

Choosing Regence EvolveSM

Individual and family health benefit plans



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Seattle, WA 98111

Thank you for expressing interest in a Regence Individual and family health plan.

Choosing health coverage is an important process, and we're looking forward to helping you find the Regence plan that will give you what you're looking for.

In order to meet the changing needs of our neighbors here in Washington, we've developed a suite of new plans called Regence Evolve. These plans focus on affordability, practical coverage, wellness and protection. You'll find a variety of benefits and costs—and even two HSA options that give you the ability to save money tax-free for eligible medical expenses. This booklet contains valuable tools designed to help you choose and apply for the coverage that's right for you.

You'll find plan comparisons, brief explanations of how coverage works, a description of our wellness-focused programs and all the forms you'll need to apply.

If you want to explore Regence or our plans in more detail, please visit our Web site at **www.regence.com**. You can also talk to your local insurance producer or an Individual plan specialist at 1-888-REGENCE (1-888-734-3623).

We look forward to hearing back from you soon.

Sincerely,

Shannon Fuhrman
Individual Sales

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Step 1

Choose a plan that's right for you

Want a variety of choices?

Regence Evolve plans provide a number of options when it comes to coverage and cost. With four plans to choose from and multiple cost-sharing options within each plan, you're sure to find the right coverage for you.

Considering an HSA?

Many consider these Consumer-Directed Health Plans to be the future of health care coverage. They combine a specially designed, high-deductible health plan and a tax-advantaged savings account to use for out-of-pocket medical expenses or to save for future medical expenses. We offer a variety of HSA options.

Need dental coverage?

Good overall health includes good dental health, too. And good dental health requires regular dental care. If you're interested in coverage for overall well-being, you'll probably want to add dental coverage to your medical benefits.

There are two optional dental plans that can accompany your Evolve medical plan. Each one provides flexibility, choices and control over how you spend your dental coverage dollars, all with an eye on maintaining overall good health.

If you have questions about any of the plans, talk to your local insurance producer or call us at 1-888-REGENCE (1-888-734-3623).

Comparing medical plans

What you need to know

When shopping for a health plan, it can be helpful to know a little more about how health coverage works.

Below is information that will help you better understand what you're comparing when you're looking at our options side by side.

If you have any questions or want to learn more, please visit our Web site at www.regence.com or call us at 1-888-REGENCE (1-888-734-3623).

What is a comprehensive plan?

These plans are designed to provide a high level of protection for most major and minor medical expenses, including prescription drugs, maternity and preventive care.

What is a catastrophic plan?

Catastrophic coverage is ideal for people who are looking for protection from an unforeseen, serious accident or medical emergency. Catastrophic coverage is an affordable way to protect yourself from large, unplanned medical expenses. It usually has a high deductible and doesn't cover routine medical care.

What is coinsurance?

Coinsurance is your share of the cost of health care services after you've met your deductible and paid any applicable copay. For example, if your plan pays 80%, the remaining 20% is your coinsurance. Coinsurance amounts can vary from plan to plan.

What is an allowed amount?

An allowed amount is the fee that most providers agree to accept as payment in full for covered services. (Any deductible, coinsurance or copay is part of your share of the allowed amount.)

What is a coinsurance maximum?

Standard (non-HSA) plans have a coinsurance maximum, which is the most you would pay in coinsurance in a calendar year. Only your coinsurance counts toward this limit; money you pay in copays or toward the deductible does not accumulate toward this maximum. You would still be responsible for non-coinsurance out-of-pocket expenses, such as office-visit copays, after this maximum is reached.

How does the HSA annual out-of-pocket maximum work?

Your out-of-pocket maximum is the limit to how much you would pay out of pocket during a calendar year. Coinsurance and deductibles both count toward this maximum. This amount varies by plan. After you have reached your out-of-pocket maximum, Regence pays 100% of remaining covered medical expenses for that calendar year.

How does the deductible work?

Your deductible is the cost of covered medical services you incur and are responsible to pay each calendar year before the benefits are available. On standard plans, the family deductible is met when three or more covered family members reach the equivalent of three individual deductible amounts. On HSA family plans, the entire family deductible needs to be met before any family member receives benefits. (On HSA individual plans, an individual needs to meet just their one deductible.)

What is a Consumer-Directed Health Plan?

It's a health plan design that involves consumers more directly in their health care through higher cost-sharing. Typically, such products are paired with a tax-advantaged health savings account offered through a bank. Funds in this account can be used to cover a portion of out-of-pocket expenses or saved for future medical needs.

What is a pre-existing condition?

By pre-existing condition, we mean a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received or for which a prudent layperson would have sought medical advice, diagnosis, care or treatment, within the 6-month period before the effective date of coverage. The exclusion period will end 9 months following your effective date of coverage.

Frequently asked questions about applying for coverage

Going to our Web site, www.regence.com, is the quickest and easiest way to apply. We've even built some decision-making tools that can help you choose the plan that's right for you. You can also complete and submit the application form that's at the back of this booklet. To help you through the application process, here are some frequently asked questions:

Q. Who can apply for coverage?

A. Individuals and families who are not eligible for Medicare can apply for coverage under these plans if they reside in Washington. Eligible family members may include your spouse or domestic partner, and any unmarried dependent children under age 25.

Q. Can I apply online?

A. Yes, you can apply online. Online shopping is quick and easy. Compare plans, get a rate quote, find participating doctors and hospitals, and complete an application online. Our Web site makes it easy to find or match a doctor and hospital to the plan you're considering. To find out more, visit www.regence.com, then click on *Shop Now*.

Q. How do I apply on paper?

A. Simply complete the enclosed application (one per family). Then return the forms to us. Once we receive all the needed documents, we'll begin our review process.

Q. By completing the application, will I automatically be approved for coverage?

A. Washington state requires a Standard Health Questionnaire to be used by all carriers that sell Individual health coverage in the state. The standardized scoring method determines whether an applicant is eligible for coverage with us or with the state's high risk pool.

Q. When will my coverage begin?

A. Your contract will be effective on the first of the month after your application is approved. Applications that are received by 5 p.m. on the last business day of the month (if approved) will be eligible for an effective date the first of the following month. You'll receive your contract and member card after we receive your first payment.

Q. Does it cost more to buy through an agent?

A. No. There is never an extra cost or obligation when you use an appointed agent. Agents appointed to represent Regence products provide a valuable service to their clients. They can help you decide which of our products is best for you and your family.

Q. What about prior coverage credit?

A. If we receive your application within 63 days after similar coverage with another insurance carrier ends, we'll credit the time you were covered by the other company to the nine-month pre-existing condition waiting period. We need to receive a copy of your Certificate of Coverage from your previous insurance carrier in order to apply credits.

Creditable coverage means any of the following types of coverage:

- Group coverage (including FEHBP and Peace Corps)
- Individual coverage (including student health plans)
- Medicaid
- Medicare
- CHAMPUS/Tricare
- Indian Health Service or tribal organization coverage
- Public health plans
- State Children's Health Insurance Program (S-CHIP)
- State high-risk pool coverage
- Self-funded government plans

Frequently asked questions about applying for coverage

Q. How do I pay for my plan?

A. Choose from three convenient billing options: monthly automatic bank deduction (SurePay), quarterly billing, or monthly paper billing. Don't send money with your application. We'll bill after we've processed your application.

If you choose monthly automatic bank deduction, it may take a month or two to get your bank deduction set up. So, please be sure to pay the monthly bills that you receive in the mail until the bank deduction is finalized.

Q. What if I want to add a dependent in the future?

A. You may add a dependent at any time, but the enrollment date may vary. If you add a newborn or recently adopted child to your policy within 60 days of birth, adoption or placement for adoption, the enrollment date is the date of birth, adoption or placement for adoption. See your contract for details.

To add a spouse, domestic partner or child after your effective date, send us a completed application form. Once we receive the application, we'll begin the review process. You can also apply online at www.regence.com.

If the dependent's application is approved, benefits for pre-existing and other specified conditions will be subject to limitation periods.

Q. Can I purchase the dental options separately from the medical plans?

A. No. The Evolve dental options are available only to individuals and families who purchase Regence Evolve medical plans during initial enrollment. If you want a stand-alone dental plan (one that's not combined with medical coverage), please visit Regence Life & Health Insurance Company at www.regencelife.com.

Q. Can individual family members decline dental coverage?

A. If more than one family member is applying for a health plan and dental options on the same application, all family members will have the dental coverage. If individual family members complete separate applications for medical coverage they can choose to add or not add a dental option.

Q. What should I do if I have questions?

A. This booklet is a summary of the Regence Evolve plans. You may find it useful if you need a quick answer to a question about your coverage. The policy will provide complete details about your plan.

Please call us at 1 (888) REGENCE (1-888-734-3623) if you have more questions before you've been accepted for coverage. Once your coverage is effective, please call Customer Service at 1 (888) 232-5763. The TTY line for people with a hearing impairment is 711. If you prefer, an insurance producer appointed to represent our products can also answer questions and help you apply.

For the most up-to-date list of medical providers, please visit our Web site at www.regence.com, and choose *Find a Provider*.

Q. Can my employer pay for my coverage?

A. No. Individual plans are not intended for sale as an employer-sponsored health plan for employees. You're required to certify on your application for Individual coverage that your employer is not paying for your plan. For information on employer health benefit plans, contact our Group Sales department.

Q. How do I know if my doctor is covered?

A. You may see any of our contracted providers. For a list, visit our Web site at www.regence.com. Simply click on Find a Provider at the top of the page and follow the prompts. You will see all the networks the providers are part of as well as other useful information (such as location, hours and languages spoken).

Health Savings Accounts explained

A smarter way to manage your health care

The power of HSA: ownership

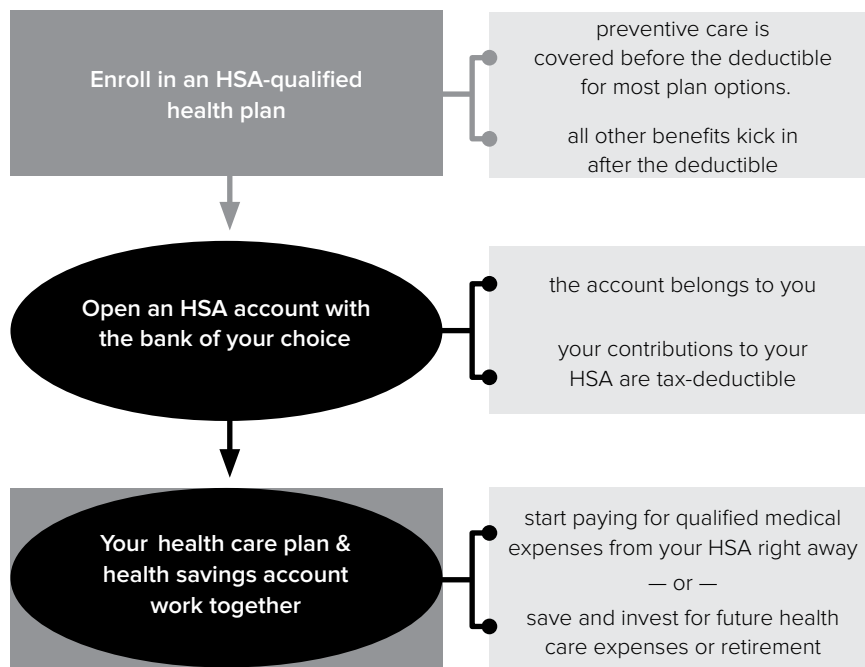
There are many options to choose from when searching for individual health care coverage for yourself or your family. A new concept in health care—called a Health Savings Account (HSA)—may be the right choice for you if you're looking for coverage that's personalized, tax-advantaged and flexible.

Why should you consider an HSA?

With an HSA, you have more ownership over your health care.

- An HSA offers unique tax savings. Contributions are tax-deductible, interest is earned tax-free, and qualified medical expenses are paid tax-free.
- Your HSA funds belong to you. Your funds roll over each year and follow you wherever you go, allowing you to save and invest for future medical expenses and retirement.
- Your benefits are personalized. The HSA account gives you the flexibility to spend your health care dollars on the services you need most. Even more, you can choose from a list of services that expands beyond what is covered by your health plan.

How an HSA plan works



Health Savings Accounts explained

The power of Regence: unparalleled support

The Regence Evolve HSA options offer full-service solutions that includes all the tools and support you need to make the plan your own. From robust benefits to guided tours—we're committed to your success.

Regence Evolve HSA offers robust coverage

- Complete preventive care, covered before you meet your deductible
- Integrated wellness programs
- Comprehensive coverage after the deductible

Regence Evolve HSA 100

- 100% coverage after yearly deductible
- Integrated wellness programs
- Easy-to-use benefits and features

Our tools make the difference

- **myRegence.com** takes you from the basics to a deeper understanding of plan personalization, tax savings and investment options, with:
 - Guided online tours
 - Webinars
 - Ask an HSA Expert
 - Online community of Regence members

Personalized support

- A team of member advocates is available to answer questions about your health plan, your health savings account and all our HSA tools.
- CareEnhance® 24-hour nurse hotline is available to answer medical questions quickly and conveniently.

Getting started is easy

Follow these simple steps:

1. Obtain an application from your local insurance producer, apply online at www.regence.com, or call us toll-free: 1 (888) REGENCE (1-888-734-3623).
2. Once you're approved for coverage, you can open a Health Savings Account. You can work with one of Regence's preferred banking partners or you may choose your own bank.

3. Put your HSA to work for you. Spend your HSA dollars on qualified medical expenses, or save and invest for the future.

Frequently asked questions

What is an HSA-qualified plan?

For a plan to be HSA-qualified, it must meet requirements set by the IRS that include the deductible and out-of-pocket expense amounts.

Who is eligible to enroll in an HSA?

Individuals may open an HSA if:

- They are enrolled in a qualified high-deductible health plan
- They don't have coverage under another health plan, such as a spouse's plan
- They are not enrolled in Medicare
- They are not claimed as a dependent on someone else's tax return

How much can be contributed to an HSA?

Combined HSA contributions cannot exceed the maximum contribution limit as determined by the IRS. For 2010, the annual limits are \$3,050 for individual coverage, or \$6,150 for family coverage.

How do I get the account set up?

Once you're enrolled in an Evolve HSA medical plan, you will need to set up an account with the banking partner of your choice by contacting the bank and filling out the appropriate forms. A list of Regence's preferred banking partners can be found on the following page.

When should I set up the account?

You may set up the account at any time, but you cannot fund the account until you have been approved for the health plan. To take full advantage of the value of the HSA, we encourage you to have the account set up and funded as soon as you have received approval. Only claims that occurred since the account has been open can be paid out of the account.

For investment or tax advice on HSA plans, please talk to an accountant or tax advisor.

Regence Financial Services Partners

The Regence Evolve HSA is a combination of a specially designed, high-deductible Regence health plan and a tax-advantaged savings account. For your convenience, we have developed partnerships with a select group of financial institutions that offer HSA accounts along with some added benefits to Regence members. You may choose to open an account with one of our partners or with any financial institution that offers HSAs.

Benefits of using a Regence Financial Services Partner

- They offer high quality customer service.
- Our members have access to negotiated fee schedule.
- All partners have extensive experience working with HSAs.
- The connection process between banking partners and Regence provides seamless member service over the phone.
- You can link from myRegence.com to the bank's member login page.

Financial Services Partner Web site and contact information

HealthEquity
www.regencewa.healthequity.com
 1 (866) 960-8055

US Bank
www.healthsavings.usbank.com
 1 (877) 472-6789

HSA Bank
www.hsabank.com/waregence
 1 (800) 357-6246

Wells Fargo
www.wellsfargo.com/investing/hsa
 1 (866) 890-8309

Additional information

Feature/item	HealthEquity	HSA Bank	US Bank	Wells Fargo
Member services availability	24/7/365	M-F	M-F	M-F
Paper check available	No	Yes	Yes	No
Debit card provider	Yes	Yes	Yes	Yes
PIN available (for ATM usage)	Yes	Yes*	No	No
Ability to pay provider online	Yes	No	No	No
Minimum balance required to invest funds	\$2,000	\$1	\$2,500	\$2,500

*Subject to transaction fees

Key features of Regence Evolve:

Coverage, savings, flexibility

Regence Evolve Core

- Preventive care (yearly physical, Pap, PSA, etc.) covered before you meet your deductible
- Four upfront office visits per member per year covered before you meet your deductible (\$35 copay per visit)
- First \$200 per member per year outpatient X-ray and lab services covered at 100% per year before you meet your deductible

Regence Evolve Plus

- Preventive care (yearly physical, Pap, PSA, etc.) covered before you meet your deductible
- Four upfront office visits per member per year covered before you meet your deductible (\$25 copay per visit)
- Vision exam and hardware each year \$150 per calendar year maximum, covered before you meet your deductible.
- First \$400 per member per year outpatient X-ray and lab services covered at 100% per year before you meet your deductible

Regence Evolve HSA Plan

- Preventive care (yearly physical, Pap, PSA, etc.) covered before you meet your deductible
- Simple plans with either 80% or 50% coverage options
- Personal service and help from dedicated Regence HSA Customer Service department

Regence Evolve HSA 100 Plan

- Unique plan that covers you at 100% once your annual deductible is met
- Simple to understand and use
- Personal service and help from dedicated Regence HSA Customer Service department

Regence Evolve Dental Option 1

- \$750 Annual maximum that increases on a rewards basis (*For example, if you have at least one claim and incur less than \$500 in claims in year one, we'll increase your next year's annual maximum by \$250. If you incur less than \$750 in claims in year two, we'll increase the next year's maximum by another \$250. If you incur less than \$1,000 in claims in year three, we'll increase the next year's maximum by yet another \$250. By year four you could have a \$1,500 maximum benefit.*)
- No deductible for preventive care
- Discounts available through the national **Regence Dental network**

Regence Evolve Dental Option 2

- Annual maximum of \$750 (basic, restorative and major services combined)
- Your coinsurance is 0% for the first \$200 and then 50% up to the \$750 calendar year maximum
- No deductibles
- Discounts available through the national **Regence Dental network**

Regence Evolve CoreSM

Category 1: Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.

Category 2: Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.

Category 3: Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits	Per individual		Per family
Annual deductible Deductible does not apply to certain benefits	\$2,500, \$5,000, \$7,500, \$10,000		Family deductible is three times the individual
Annual coinsurance maximum Once you reach this amount, Regence pays 100%	\$7,500		\$22,500
Lifetime maximum	\$2 million per member		
Provider networks	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Coinsurance Percentage you pay after the deductible	You pay 30%	You pay 50%	You pay 50%
	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Up-front office visits (injury and illness) First four per calendar year Not subject to deductible	\$35 office-visit copay		
Prescription medications	RegenceRx discount program available for both generic and brand formulary drugs		
Preventive care Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies Immunizations for adults and children	Coinsurance only No deductible or age or annual limits		
Up-front outpatient radiology and laboratory (limit does not apply to preventive care or complex outpatient imaging)	First \$200 per calendar year, not subject to deductible		
Vision care - refraction and hardware	Not covered		
Emergency room	30% coinsurance and deductible; \$150 copay per ER visit (waived if directly admitted)		
Hospitalizations Inpatient and outpatient services	Deductible and coinsurance		
Maternity Diagnosis, prenatal care, labor and delivery	Not covered		
Individual dental options (optional with medical plan)	Dental Option 1 or Dental Option 2		
Complex outpatient imaging (CT Scan, MRI, PET, MRA, SPECT, Bone Density)	50% coinsurance; \$1,500 annual benefit maximum		
After the up-front benefits are exhausted Office visits, laboratory and radiology services	Deductible and coinsurance		

Regence Evolve PlusSM

- Category 1:** Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.
- Category 2:** Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.
- Category 3:** Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits	Per individual		Per family
Annual deductible Deductible does not apply to certain benefits	\$1,000, \$2,500, \$5,000, \$7,500		Family deductible is three times the single amount
Annual coinsurance maximum Once you reach this amount, Regence pays 100%	\$5,500 per member		\$16,500 per family
Lifetime maximum	\$2 million per member		
Provider networks	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Coinsurance Percentage you pay after the deductible	You pay 20%	You pay 50%	You pay 50%
	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Up-front office visits (injury and illness) First four per calendar year Not subject to deductible	\$25 office-visit copay; no deductible		
Prescription medications \$2,500 per calendar year maximum for all drugs (including contraceptives); RegenceRx discount available	Generics - \$10 copay Brand formulary - \$500 deductible, 50% coinsurance		
Preventive care Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies	Coinsurance only No deductible or age or annual limits		
Immunizations for adults and children	0% coinsurance; no deductible		
Up-front outpatient radiology and laboratory (limit does not apply to preventive care or complex outpatient imaging)	First \$400 per calendar year, not subject to deductible		
Vision care - refraction and hardware	20% coinsurance; routine eye exam and hardware covered to a combined \$150 per calendar year maximum; not subject to deductible or coinsurance maximum		
Emergency room	\$100 copay per ER visit (waived if directly admitted); deductible and 20% coinsurance		
Hospitalizations Inpatient and outpatient services	Deductible and coinsurance		
Maternity Diagnosis, prenatal care, labor and delivery	Deductible and coinsurance		
Individual dental options (optional with medical plan)	Dental Option 1 or Dental Option 2		
Complex outpatient imaging (CT Scan, MRI, PET, MRA, SPECT, Bone Density)	Deductible and 50% coinsurance		
After the up-front benefits are exhausted Office visits, laboratory and radiology services	Deductible and coinsurance		

Regence Evolve HSA PlanSM

Category 1: Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.

Category 2: Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.

Category 3: Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits		Single	Family	
Annual deductible Deductible does not apply to certain benefits		\$2,000 or \$3,500	\$4,000 or \$7,000	
Annual out-of-pocket maximum Once you reach this amount, Regence pays 100%		\$5,000 per member	\$10,000 per family	
Lifetime maximum		\$2 million per member		
Provider networks		Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Coinsurance Percentage you pay after the deductible You may choose 20/40/40 or 50/50/50 option	20/40/40	You pay 20%	You pay 40%	You pay 40%
	50/50/50	You pay 50%	You pay 50%	You pay 50%
		Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Office visits		Deductible and coinsurance		
Prescription medications Generics only (including generic contraceptives and generic diabetic drugs and supplies); RegenceRx discount available		Deductible and coinsurance		
Preventive care Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies Immunizations for adults and children		Coinsurance only No deductible or age or annual limits		
Complex outpatient imaging (CT Scan, MRI, PET, MRA, SPECT, bone density)		Deductible and 50% coinsurance		
Vision care - refraction and hardware		Not covered		
Diagnostic laboratory and radiology services		Deductible and coinsurance		
Emergency room		Deductible and 20% or 50% coinsurance (depending on your coinsurance choice)		
Hospitalizations Inpatient and outpatient services		Deductible and coinsurance		
Maternity Diagnosis, pre-natal care, labor and delivery		Not covered		
Individual dental options (optional with medical plan)		Dental Option 1 or Dental Option 2		

Regence Evolve HSA 100 PlanSM

Category 1: Preferred providers. You'll generally have lower out-of-pocket costs when you see providers in this category.

Category 2: Participating providers. When you see providers in this category, you'll generally pay more out of pocket than you would with providers in Category 1.

Category 3: Non-contracted providers. You'll have the highest out-of-pocket costs when you see these providers. Also, they may bill you for the balance of their charge after we pay the claim.

Benefits	Single	Family	
Annual deductible Deductible does not apply to certain benefits	\$5,000 per member	\$10,000 per family	
Lifetime maximum	\$2 million per member		
Annual out-of-pocket maximum Once you reach this amount, Regence pays 100%	\$5,000 for single coverage \$10,000 for family coverage Annual out-of-pocket maximum includes all deductibles. After annual out-of-pocket maximum is met, you pay 0% for all covered services; some limits apply.		
Provider networks	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Coinsurance Percentage you pay after the deductible	0%	0%	0%
	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted)
Office visits	You pay 0% after deductible		
Prescription medications \$2,000 annual limit Generics only (including generic contraceptives and generic diabetic drugs and supplies) RegenceRx discount available	You pay 0% after deductible		
Preventive care Routine office visits including well-baby care and routine physical exams Routine laboratory, radiology and diagnostic procedures including mammography and prostate screenings Routine procedures including routine colonoscopies Immunizations for adults and children	You pay 0% after deductible		
Complex outpatient imaging (CT Scan, MRI, PET, MRA, SPECT, bone density)	You pay 0% after deductible		
Vision care - refraction and hardware	Not covered		
Diagnostic laboratory & radiology services	You pay 0% after deductible		
Emergency room	You pay 0% after deductible		
Hospitalizations Inpatient & outpatient services	You pay 0% after deductible		
Maternity Diagnosis, pre-natal care, labor and delivery	Not covered		
Individual dental options (optional with medical plan)	Dental Option 1 or Dental Option 2		

Medical plan

Limitations and exclusions

A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period before the effective date of coverage and terminates nine months following the effective date of coverage.

Medical limitations and exclusions	Regence Evolve Core	Regence Evolve Plus	Regence Evolve HSA Plans
Breast Reduction, Eye Lid Surgery, Varicose Vein Surgery	Excluded	\$2,500 per lifetime maximum benefit	Excluded
Chemical Dependency Treatment	Excluded	Excluded	Excluded
Cosmetic/Reconstructive Services and Supplies	Excluded	Excluded	Excluded
Counseling in the Absence of Illness	Excluded	Excluded	Excluded
Custodial Care	Excluded	Excluded	Excluded
Fees, Taxes, Interest	Excluded	Excluded	Excluded
Government Programs	Excluded	Excluded	Excluded
Hospitalization for Dentistry	Excluded	Excluded	Excluded
Infertility Treatment	Excluded	Excluded	Excluded
Investigational Services	Excluded	Excluded	Excluded
Medications without a Prescription Order	Excluded	Excluded	Excluded
Military Service Related Conditions	Excluded	Excluded	Excluded
Motor Vehicle Coverage and Other Insurance Liability	Excluded	Excluded	Excluded
Neurodevelopmental Therapy Services	Excluded	Excluded	Excluded
Non-Direct Patient Care	Excluded	Excluded	Excluded
Nutritional Counseling (except as provided for diabetic education)	Excluded	Excluded	Excluded
Obesity or Weight Reduction/Control	Excluded	Excluded	Excluded
Orthognathic Surgery (except for congenital conditions, injury, and sleep apnea)	Excluded	Excluded	Excluded
Orthotics (except diabetic orthotics)	Excluded	\$500 per-calendar-year maximum benefit	Excluded
Personal Comfort Items	Excluded	Excluded	Excluded
Physical Exercise Programs and Equipment	Excluded	Excluded	Excluded
Private Duty Nursing	Excluded	Excluded	Excluded
Riot, Rebellion and Illegal Acts	Excluded	Excluded	Excluded
Routine Foot Care	Excluded	Excluded	Excluded
Routine Hearing Exams	Excluded	Excluded	Excluded

Medical plan

Limitations and exclusions

Medical limitations and exclusions	Regence Evolve Core	Regence Evolve Plus	Regence Evolve HSA Plans
Self-Help, Self-Care, Training or Instructional Programs	Excluded	Excluded	Excluded
Services and Supplies Provided by a Member of Your Family	Excluded	Excluded	Excluded
Services and Supplies That Are Not Medically Necessary	Excluded	Excluded	Excluded
Services to Alter Refractive Character of the Eye	Excluded	Excluded	Excluded
Sexual Reassignment Treatment and Surgery	Excluded	Excluded	Excluded
Sexual Dysfunction	Excluded	Excluded	Excluded
Temporomandibular Joint (TMJ) Disorder Treatment	Excluded	Excluded	Excluded
Third-Party Liability	Excluded	Excluded	Excluded
Tobacco Addiction Treatment	Excluded	Excluded	Excluded
Travel and Transportation Expenses (other than covered ambulance services)	Excluded	Excluded	Excluded
Routine Vision Exam and Hardware	Excluded	Combined \$150 per calendar year maximum; not subject to deductible or coinsurance maximum	Excluded
Work-Related Conditions	Excluded	Excluded	Excluded

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

Regence Evolve Dental Option 1

Summary of benefits

Dental benefits	
Deductible per calendar year	\$50 per insured \$150 per family (3 times the insured amount)
Maximum benefit per calendar year	\$750 per insured
Important note: The dental deductible is calculated separately from any other deductible of the policy.	
Understanding your dental benefits	
<p>We will begin to pay benefits for covered services in any calendar year only after your deductible is satisfied unless otherwise specified.</p> <p>Once you have satisfied any applicable deductible, we pay a percentage of the allowed amount for covered services up to the maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your coinsurance (insured responsibility).</p> <p>Under the policy, you have the opportunity to qualify for a reward increase and add certain unused portions of the maximum benefit for the current calendar year to the maximum benefit for the following calendar year. For more information please refer to the policy.</p> <p>We do not reimburse dentists for charges above the allowed amount. A participating dentist will not charge you for any balances for covered services beyond your deductible and/or coinsurance amount. Nonparticipating dentists, however, may bill you for any balances over our payment level in addition to any deductible and/or coinsurance amount. You can find a list of providers at our Web site or by calling Customer Service.</p>	
Covered dental services (per insured)	Insured responsibility
Preventive dental services Bitewing X-rays: 2 per calendar year Complete intra-oral mouth X-rays: Once in a 3-year period Cleanings: 2 per calendar year (including periodontal maintenance) Oral examinations: 2 per calendar year Panoramic mouth X-rays: Once in a 3-year period Sealants (permanent bicuspid and molars only): Under 18 years of age Space maintainers: Under 12 years of age Topical fluoride application: Under 18 years of age, 2 treatments per calendar year	0% deductible waived
Basic dental services (six-month waiting period) Endodontic services including root canal treatment, pulpotomy and apicoectomy Emergency treatment for pain relief Fillings consisting of composite and amalgam restorations General dental anesthesia Uncomplicated and complex oral surgery procedures Periodontal maintenance: 2 per calendar year (including prophylaxis) Periodontal debridement: Once in a 3-year period Periodontal scaling and root planing: Once per quadrant in a 2-year period	20%
Major dental services (12-month waiting period) Bridges: Except no benefits are provided for replacement made fewer than seven-years after placement Crowns, inlays and onlays: Except no benefits are provided for replacement made fewer than seven-years after placement Dentures (full and partial): Except no benefits are provided for replacement made fewer than seven-years after placement Implants (endosteal): 4 per insured lifetime	50%

Regence Evolve Dental Option 2

Summary of benefits

Dental benefits	
Deductible per calendar year	N/A
Maximum benefit per calendar year	\$750 per insured
Important note: You will not be eligible for any dental benefits until the first day of the seventh month of continuous coverage under the policy.	
Understanding your dental benefits	
<p>We pay a percentage of the allowed amount for covered services up to the maximum benefit. When our payment is less than 100%, you pay the remaining percentage. This is your coinsurance (insured responsibility).</p> <p>We do not reimburse dentists for charges above the allowed amount. A participating dentist will not charge you for any balances for covered services beyond your deductible and/or coinsurance amount. Nonparticipating dentists, however, may bill you for any balances over our payment level in addition to any deductible and/or coinsurance amount. You can find a list of providers at our Web site or by calling Customer Service.</p> <p>There are no age limits or frequency limits for Dental Option 2</p>	
Covered dental services (per insured)	Insured responsibility
Preventive, basic and major dental services The first \$200 of covered services per calendar year	0%
Preventive, basic and major dental services After the first \$200 of covered services each calendar year	50%

Regence Evolve Dental

Limitations and exclusions

Exclusions Applicable to both Dental Option 1 and Dental Option 2 except where noted.

Additional procedures to construct new crown under existing partial denture framework

Application of desensitizing medicaments

Application of desensitizing resin for cervical and/or root surface

Behavior management, for Dental Option 1 only

Bleaching of teeth

Broken retainers

Collection of cultures and specimens

Connector bar or stress breaker

Diagnostic casts or study models

Duplicate x-rays, for Dental Option 1 only

Endodontic endosseous implants, for Dental Option 1 only

Exfoliative cytology sample collection or brush biopsy, for Dental Option 1 only

Experimental or investigational services: experimental or investigational services as determined by Regence dental policy, for Dental Option 1 only

Fees, Taxes, Interest

Gold foil restorations, for Dental Option 1 only

Hospitalizations for dentistry

House/extended care facility calls

Implant maintenance procedures, including: removal of prosthesis, cleansing of prosthesis and abutments, reinsertion of prosthesis

Incision and drainage of abscess extraoral soft tissue, complicated or non-complicated

Indirect pulp capping

Interim partial or complete dentures

Labial veneers

Local anesthesia, sterilization, and supplies billed as separate charges (these procedures are considered inclusive of billed procedures)

Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue per tooth, for Dental Option 1 only

Lost or stolen items

Maxillofacial prosthetic procedures

Military service related conditions: Any condition resulting from military service in the armed forces of any country or any act of war (declared or undeclared)

Modification of removable prosthesis following implant surgery

Nitrous oxide, for Dental Option 1 only

Occlusal analysis and adjustments

Occlusal guards, for Dental Option 1 only

Oral hygiene instructions

Oral/facial photographic images

Orthodontic services, including craniomandibular orthopedic treatment: procedures for tooth movement, regardless of purpose, correction of malocclusion, preventive orthodontic procedures, and other orthodontic treatment

Pediatric dentures, for Dental Option 1 only

Pin retention in addition to restoration

Precision attachments

Prescription drugs, including take home prescription drugs, pre-medications, or supplies

Provisional splinting, for Dental Option 1 only

Pulp vitality tests

Radical resection of maxilla or mandible

Radiographic/surgical implant index

Removal of nonodontogenic cyst, tumor, or lesion

Replacement of lost, stolen, or broken dental appliances

Services and supplies provided by a family member:

services and supplies provided to a member by an immediate family member

Services and supplies that are not Medically necessary:

Services and supplies that are not medically necessary for the treatment of an illness, injury or physical disability

Services performed in a laboratory, for Dental Option 1 only

Surgical procedures for isolation of a tooth with rubber dam

Surgical stent, for Dental Option 1 only

Therapeutic drug injections

Third Party Coverage: Services and supplies for treatment of illness or injury for which a third party is responsible [e.g. automobile medical, personal injury protection (PIP), automobile no-fault (Idaho only; unless the automobile contract contains a COB provision in which case the COB provision of the plan shall apply), homeowner, commercial premises coverage or similar coverage

Tobacco or nutritional counseling for the control and prevention of oral disease

Tooth transplantation, for Dental Option 1 only

Travel and transportation expenses

Treatment of complications (post surgical); unusual circumstances

Treatment of simple or compound fractures of the mandible

Treatment of Temporomandibular Joint Dysfunction

Unspecified implant procedures

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

Step 2

See what Regence membership means

As a Regence member, you and enrolled family members have access to a wide range of resources, tools and programs designed to help you improve and maintain your health. Your participation in these programs is free, voluntary and completely confidential.

Want to learn more? Keep reading!

Value-added programs

These programs are not insurance but are offered in addition to your medical plan to help you get information and support when you need it.



Join the conversation at **myRegence.com**—an online resource, powered by the Regence Engine®, designed to advise, navigate and reward you in your health care decisions. On **myRegence.com**, you can:

- Take a General Health Assessment
- Check your claims
- Enroll in a wellness program
- Find a doctor
- Get an estimate on costs of care
- Learn about health issues
- Earn Rewards points
- Talk to other Regence members

Want to try it out? Visit **www.myRegence.com** and click on *Guest Pass Registration*.

Special Beginnings®

Nurses help expectant mothers throughout their pregnancies. Moms-to-be receive toll-free access to a nurse 24/7 and Rewards points through **myRegence.com** upon enrollment.

Case Management

Receive help and support for you and your family in the event of a sudden or serious illness or injury. We'll assign an experienced, nurse case manager to serve as your personal advocate during a time when you need it most, to help you understand your treatment options, show you how to get the most out of your benefits, and work with your physician to support your treatment plan.

CareEnhance®

Call toll-free, 24 hours a day, for confidential health care advice. A registered nurse can answer any question and even tell you if symptoms call for a trip to the ER, a visit to the doctor or self-care at home.

Value-added programs

Regence Advantages

As a Regence member you can enjoy savings on health-related products and services with Regence Advantages. The program is offered to every Regence member at no additional cost.

Discounts include:

- **EyeMed Vision Care®:** Save 35% on a complete pair of glasses (frames and lenses); 15% on non-disposable contacts; and 20% off eye wear items, such as frames, lenses and lens options. Discount is available at LensCrafters, Pearle Vision, Sears Optical, Target Optical, JCPenney Optical and many private practice locations.
- **GlobalFit™:** Become a new fitness club member and enjoy membership discounts at one of GlobalFit's 10,000 member clubs across the country. For your convenience, enrollment and billing are handled through GlobalFit, not the individual club.
- **QualSight®:** Save 40% to 50% on Traditional or Custom LASIK through the QualSight network. For another \$450 per eye, IntraLase (bladeless) LASIK is also available.
- **Epic® Dental:** Purchase smile-protecting supplies at 25% off, including mouthwash, gums, mints and toothpaste. All items contain xylitol, a natural ingredient that fights cavities.
- **Jenny Craig®:** All Jenny Craig plans are personalized and offer one-on-one support from professional weight loss consultants. Three options to choose from:
 - **A free 30-day program.***
 - **Corporate VIP*:** 50% off this six-month program.
 - **Premium Success Program*:** 20% off this one-year program, a free pedometer and up to 10% off all products.*
- **Beltone™:** Free screening, 25% discount on Beltone hearing aids, a one-year supply of hearing aid batteries, and free follow-up visits and testing.
- **TruHearing™:** Savings of up to 60% MSRP; 45-day money back guarantee; one-time three-year replacement for loss or damage; one-year supply of batteries with each purchase.
- **Newport Audiology™ Centers:** A free hearing exam if you're Medicare-eligible, or \$25 if you're at least age 15, a 32% discount on all hearing-aids and a two-year supply of batteries (up to 96 batteries) at no extra charge per hearing-aid purchase.
 - Discounts through **Beltone, Newport Audiology** and **TruHearing** are available not only to policyholder, but to their parents and grandparents as well.
- **TruVision™:** Significant discounts on laser vision correction services such as LASIK and PRK eye surgery.
- **Safe Beginnings:** Enjoy a 15% discount on everything you need to babyproof your home! Choose from the largest selection of safety gates, cabinet locks, outlet covers, window guards, and many other items to help keep your baby safe.

For more information on Regence Advantages, visit our Web site at www.regence.com, click on *Why Us* and then *Member Advantages*.

*Plus the cost of food.

Step 3

Apply for coverage

Try our new and improved online shopping tool

Our online application process is quick and easy. It even features tools that can help you decide which plan is right for you. Just go to www.regence.com and follow the step-by-step directions.

Paper applications

If you prefer to mail in your application, we've provided all the forms you need.

If you're applying for medical coverage, you'll need to **complete and return** the following:

1. *Regence Application for Individual Medical Coverage* (required and included in this booklet)
2. *The Standard Health Questionnaire for Washington State* (required for most applicants and included in this packet)
3. *Affidavit of Domestic Partnership* (optional based on need and included in this packet)

The questionnaire is used by all carriers that sell Individual health coverage in Washington. The

standardized scoring method determines whether an applicant is eligible for private coverage or for the state's high risk pool.

You can use one Application for Individual Medical coverage for all members of your family. But you'll need to complete a separate questionnaire for each family member. You'll find one copy with this packet. If you need additional copies, you can download the form off our Web site, www.regence.com. You can also contact your insurance producer or give us a call. Return all materials to us in the enclosed envelope. Please allow seven working days before inquiring about the status of your application.

Applications that are received by 5 p.m. on the last business day of the month (if approved) will be eligible for an effective date the first of the following month. You'll receive your contract and member card after we receive your first payment.

If you have questions about the application, please call us at 1-888-REGENCE (1-888-734-3623).



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

Regence BlueShield
1800 Ninth Avenue
Seattle, Washington 98111-3267
Mail form to: PO Box 1107
Lewiston, ID 83501

Individual Application

SECTION 1 - INSTRUCTIONS

- Please read carefully.
Use ink to complete and sign this application.
Make sure all sections of the application are answered completely.
If you need assistance completing this application, please contact your insurance producer or call Individual Marketing at 1-888-REGENCE.
I want to do my part for the environment and reduce waste.
EFFECTIVE DATE: Upon approval, you will be eligible for an effective date of the first of the month following the date the completed application was received in our office, unless otherwise indicated.

I am applying for:

- New enrollment
Change to existing individual plan or deductible
Addition of a spouse/domestic partner and/or dependent child to my existing policy

SECTION 2 - PLAN SELECTION (Detailed benefit information can be found online at www.regence.com)

BASE PLANS (select ONE medical plan)

Enrollment in a catastrophic health plan may not provide portability if you later decide to enroll in another individual health plan. "Portability" means that you will receive credit for a plan's preexisting condition waiting period based on prior coverage. By enrolling in a catastrophic plan, you may lose portability rights and have to satisfy the nine-month preexisting waiting period, should you later change to another individual health plan. All deductible options listed below are catastrophic unless otherwise indicated.

Evolve Core

- \$2,500 deductible per member (maximum of 3 deductibles per family)
\$5,000 deductible per member (maximum of 3 deductibles per family)
\$7,500 deductible per member (maximum of 3 deductibles per family)
\$10,000 deductible per member (maximum of 3 deductibles per family)

Evolve Plus

- \$1,000 deductible per member (maximum of 3 deductibles per family) - Comprehensive
\$2,500 deductible per member (maximum of 3 deductibles per family) - Catastrophic
\$5,000 deductible per member (maximum of 3 deductibles per family) - Catastrophic
\$7,500 deductible per member (maximum of 3 deductibles per family) - Catastrophic

Evolve HSA

- \$2,000 self-only deductible / 50% coinsurance
\$2,000 self-only deductible / 80% coinsurance
\$3,500 self-only deductible / 50% coinsurance
\$3,500 self-only deductible / 80% coinsurance
\$4,000 family deductible / 50% coinsurance
\$4,000 family deductible / 80% coinsurance
\$7,000 family deductible / 50% coinsurance
\$7,000 family deductible / 80% coinsurance

Evolve HSA 100

- \$5,000 self-only deductible
\$10,000 family deductible

DENTAL OPTIONS (select ONE of the following dental options)

- Dental Option 1 - 100/80/50; \$750 annual maximum benefit that may increase over time to \$1,500
Dental Option 2 - 100% of first \$200 and 50% of next \$1,100 (\$750 annual maximum benefit)
No Dental

SECTION 3 - ENROLLMENT INFORMATION

LIST ALL ELIGIBLE FAMILY MEMBERS TO BE COVERED

Eligible family members include a spouse/domestic partner, and/or any unmarried child who is under age 25 or who is medically certified as disabled and dependent upon you for support. Copy of certification required.

Table with 8 columns: Last Name, First Name, MI, Gender, Age, Height, Weight, Birthdate, Social Security Number. Rows include Applicant, Spouse, Child 1, Child 2, Child 3.

Explain the relationship to the applicant for any person(s) listed above whose last name is different from the applicant's. *Non-Registered Domestic Partners must submit an Affidavit of Domestic Partnership.

WASHINGTON RESIDENCE ADDRESS

To be eligible to apply for our individual plans, you must reside in our service area for at least 30 days prior to submitting your application and continue to live in our service area for six months out of the year. A photocopy of a valid Washington state driver's license, identification card, or current utility bill with name and address may be requested as proof of residency.

Residence Street Address, Mailing Address, City, State, ZIP Code, E-Mail Address, Home Phone Number, Work Phone Number, County



SECTION 4 - OTHER COVERAGE INFORMATION

1. Are you or any dependents who are applying for coverage currently covered on any group, individual or self-insured medical plan? Yes No
 If yes, do you intend to replace your current plan with this contract? Yes No
2. Are you currently enrolled in an Regence BlueShield Individual medical plan and wish to cancel that coverage? Yes No

If you answered yes, please sign the statement below:

I wish to terminate my current individual medical coverage from Regence BlueShield on the effective date of this individual policy.

Signature _____ Date _____

Regence BlueShield Individual Plans contain a 9-month preexisting condition limitation period. Please provide the following information for all applicants, and attach a copy of your Certificate of Coverage from your current or prior carrier or a similar document showing the beginning and ending dates of your current coverage, if applicable.

Name (First Last)	Insurance Company	Policy Number	Dates of Coverage		Type of Coverage
			Date Coverage Began MM/DD/YYYY	Date Coverage Ended (indicate Active if you are currently covered) MM/DD/YYYY	
1.					◆ Employer Group ◆ Individual ◆ Medicare ◆ COBRA ◆ High Risk Pool ◆ Other (describe)
2.					
3.					
4.					
5.					

SECTION 5 - EXCEPTIONS FOR THE STANDARD HEALTH QUESTIONNAIRE

Please read the full explanation of the exceptions listed on the Standard Health Questionnaire (SHQ). Additional conditions and requirements may apply.

Name of person(s) not required to complete the SHQ _____

Do your circumstances match any of the exceptions described in the SHQ? If so, please complete this section (check one):

ATTENTION: If you are currently eligible for Medicare, or will be on the requested effective date of coverage for which applying, you are not eligible for private individual or family health coverage; and you should not fill out this questionnaire. Medicare is a federally sponsored program for individuals age 65 or older, or who have end-state renal disease, or are disabled as defined by Social Security. Medicare and Medicaid are different. Medicaid is a state-sponsored program for individuals and families who qualify based on income and other criteria.

- 1. Relocation:** You changed residences from one part of Washington state to another part where your current health plan is not offered and you are submitting your application within 90 days of this event. *Include a copy of a utility bill in your name from the prior address dated within the last 90 days and a letter of verification from your prior carrier verifying that because you have moved, you no longer reside in their service area and they cannot provide health insurance at your new location.*
- 2. Provider Cancellation:** The health provider from whom you have received service during the last 12 months has left the provider network on your current individual medical plan and you are submitting the application within 90 days of your provider leaving your current health plan's network. This provider must be within the Regence BlueShield provider network. *Include a letter of verification from the provider or carrier verifying service in the last 12 months and the date the provider left the network.*
- 3. COBRA Exhaustion:** You are applying within 90 days of using up your COBRA coverage, or you lost coverage due to your employer going out of business or discontinuing its health plan while you were on COBRA. *Include a letter from the COBRA Administrator verifying that you have exhausted your COBRA benefits. Include a letter of certification from your employer or carrier that is going out of business or discontinuing its health plan while you were on COBRA.*
- 4. Employer's Plan Not Subject to COBRA:** You have lost or are losing coverage under an employer's plan that was not subject to COBRA coverage and you are applying within 90 days of an event which would qualify you for COBRA if your employer had not been exempt from COBRA and had at least 24 months of continuous group coverage before such loss. *Include a letter of verification of COBRA exemption and the reason for your loss of coverage from your employer and a certificate of coverage for proof of 24 months of continuous group coverage.*
- 5. COBRA Termination:** You are terminating your COBRA coverage and you had at least 24 months of continuous group coverage prior to termination. (Not applicable to BHP applicants.) *Include a letter of verification from your employer addressing your termination of COBRA and a certificate of coverage for proof of 24 months of continuous group coverage.*
- 6. COBRA Eligible:** You are applying within 90 days of an event which qualifies you for COBRA, and you had at least 24 months of continuous group coverage prior to such event but you chose not to take COBRA coverage. (Not applicable to BHP applicants.) *Include a letter of verification from your employer addressing your COBRA eligibility and a certificate of coverage for proof of 24 months of continuous group coverage.*
- 7. Loss of Basic Health Plan (BHP) Coverage:** You have lost or are losing BHP coverage and you had at least 24 months of continuous BHP coverage before such loss and you are submitting your application within 90 days of disenrollment. *Include a letter of verification from your carrier with dates of coverage for proof of your 24 months of eligibility from BHP, or a certificate of coverage.*

In addition to the exceptions listed above, the SHQ is not required for the **subscriber's** natural newborn or newly adopted child if the Company receives the application for coverage within 60 days of birth or placement of adoption (to be effective from date of birth or placement of adoption if the subscriber has active coverage on the date of birth or placement of adoption).

Are you adding a newborn to your existing policy? Yes

Are you adding a newly adopted child to your existing policy? Yes (include documentation indicating date of placement.)



SECTION 6 - PRODUCER CERTIFICATION

If you have a producer, that producer may receive bonuses, commissions, administrative service fees, or other compensation, including non-cash compensation, from Regence BlueShield. Incentives may be based on any of several factors, including the products you buy, your producer's volume of business with Regence BlueShield, and the other services your producer provides you. These incentives may have an indirect impact on your rates. For more information, please contact your producer.

FOR PRODUCER USE ONLY

I, (the producer) certify I have explained the eligibility provisions to the applicant. I have not made any statements about benefits, conditions or limitations of the contract except through written material furnished by Regence BlueShield. I have informed the applicant that the effective date of coverage is assigned only by Regence BlueShield.

I CERTIFY THAT THE INFORMATION SUPPLIED TO ME BY THE APPLICANT HAS BEEN TRULY AND ACCURATELY RECORDED HERE.

Producer Name (please print or type)	Regence Producer Number
Producer's Signature (Required) X	Date (Required)

Producer: COLLECT NO PREMIUM WITH APPLICATION

SECTION 7 - NON-SMOKER CERTIFICATION STATEMENT

Complete this section only if you or your spouse/domestic partner are applying for a non-smokers' discount.

I certify that I have not smoked cigarettes, cigars, pipes, or used chewing tobacco, smokeless tobacco, or any other form of tobacco or illegal drug substance within the past 12 months.

Applicant Yes No

Spouse/Domestic Partner Yes No

PLEASE NOTE: The Company reserves the right to cancel coverage and collect claims payments or other damages if false information is submitted. If you fail to notify us you are no longer eligible for the non-smoker discount, we reserve the right to change the non-smoker discount to the regular rate.

▶ _____ Date ▶ _____ Date
Applicant's Signature Spouse/Domestic Partner's Signature (if applying)



SECTION 8 - CERTIFICATION, AUTHORIZATION AND SIGNATURE

Be sure to sign and date the application below. Spouse/Domestic Partner and/or dependent's (age 18 - 25) signature is required, if applicable. Signature applies to both "Certification of Completeness and Correctness" and "Authorization for Use and Disclosure of Protected Health Information":

CERTIFICATION OF COMPLETION AND CORRECTNESS

I affirm that the answers given in this application are true, complete, and correct. I am providing these answers as part of the application procedure required by Regence BlueShield to enroll in their coverage. I understand that Regence BlueShield will rely on each answer in making coverage and rating determinations. For the protection of all our members, fraud or misrepresentation of material fact by me for the purposes of defrauding Regence BlueShield may result in Regence BlueShield taking any action allowed by law or contract, including termination or rescission of coverage, denial of benefits, and/or pursuit of criminal charges and penalties. If coverage is rescinded for fraud or intentionally misleading statements, Regence BlueShield will reimburse premium less any claims paid and will pursue reimbursement for claims paid exceeding any premium. I will promptly inform Regence BlueShield in writing if anything happens before my coverage takes effect that makes this application incomplete or incorrect. I understand and agree that no coverage shall be in force until approved by Regence BlueShield. Regence BlueShield may phone me to clarify answers on this application. As the applicant, I understand I have the right to inspect the information in my file.

I further affirm that I received a disclosure statement from Regence BlueShield or its authorized insurance producer describing the individual contract.

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I acknowledge and understand my health plan may request or disclose health information about me or my dependents (persons who are listed for benefits coverage on the application form) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits, or as required by law.*

Health information requested or disclosed may be related to treatment or services performed by:

- ◆ a physician, dentist, pharmacist or other physical or behavioral health care practitioner;
- ◆ a clinic, hospital, long-term care or other medical facility;
- ◆ any other institution providing care, treatment, consultation, pharmaceuticals or supplies, or;
- ◆ an insurance carrier or health plan.

Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records, or hospital records (including nursing records and progress notes). A separate authorization will be required for psychotherapy notes.

I understand that if this application contains any material misstatements or omissions, Regence BlueShield may deny coverage, modify or cancel coverage and/or take any other legal action available to us by law.

* For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Regence Consumer Privacy Notice. A copy is available on our Web site at www.wa.regence.com or by telephone request at 1 (800) 365-3155.

THIS AUTHORIZATION MAY NOT BE USED FOR PSYCHOTHERAPY NOTES

(Notes recorded and separately maintained by a mental health professional documenting or analyzing the contents of a conversation during a counseling session.)

SIGNATURES

Signature of applicant, parent or legal guardian if applicant is under 18 years of age or legally incompetent *	Relationship	Date
X		
Signature of applicant's legal spouse or eligible domestic partner *		Date
X		
Signature of dependent(s) between 18 and 25 years of age *		Date
X		
Signature of dependent(s) between 18 and 25 years of age *		Date
X		

* If signature by a personal representative of the member/enrollee please complete the following:

Personal Representative's Name (please print) _____

Relationship to Individual _____ (Attach legal documentation if other than parent of a minor child)

If additional health information is required to qualify you or a family member for coverage, we may send you a separate authorization form for the purpose of obtaining medical information.



SECTION 9 – PREMIUM BILLING OPTIONS (if application is approved)

BILLING ADDRESS (complete only if billing should be sent to an address other than the Residence Street Address listed on the front of the application.)

Name		Relationship to Applicant
Address		City, State, ZIP Code

Yes No Is your employer reimbursing or paying for any portion of this policy's premium? Individual benefit plans are not intended for sale as an employer-sponsored health benefit plan for employees.

Please indicate which billing option you want to use. (If billing option is left blank, your policy will automatically default to Monthly Billing).

- Monthly Billing
- Quarterly Billing
- Surepay (monthly automatic bank deduction)

Note: If selecting Surepay, please fill out the information below.

SUREPAY is a simple and convenient way to keep your health coverage in force. If you select the SUREPAY option of paying for your Regence BlueShield health insurance the payment will be deducted automatically on the draft date you choose below. This will provide several advantages to you:

- ◆ Your payment will always be made on time (if funds are available in your account).
- ◆ You won't have to worry about your coverage accidentally lapsing due to overlooked payments.
- ◆ Your monthly bank statement will show a withdrawal notation. This will serve as receipt of payment.
- ◆ Claims will be paid promptly due to your policy always being paid current.

GETTING STARTED IS EASY by mail or phone:

1. **Complete**, date and sign the Surepay Authorization information below.
2. **Write** "void" on one of your checks and return your "voided" check with this application (not a deposit slip). *For savings account please provide proof of ownership of the account.*

SUREPAY AUTHORIZATION

Please indicate which day you want your payment made.

- 5th of the month** - will pay the current month's charges
- 15th of the month** - will pre-pay the next month's charges
- 25th of the month** - will pre-pay the next month's charges

AUTHORIZATION TO MY BANK

Checking Account Savings Account

As a convenience and on behalf of the Account Holder identified below, I/we hereby request and authorize you to pay and charge to the account identified below, checks or electronic debits drawn on the account by and payable to the order of Regence BlueShield, Seattle, WA. I/we agree that your rights to each such check or electronic debit shall be the same as if it were an actual check drawn on you and signed by me/us. This authority is to remain in effect until revoked by me/us in writing, and until you actually receive such notice, I/we agree that you shall be fully protected in honoring any such check. I/we further agree that if any checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. A photocopy of this executed authorization shall be as valid as the original.

Financial Institution	Transit/Routing Numbers	Account Number

Account Holder's Name (please print)

▶ _____

Account Holder's Authorized Signature(s) - as it appears on bank records

Date





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

Regence BlueShield
1800 Ninth Avenue
Seattle, Washington 98101
Mail form to: PO Box 1107
MS: LC1NW
Lewiston, ID 83501-1107

AFFIDAVIT OF DOMESTIC PARTNERSHIP
For Individual Health Benefit Plans

Please complete and submit this form if you are enrolling a domestic partner.

SECTION I - Statement of Domestic Partnership

Name of Contract Holder, ID Number, Domestic Partner's Name, Date Domestic Partnership Began

I certify that [Name of Domestic Partner] and I are domestic partners and that we meet the following criteria:

- Each domestic partner is at least 18 years of age;
The domestic partners share a close personal relationship and are responsible for each other's common welfare;
The domestic partners are each other's sole domestic partner;
The domestic partners share the same regular and permanent residence with the current intent to continue doing so indefinitely;
The domestic partners are jointly financially responsible for "basic living expenses," defined as the cost of basic food, shelter, and medical expense;
Neither domestic partner is legally married to anyone else, nor has had another domestic partnership within the 30 days immediately prior to application;
The domestic partners are not related by blood closer than would bar marriage in the state issuing the contract; and
Each domestic partner was mentally competent to contract when their domestic partnership began.

SECTION II - Change in Domestic Partnership

I [Name of Contract Holder] agree to notify Regence BlueShield within 30 days of any change in our domestic partnership status that would make the domestic partner no longer eligible under the above criteria, and such notice will be treated as a request for termination of the domestic partnership.

I, the contract holder, understand that another Affidavit of Domestic Partnership cannot be filed within 90 days after a request for termination of a domestic partnership has been filed with Regence BlueShield.

SECTION III - Acknowledgment

We understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization, in any action involving the enrollment or eligibility of the domestic partner, or if otherwise required by law. We understand that this declaration of responsibility for our common welfare may have legal implications under our State law. We understand that a civil action may be brought against us for any losses, including reasonable attorney's fees, arising from a false statement contained in the Affidavit of Domestic Partnership. We also certify under penalty of perjury, under our State laws, that the foregoing is true and correct.

Signature of Contract Holder, Date, Signature of Domestic Partner, Date

Address

City, State and ZIP Code



Pre-sale disclosure statement

Health Care Patient Bill of Rights

The Patient Bill of Rights was passed, among other things, to assure that patients and providers are fully informed about the benefits and policies of their health insurance plans. As a means of informing our members, Regence BlueShield has put together this Q & A summarizing many of the terms and conditions of our plans. This Q & A supplements your contract.

How do I get a list of Preferred and Participating providers?

For the most up to date provider information, visit our Web site at www.regence.com or call Customer Service at 1 (888) 675-6570 to request any provider directories.

How can I get a list of standard covered benefits on Regence BlueShield plans?

For the most up to date provider information, visit our Web site at www.regence.com or call Customer Service at 1 (888) 675-6570 to request any summary.

How can I find out what the rates and any enrollee cost-sharing requirements are?

A rate quote is sent with this proposal / renewal. You may also find the most up-to-date rates on our Web site at www.regence.com.

Is a Point of Service (POS) plan option available and how does that plan operate?

A Point of Service plan option is not currently available through Regence BlueShield.

How can I be involved in decisions about benefits?

Your feedback is very important to us. If you have suggestions for improvements about your plan or our services, we would like to hear from you. Send your comments to us over the internet at www.regence.com or by US mail to the address below.

Regence BlueShield
ATTN: Vice President, Customer Service
PO Box 21267
Seattle, WA 98111-3267

What is Regence BlueShield's statement of carrier confidentiality policies?

Regence BlueShield has a written policy to protect the confidentiality of health information. Only employees who need to know in order to do their jobs may access enrollee personal information. Disclosure outside the company is permitted only when necessary to perform functions related to providing your coverage and/or when otherwise allowed by law.

What does the term "brand-name" mean?

The reference to brand-name drugs means drugs included in the current formulary that are under patent and are generally marketed and sold by only one source.

What does the term "generic" mean?

The reference to generic drugs means drugs included in the current formulary that are equivalent to the brand-name version, are marketed and sold by more than one source, and are listed in widely accepted references as a generic drug based on manufacturer and price. Equivalent means the US Food and Drug Administration (FDA) ensures that the generic must: a) have the same active ingredients found in the brand-name version; b) meet FDA specifications for quality, purity, and potency; and c) have the same medical effect as the brand-named version.

When can the plan change the approved drug list (formulary)?

Changes to the medication list will be made annually. An annual notification will be sent to members, agents, employee benefits administrators, physicians and pharmacists.

Pre-sale disclosure statement

What does the term “medically necessary” mean?

Medically necessary means health care services or supplies that a physician or other health care provider exercising prudent clinical judgment, would provide to a member for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms and that are: 1) in accordance with generally accepted standards of medical practice; 2) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the member’s illness, injury or disease; and 3) not primarily for the convenience of the member, physician or other health care provider, and not more costly than an alternative service or sequence of services, or supply at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the member’s illness, injury or disease. For these purposes, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors.

What does the term “formulary” mean?

A formulary is a list of selected generic and brand-name preferred drugs, which is established, reviewed, and updated routinely by the Company. Members will be required to pay more if the drug does not appear in the formulary. All drugs are reviewed and selected for inclusion in the Company’s formulary by an outside committee of providers, including physicians and pharmacists. Drugs are selected based on published scientific evidence and support proper use and cost-effective medication decisions. If clinical data show several drugs equally effective, the committee usually chooses the most cost effective ones. For convenience, the formulary is available at www.regencrx.com.



Individual Plans
P.O. Box 21267
Seattle, WA 98111-3267

1-888-REGENCE (1-888-734-3623)

www.regence.com