expense of writing checks. SurePay is available only for monthly deductions from your checking or savings account.

If you choose SurePay, you may receive a bill requesting one or two months of premium while we establish the bank deduction. Please be sure to respond to any paper bills we send, as automatic deductions cannot be made for payments for past months.

- Quarterly bills: You may elect to pay your premiums each quarter.

“Free look” trial period

You have 10 days from the date your contract is sent to review it. You may cancel within the 10-day “free look” period and receive a full refund of your premium from the date the contract was mailed. There is no provision for a premium refund after the 10-day “free-look” period. If your premium is refunded under this provision, the contract shall be voided from the effective date.



Becoming a member



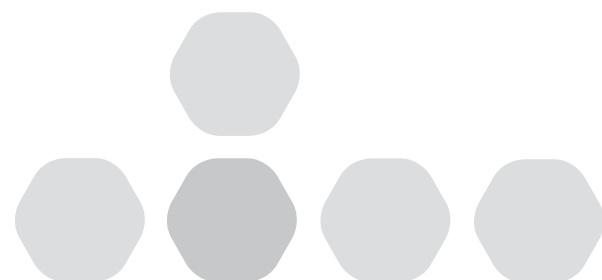
Once you become a member, we will send you a member card. Present your member card whenever you seek medical services at a hospital, physician's office or pharmacy. This card contains important information that assists those who will handle your medical claim.

Transferring to other Regence plans

You can switch from the Prevailing Plan to the Low Cost Plan at any time. Your new coverage will begin the date your next premium date is effective. You cannot switch from the Low Cost Plan to the Prevailing Plan. However, you may apply for an Individual and Family plan by completing an application (see page 15).

It is important that you notify us whenever you change your address or if there is a change in your family status. You can change your address by logging onto **myRegence.com**. Go to the My Account section under My Navigator for more information. You can also call us at **1 (800) 365-3155**.

If you move out of Oregon, you will need to transfer to another Blue Cross and/or Blue Shield Plan in your new state because you cannot continue with your portability plan coverage if you do not reside in Oregon. To find a plan in your new area, go to **www.bcbs.com**.



Shopping for an Individual and Family health plan



While the Low Cost Plan and the Prevailing Plan are available to you, many members find that an Individual and Family plan better suits their needs. These plans tend to have better coverage for a lower premium.

Individual and Family plans require medical underwriting. You will need to complete a health questionnaire based on the last five years. You may be asked to verify your health history with copies of your medical records. Accurately describing the health history for anyone applying for coverage is important, as coverage could be rescinded if we find you did not disclose health information that would have changed our decision to offer you coverage.

It can take longer to enroll on an Individual and Family plan than it does to enroll in the Low Cost Plan or the Prevailing Plan. To avoid a lapse in coverage, many members choose to enroll in the Low Cost Plan or the Prevailing Plan until the other coverage takes effect. You can do this by completing both applications. The Low Cost Plan or the Prevailing Plan will pick up where your group or out-of-state coverage left off. If you're accepted for coverage under an Individual and Family plan, we will work with you to avoid duplicate coverage,

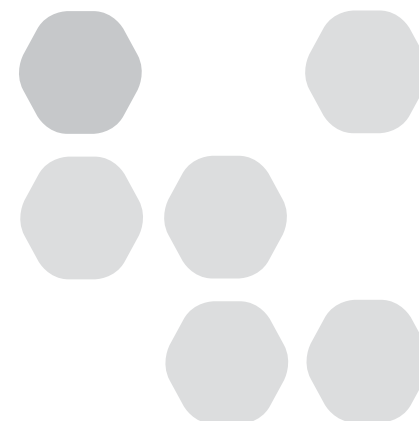
but you must cancel your Low Cost Plan or Prevailing Plan coverage. Otherwise, we will continue to send you premium bills for both plans.

Shopping and applying for an Individual and Family plan is easy at **www.regence.com**. You can compare plans and apply online. Or if you prefer, you can call our Individual Marketing department at 1 (888) REGENCE (1-888-734-3623).

You can also talk to an agent about plan options. There is no additional charge if you prefer to use an appointed agent.

Shopping for a health plan is like shopping for protection. If you are sick and in need of health care, your health plan helps to cover the expenses you incur. The time to buy a health plan is before the need arises, not after.

Like other forms of insurance (auto, house insurance, etc.), you can incur substantial losses if you are not protected. With the rising costs of health care, these losses could put you at financial risk. Protection from a health plan is the safest way to protect your family now and in the future.

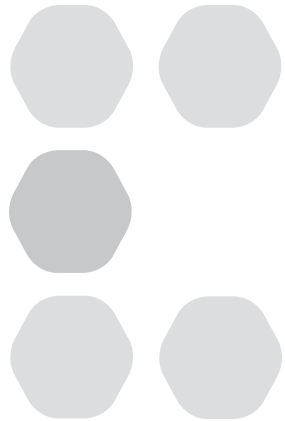




Medicare plans

If you are eligible for Medicare, you are not eligible to purchase the Low Cost Plan or the Prevailing Plan. If you are already on a portability plan, you can remain on your plan without having to cancel your plan when you become eligible for Medicare. However, you may find that a Medicare plan has better options for you at a better monthly premium.

You may be able to join or leave a Medicare plan only at certain times of the year. If you become eligible for Medicare, please call us at 1 (888) REGENCE (1-888-734-3623) so we can describe our Medicare plans and help you make the best choice.



Adjustment to premiums and contracts

We adjust our premiums for the Low Cost Plan and the Prevailing Plan once a year. Typically, premiums and contracts are adjusted in December. We will notify you of your premium adjustment 30 days in advance of the change.

Your premium depends on the age of the oldest member of the family. Our premiums are organized into five-year increments. You may receive an additional premium increase when the oldest member changes from one age band to the next, for example from age 44 to 45.

We update our contracts for wording changes, benefit changes or changes as required by law. We will send you either an endorsement or an entire new contract in the mail with updated information when changes are made.



Canceling or terminating coverage

You may cancel coverage by giving us 30 days' written notice. If you cancel your coverage on the Low Cost Plan or the Prevailing Plan, you will not be eligible to return to that plan unless you meet the eligibility requirements.

Regence cannot terminate your coverage for health reasons but we can terminate your coverage for the following reasons:

- You fail to pay your premiums
- You move outside Oregon
- You commit fraud or material misrepresentation on your application

We cannot terminate your coverage once you become eligible for Medicare, unless requested. However, it is to your advantage to apply for one of our Medicare products at your earliest opportunity. See the section on Medicare and how we can help you.

Where can you go to get answers?

We are here to answer any questions you may have. If you are shopping for coverage, you can call 1(888) REGENCE (1-888-734-3623) or visit our Web site at **www.regence.com**.

As a member, you can call a customer service representative at 1 (800) 365-3155 to ask questions about your coverage, claims, etc. You will also be eligible to access our award-winning member Web site at **myRegence.com**.



Prevailing Plan and Low Cost Plan monthly premiums

Premiums effective Dec. 1, 2009 - Nov. 30, 2010

Individual	Low Cost	Prevailing
0-17	\$234	\$315
18-24	\$234	\$315
25-29	\$239	\$321
30-34	\$257	\$346
35-39	\$267	\$360
40-44	\$315	\$424
45-49	\$347	\$467
50-54	\$379	\$510
55-59	\$426	\$574
60-64	\$467	\$629
Married Couple or Domestic Partners		
0-17	\$467	\$629
18-24	\$467	\$629
25-29	\$478	\$643
30-34	\$513	\$691
35-39	\$535	\$720
40-44	\$630	\$848
45-49	\$694	\$934
50-54	\$757	\$1,019
55-59	\$852	\$1,147
60-64	\$935	\$1,258
One Adult & Child(ren)		
0-17	\$360	\$484
18-24	\$360	\$484
25-29	\$368	\$495
30-34	\$395	\$532
35-39	\$412	\$554
40-44	\$485	\$653
45-49	\$534	\$719
50-54	\$583	\$785
55-59	\$656	\$883
60-64	\$720	\$969
Family		
0-17	\$654	\$881
18-24	\$654	\$881
25-29	\$669	\$900
30-34	\$719	\$968
35-39	\$749	\$1,008
40-44	\$882	\$1,187
45-49	\$902	\$1,214
50-54	\$947	\$1,274
55-59	\$1,023	\$1,377
60-64	\$1,075	\$1,447

Contracts can be purchased for children 0-17. Only one child per contract. Age of eldest applicant determines rate.

Plan comparison

Benefits	Prevailing Plan		Low Cost Plan	
	Per Member	Per Family	Per Member	Per Family
Annual Deductible Using the Preferred Network	You pay \$750	You pay \$2,250	You pay \$1,500	You pay \$4,500
Annual Deductible Using a Non-Preferred Network	You pay \$750	You pay \$2,250	You pay \$1,500	You pay \$4,500
Deductibles do not apply to certain benefits				
Lifetime Maximum	\$2 million per member		\$2 million per member	
Provider Networks	Preferred Provider Plan Network	Non-Preferred Network	Preferred Provider Plan Network	Non-Preferred Network
Coinsurance Percentage you pay after the deductible	You pay 20%	You pay 40%	You pay 30%	You pay 50%
Annual Coinsurance Maximum Once you reach this amount, Regence pays 100%	\$3,000 (per member)	\$6,000 (per member)	\$6,000 (per member)	\$10,000 (per member)
Everyday Needs	PPP	Non-PPP	PPP	Non-PPP
Office Visits	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Prescription Medications	Generic: You pay \$20 copay Preferred: You pay \$40 copay Non-preferred: You pay \$60 copay No deductible No annual limit		Deductible: \$1,000 per member Generic: You pay \$20 copay Preferred: You pay \$40 copay Non-preferred: You pay \$60 copay No annual limit	
Preventive Care Immunizations Well-baby care to age 2 Annual women's exam Routine physical exams for children and adults	Deductible and coinsurance	Not covered	Deductible and coinsurance	Not covered
Surgeries & Procedures	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Other Services	PPP	Non-PPP	PPP	Non-PPP
Diagnostic Laboratory & Radiology Services	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency Room Copay waived if admitted	You pay \$100 copay, then deductible and coinsurance	You pay \$100 copay, then deductible and coinsurance	You pay \$100 copay, then deductible and coinsurance	You pay \$100 copay, then deductible and coinsurance
Hospitalizations Inpatient & outpatient services, rehabilitation, mental illness, and chemical dependency	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Maternity Care Diagnosis, Pre-natal care, Labor and Delivery	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance

Limitations and exclusions

Cosmetic / Reconstructive Services and Supplies	Not covered	Not covered
Custodial Care and Rest Cures	Not covered	Not covered
Dental Injury	Diagnosis must be within 6 months of injury, Treatment within 12 months	Diagnosis must be within 6 months of injury Treatment within 12 months
Family Planning (Contraceptives)	Not covered	Not covered
Home Health Care	180 visits per calendar year	180 visits per calendar year
Mental Health Treatment	45 residential days per calendar year	45 residential days per calendar year
Obesity or Weight Control	Not covered	Not covered
Orthognathic Surgery	Not covered, except when medically necessary	Not covered, except when medically necessary
Preventive Care		
Baby: ages 0 - 2	Not limited	Not limited
Children: ages 2 - 6	One routine physical exam per calendar year	One routine physical exam per calendar year
Children: ages 7 - 18	One routine physical exam every two calendar years	One routine physical exam every two calendar years
Adults: 19 - 34	One routine physical exam every four calendar years	One routine physical exam every four calendar years
Adults: 35 +	One routine physical exam every two calendar years	One routine physical exam every two calendar years
Rehabilitative Care (Both Inpatient and Outpatient combined)	30 visit maximum per calendar year	30 visit maximum per calendar year
Skilled Nursing Facility Care	100 days per stay	100 days per stay
Vision Care	Not covered	Not covered
Women's Annual Exam	Every calendar year	Every calendar year

This chart does not contain all limitations and exclusions. Please refer to your contract for a complete list of benefits and the limitations and exclusions that apply.

PO Box 1271, Portland, Oregon 97207-1271
For more information call us toll-free at
1 (800) 365-3155
TTY users should call (503) 375-4289 (Salem)



Regence