

Benefits	Network	Extended Network
Substance Abuse (ValueOptions Network) \$10 network outpatient professional copay* Lifetime maximum of 2 courses of treatment Care must be coordinated through the Boeing Helpline (ValueOptions) at 1 (800) 892-1411.	100% \$7,500 maximum per course of treatment; network/non-network combined	60% \$2,500 maximum benefit per course of treatment ; accrues toward network maximum of \$7,500
Transplants	See professional and hospital facility benefits	Refer to Guide to Benefits
Vision Exam One routine eye exam per benefit year.	100%; \$10 copay*	Not covered
Vision Hardware (not subject to deductible) Two pairs of lenses and frames or contacts every two benefit years	Lenses (one pair): Single Vision \$50; Bifocal \$80; Trifocal \$95; Lenticular \$95 Frames \$70 Contacts \$105 (two lenses)	

*Benefits do not apply to the out-of-pocket maximum

Lifetime Maximum:

\$1,500,000 per individual.

Emergency Care:

Emergency room treatment at either a network or extended network facility is paid at the network level if it is a true medical emergency. Care at an extended network facility when the condition is not a true medical emergency, will be paid at the non-network level.

Care Outside the Service Area:

All benefits provided outside the service area will be paid at 80% of the allowed amount (except, medical emergencies) after your deductible and any applicable copay has been satisfied. Any additional charges will be your responsibility. If you live in the service area and are admitted to a hospital while traveling outside the service area, your inpatient care will be covered at the higher level of benefits provided you notify us within 24 hours of the admission and move under the care of a Network, Preferred Plan, or participating provider when directed by Regence BlueShield. When you need health care outside the United States or its territories, call the BlueCard Worldwide® Service Center at:

1-800-810-BLUE (2583)

or call collect at

1-804-673-1177

Limitations and Exclusions to Coverage:

The non-covered services and supplies include, but are not limited to: acupuncture for smoking cessation except as specified; benefits covered by government programs; conditions resulting from military service in the armed forces or any act of war (declared or undeclared); hearing aids, except as specified; investigational services or supplies; myofascial pain syndrome, malocclusions, or other jaw abnormalities, except for temporomandibular joint disorders (TMJ) as specified; surgery (including reversals), treatment, programs or supplies that are intended to result in weight reduction, regardless of diagnosis; occupational injury or disease; over-the-counter contraceptive supplies and devices; physical or psychiatric examinations or psychological testing for the purpose of obtaining or continuing employment, licensure, legal proceedings, insurance, school admission, or sports activities, or which are conducted for purposes of medical research; private duty nursing or hourly nursing charges; services or supplies covered by automobile insurance, personal injury protection insurance, automobile no-fault insurance, homeowner insurance, commercial premises coverage, or similar insurance; services or supplies not medically necessary for illness or injury, except as specified; services or supplies payable under Medicare, when Medicare is

primary, if you had properly enrolled when first eligible; surgery or treatment for sexual dysfunction/impotence, except as determined by the Company; transsexualism; treatment for dyslexia, except as specified; certain treatments for infertility, except as specified; visual training; orthoptics and vision hardware, except as specified. This plan does not provide non-network benefits except as specified.