

# 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 Select Network Plans for active SPEEA Boeing employees and their covered dependents in Washington State.

For full coverage provisions, visit our Web site at [www.regence.com/boeing](http://www.regence.com/boeing) or call Boeing Customer Service at 1 (800) 422-7713.

Plan Provision or Benefit	Traditional Medical Plan	Select Network Plan
<b>Deductible</b>	<b>\$225 or 0.225%</b> of annual base salary per individual <b>\$675 or 0.675%</b> of annual base salary per family of 3 or more	Individual deductible is <b>\$400</b> per benefit year and applies only to dependent children residing outside the service area
<b>Annual Out-of-Pocket (OOP) Maximum per Benefit Year</b>	<b>\$2,000</b> per individual <b>\$4,000</b> per family of 2 or more	Not applicable
<b>Individual Lifetime Maximum</b>	\$2,000,000	\$2,000,000
<b>Office, Home or Hospital Outpatient Physician Visit</b>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with a <b>\$15</b> copay</li> <li><b>Non-Network services</b> are payable at <b>60%</b> and are subject to <b>deductible</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with a <b>\$10</b> copay</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with <b>no</b> copay and are not subject to deductible Childhood and adult immunizations included <b>Age 2 and Older</b> - \$500 maximum per exam                             <ul style="list-style-type: none"> <li>One preventive exam office visit every calendar year age 2 - 18</li> <li>One preventive exam office visit every 3 calendar years age 19 - 34</li> <li>One preventive exam office visit every calendar year age 35 and older</li> </ul> </li> <li><b>Birth to 24 Months</b> - 8 routine exams</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with <b>no</b> copay Routine exams, immunizations and well-child care Routine vision and hearing exams, subject to the <b>\$10</b> copay</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>
<b>Screening Exams</b> (Pap Tests, Mammograms, Prostate Exams, Colorectal Screenings)	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with <b>no</b> copay and are not subject to deductible</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with <b>no</b> copay</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>
<b>Alternative Care</b>	<b>Acupuncture</b> <ul style="list-style-type: none"> <li><b>Network Inpatient services</b> are payable at <b>100%</b> and subject to <b>deductible</b></li> <li><b>Network Outpatient services</b> are payable at <b>100%</b> with a <b>\$15</b> copay</li> <li><b>Non-Network services</b> are payable at 60% and subject to <b>deductible</b></li> </ul>	<b>Naturopathy, Acupuncture, Massage Therapy</b> <ul style="list-style-type: none"> <li><b>Network services</b> are payable <b>100%</b> with a <b>\$10</b> copay</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>
<b>Emergency Room</b> (for medical emergencies)	<b>Network and Non-Network services</b> are payable at <b>100%</b> with a <b>\$50</b> copay and are subject to <b>deductible</b>	<b>Network and Non-Network services</b> are payable at <b>100%</b> with a <b>\$50</b> copay
<b>Hospital Inpatient and Outpatient</b>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> and subject to <b>deductible</b></li> <li><b>Non-Network services</b> are payable at <b>60%</b> and subject to <b>deductible</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with <b>no</b> copay</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>
<b>Diagnostic X-Ray and Laboratory</b>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> and subject to <b>deductible</b></li> <li><b>Non-Network services</b> are payable at <b>60%</b> and subject to <b>deductible</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with <b>no</b> copay</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>
<b>Therapies: Physical, Occupational and Speech</b>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> and subject to <b>deductible</b></li> <li><b>Non-Network services</b> are payable at <b>60%</b> and subject to <b>deductible</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Network services</b> are payable at <b>100%</b> with a <b>\$10</b> copay</li> <li><b>Non-Network services</b> are <b>not</b> payable</li> </ul>

Plan Provision or Benefit	Traditional Medical Plan	Select Network Plan
<p><b>Spinal and Extremity Manipulations</b></p>	<ul style="list-style-type: none"> <li>• <b>Network</b> services are payable at <b>100%</b> with a <b>\$15</b> copay</li> <li>• <b>Non-Network</b> services are payable at <b>60%</b> and subject to <b>deductible</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Network</b> services are payable at <b>100%</b> with a <b>\$10</b> copay</li> <li>• <b>Non-Network</b> services are <b>not</b> payable</li> </ul>
<p>Limited to 26 spinal and extremity manipulation visits per benefit year</p>		
<p><b>Prescription Drugs</b> Retail and mail order prescription benefits are provided through Medco Health Solutions: 1 (800) 841-2797 or <a href="http://www.medco.com">www.medco.com</a></p>	<p><b>Retail:</b></p> <ul style="list-style-type: none"> <li>• 90% generic: \$5 minimum, \$25 maximum</li> <li>• 80% brand-name formulary: \$15 minimum, \$75 maximum*</li> <li>• 70% brand-name non-formulary: \$30 minimum, (no maximum at 3<sup>rd</sup> tier)*</li> </ul> <p>34-day supply Not subject to deductible</p> <p><b>Mail-Order:</b></p> <ul style="list-style-type: none"> <li>• \$10 copay generic</li> <li>• \$30 copay brand-name formulary*</li> <li>• \$60 copay brand-name non-formulary*</li> </ul> <p>Up to 90-day supply Not subject to deductible</p>	<p><b>Retail:</b></p> <ul style="list-style-type: none"> <li>• \$5 copay generic</li> <li>• \$15 copay brand-name formulary*</li> <li>• \$30 copay non-formulary*</li> </ul> <p>34-day supply</p> <p><b>Mail Order:</b></p> <ul style="list-style-type: none"> <li>• \$10 copay generic</li> <li>• \$30 copay brand-name formulary*</li> <li>• \$60 copay non-formulary*</li> </ul> <p>Up to 90-day supply</p>
<p>*If you or your physician request a brand-name drug when a generic equivalent is available, you will pay the generic copay plus the cost of the difference between the brand-name and generic</p>		
<p><b>Mental Health Inpatient and Outpatient</b> Care coordinated through Boeing Helpline (ValueOptions): 1 (800) 892-1411</p>	<ul style="list-style-type: none"> <li>• <b>Network Inpatient</b> services are payable at <b>100%</b> and subject to <b>deductible</b></li> <li>• <b>Network Outpatient</b> services are payable at <b>100%</b> with a <b>\$15</b> copay</li> <li>• <b>Non-Network</b> services are payable at 60% and subject to <b>deductible</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Network</b> services are payable at <b>100%</b> Outpatient services include a <b>\$10</b> copay</li> <li>• <b>Non-Network</b> services are <b>not</b> payable</li> </ul>
<p><b>Substance Abuse Inpatient and Outpatient</b> Care coordinated through Boeing Helpline (ValueOptions): 1 (800) 892-1411</p>	<ul style="list-style-type: none"> <li>• <b>Network Inpatient</b> services are payable at <b>100%</b> and subject to <b>deductible</b></li> <li>• <b>Network Outpatient</b> services are payable at <b>100%</b> with a <b>\$15</b> copay</li> <li>• <b>Non-Network</b> services are payable at <b>60%</b> and subject to <b>deductible</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Network</b> services are payable at <b>100%</b> Outpatient services include a <b>\$10</b> copay</li> <li>• <b>Non-Network</b> services are <b>not</b> payable</li> </ul>
<p><b>Vision Care</b></p>	<p>This benefit is provided by Vision Service Plan (VSP): 1 (800) 877-7195</p>	<p><b>Exams:</b></p> <ul style="list-style-type: none"> <li>• <b>Network</b> services are payable at <b>100%</b> with a <b>\$10</b> copay One preventive exam per benefit year</li> <li>• <b>Non-Network</b> services are <b>not</b> payable</li> </ul> <p><b>Hardware:</b></p> <p>Lenses (two lenses):</p> <ul style="list-style-type: none"> <li>• Single \$50</li> <li>• Bifocal \$80</li> <li>• Trifocal \$95</li> <li>• Progressive \$95</li> <li>• Lenticular or Aphakic \$155</li> </ul> <p>Frames \$90 Contacts (two lenses) \$120 Two pairs of lenses and frames, or contact lenses every two benefit years</p>