

Regence Medical Plan Comparison

January 1, 2010



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

Following is a brief summary of the major benefits of the Traditional Medical and Selections[®] Plans for active IAM 751 Boeing employees and their covered dependents in Washington State. For full coverage provisions, visit our Web site at www.regence.com/boeing or call Boeing Customer Service at 1 (800) 422-7713.

Plan Provision or Benefit	Traditional Medical Plan	Selections [®] Plan
Referral Requirement	None (Exception: Mental Health and Substance Abuse)	Care must be coordinated with a Personal Care Provider to receive the highest level of benefits
Deductible	\$200 per individual \$600 per family of 3 or more	Individual deductible is \$400 per benefit year, only when using extended network providers
Annual Out-of-Pocket (OOP) Maximum per Benefit Year	\$2,000 per individual \$4,000 per family of 2 or more	\$2,000 per individual \$4,000 per family of 2 or more
Individual Lifetime Maximum	\$1,500,000	\$1,500,000
Office, Home or Hospital Outpatient Physician Visit	<ul style="list-style-type: none"> Network services are payable at 100% with a \$15 copay Non-Network services are payable at 60% and are subject to deductible 	<ul style="list-style-type: none"> Network services are payable 100% with a \$10 copay Extended Network services are payable at 60% and are subject to deductible
Preventive Care	<ul style="list-style-type: none"> Network services are payable at 100% with no copay and are not subject to deductible Adult - \$200 maximum per exam (also includes colorectal screening) <ul style="list-style-type: none"> One exam every 3 calendar years for employees and spouses under age of 35 One exam every calendar year for employees and spouses age 35 and older Children: Immunizations included <ul style="list-style-type: none"> Birth to 24 Months - 8 routine exams Age 2 to 5 - One routine exam per year Non-Network services are not payable 	<ul style="list-style-type: none"> Network services are payable at 100% with no copay Routine exams, immunizations and well-child care Routine vision and hearing exams, subject to the \$10 copay Extended Network services are not payable
Screening Exams (Pap Tests, Mammograms, Prostate Exams)	<ul style="list-style-type: none"> Network services are payable at 100% with no copay and are not subject to deductible Non-Network services are not payable <p>Colorectal screenings are payable, but subject to the \$200 preventive care maximum</p>	<ul style="list-style-type: none"> Network services are payable at 100% with no copay (also includes colorectal screenings) Extended Network services are not payable Exception: Non-network mammograms - Paid at 60%
Alternative Care	<p>Acupuncture</p> <ul style="list-style-type: none"> Network Inpatient services are payable at 95% and subject to deductible Network Outpatient services are payable at 100% with a \$15 copay Non-Network services are payable at 60% and subject to deductible 	<p>Naturopathy, Acupuncture, Massage Therapy</p> <ul style="list-style-type: none"> Network services are payable 100% with a \$10 copay Extended Network services are payable at 60% and are subject to deductible
Emergency Room (for medical emergencies)	<ul style="list-style-type: none"> Network and Non-Network services are payable at 95% with a \$50 copay and are subject to deductible Paid at 100% if hospital meets patient safety standards with a \$50 copay and subject to deductible 	<ul style="list-style-type: none"> Network and Extended Network services are payable 100% with a \$50 copay
Hospital Inpatient and Outpatient	<ul style="list-style-type: none"> Network services are payable at 95% and subject to deductible Paid at 100% if hospital meets patient safety standards and subject to deductible Non-Network services are payable at 60% and subject to deductible 	<ul style="list-style-type: none"> Network services are payable at 100% with no copay Extended Network services are payable at 60% and subject to deductible

Plan Provision or Benefit	Traditional Medical Plan	Selections® Plan
<p>Therapies: Physical, Occupational and Speech</p>	<ul style="list-style-type: none"> • Network services are payable at 95% and subject to deductible • Non-Network services are payable at 60% and subject to deductible 	<ul style="list-style-type: none"> • Network services are payable at 100% with a \$10 copay • Extended Network services are payable at 60% and subject to deductible <p>Network/extended network combined:</p> <ul style="list-style-type: none"> • Outpatient limited to \$1,000 per benefit year • Inpatient limited to \$30,000 per condition
<p>Diagnostic X-Ray and Laboratory</p>	<ul style="list-style-type: none"> • Network services are payable at 95% and subject to deductible • Non-Network services are payable at 60% and subject to deductible 	<ul style="list-style-type: none"> • Network services are payable at 100% with no copay • Extended Network services are payable at 60% and subject to deductible
<p>Spinal and Extremity Manipulations</p>	<ul style="list-style-type: none"> • Network services are payable at 100% with a \$15 copay • Non-Network services are payable at 60% and subject to deductible 	<ul style="list-style-type: none"> • Network services are payable at 100% with a \$10 copay • Extended Network services are payable at 60% and subject to deductible
<p>Limited to 26 spinal and extremity manipulation visits per benefit year</p>		
<p>Prescription Drugs Retail and mail order benefits are provided through Medco Health Solutions: www.medco.com or 1 (800) 841-2797</p>	<p>Retail:</p> <ul style="list-style-type: none"> • \$5 copay generic • \$15 copay brand-name formulary • \$30 copay non-formulary <p>Greater of 34-day supply or 100 units Not subject to deductible</p> <p>Mail Order:</p> <ul style="list-style-type: none"> • \$10 copay generic • \$30 copay brand-name formulary • \$60 copay non-formulary <p>Up to 90-day supply Not subject to deductible</p>	<p>Retail:</p> <ul style="list-style-type: none"> • \$5 copay generic • \$15 copay brand-name formulary • \$30 copay non-formulary <p>34-day supply</p> <p>Mail Order:</p> <ul style="list-style-type: none"> • \$10 copay generic drugs • \$30 copay brand-name formulary • \$60 copay non-formulary <p>Up to 90-day supply</p>
<p>Mental Health Inpatient and Outpatient Care coordinated through Boeing Helpline (ValueOptions): 1 (800) 892-1411</p>	<ul style="list-style-type: none"> • Network services are payable at 95% and subject to deductible Paid at 100% if hospital meets patient safety standards and subject to deductible • Non-Network services are payable at 60% and subject to deductible 	<ul style="list-style-type: none"> • Network services are payable at 100% when coordinated with ValueOptions Outpatient services include a \$10 copay • Extended Network services are payable at 60% and subject to deductible; coordination with ValueOptions not required
<p>Substance Abuse Inpatient and Outpatient Care coordinated through Boeing Helpline (ValueOptions): 1 (800) 892-1411</p>	<ul style="list-style-type: none"> • Network services are payable at 95% and subject to deductible Paid at 100% if hospital meets patient safety standards and subject to deductible • Non-Network services are payable at 60% and subject to deductible 	<ul style="list-style-type: none"> • Network services are payable at 100% when coordinated with ValueOptions Outpatient services include a \$10 copay • Extended Network services are payable at 60% and subject to deductible; coordination with ValueOptions not required
<p>Vision Care</p>	<p>This benefit is provided by Vision Service Plan (VSP): 1 (800) 877-7195</p>	<p>Exams:</p> <ul style="list-style-type: none"> • Network services are payable at 100% with a \$10 copay One preventive exam per benefit year • Extended Network services are not payable <p>Hardware:</p> <p>Lenses (two lenses):</p> <ul style="list-style-type: none"> • Single \$50 • Bifocal \$80 • Trifocal \$95 • Progressive \$95 • Lenticular or Aphakic \$155 • Frames \$70 • Contacts (two lenses) \$105 <p>Two pairs of lenses and frames, or contact lenses every two benefit years</p>