

This is a partial summary of benefits only and in the event of any inconsistency between this summary and Your Agreement, the terms of the Agreement will prevail. The Agreement contains a complete detail of benefits, limitations and exclusions, and also describes grievance procedures. In any application for the benefits described in this summary, You will choose between using the Regence BlueCross BlueShield of Utah and ValueCare provider networks as contracting providers. Regence BlueCross BlueShield of Utah will be the insurer regardless of the provider network that you choose.

\$3,500/\$7,000 Regence HSA Healthplan		
BENEFIT	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
Maximum Benefit	\$2,000,000 per Enrollee.	
Calendar Year Deductible	\$3,500 Single Coverage (one Enrollee); \$7,000 Family Unit Coverage (two or more Enrollees).	
Out-of-Pocket Maximum	\$5,000 Single Coverage (one Enrollee); \$10,000 Family Unit Coverage (two or more Enrollees). Includes Deductible amount.	Not applicable.
Ambulance Services	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Durable Medical Equipment and Supplies, Prosthetic and Orthotic Devices ¹ Durable Medical Equipment and prosthetic and orthotic devices <ul style="list-style-type: none"> Durable Medical Equipment limited to \$2,500 per Enrollee per Calendar Year ² Supplies	¹ After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses. ² After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	¹ After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**. ² After Deductible, We pay 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Emergency Department (Including Professional Services)	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Home Health Care/Hospice Care <ul style="list-style-type: none"> Home health care limited to 130 visits per Enrollee per Calendar Year 	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 80% of Eligible Medical Expenses and You pay balance of billed charges**.
Home Infusion Therapy	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Hospital - Inpatient Facility Care (Including Professional Services) <ul style="list-style-type: none"> Skilled Nursing Facility (SNF) Inpatient Rehabilitation limited to \$4,000 per Enrollee per Calendar Year 	After Deductible, We pay 80% and You pay 20%* of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Hospital - Outpatient Facility Care (Including Professional Services) <ul style="list-style-type: none"> Surgery and related services Diagnostic x-ray and laboratory services 	After Deductible, We pay 80% and You pay 20%* of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Mental Health Condition Services (Including Drug and Alcohol Use and Abuse) <ul style="list-style-type: none"> Limited to \$1,500 per Enrollee per Calendar Year 	After Deductible, We pay 50% and You pay 50%* of Eligible Medical Expenses.	After Deductible, We pay 50% of Eligible Medical Expenses and You pay balance of billed charges**.
Office or Clinic Visits for Injury/Sickness <ul style="list-style-type: none"> Office diagnostic x-ray and laboratory services 	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.

* If Eligible Medical Expenses for facility charges are greater than the billed charges, Your payment will be this percentage of billed charges.

BENEFIT	CONTRACTING PROVIDER	NON-CONTRACTING PROVIDER
Office or Clinic Visits for Preventive Care <ul style="list-style-type: none"> Services for children and adults, including professional exams, routine lab and x-rays, screening procedures, and specified routine immunizations 	We pay 80% and You pay 20% of Eligible Medical Expenses (Deductible waived).	We pay 60% of Eligible Medical Expenses and You pay balance of billed charges (Deductible waived)**.
Outpatient and Office or Clinic Rehabilitation Services <ul style="list-style-type: none"> Limited to \$2,000 per Enrollee per Calendar Year 	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.
Prescription Drugs <p>³ Prescription Drugs</p> <p>⁴ Growth Hormones limited to \$20,000 per Enrollee per Calendar Year</p>	<p>³ After Deductible, We pay 50% and You pay 50% of Eligible Medical Expenses.</p> <p>⁴ After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.</p>	<p>³ After Deductible, We pay 50% of Eligible Medical Expenses and You pay balance of billed charges**.</p> <p>⁴ After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.</p>
Transplants <ul style="list-style-type: none"> Limited to \$250,000 per Enrollee Lifetime 	After Deductible, We pay 80% and You pay 20% of Eligible Medical Expenses.	After Deductible, We pay 60% of Eligible Medical Expenses and You pay balance of billed charges**.

**Of the balance of billed charges, which You pay, amounts in excess of Eligible Medical Expenses do not apply toward Your Maximum Coinsurance.

BLUECARD PROGRAM

When You receive Covered Services outside of Utah be sure to use Participating Providers of the Blue Cross and/or Blue Shield Plan in the area where You receive the services. When You do, the amount You pay for Covered Services is usually calculated from the lower of: 1) the actual billed charges for Your Covered Services; or 2) the negotiated price that the host Blue Cross and/or Blue Shield Plan passes on to Us.

Often, this "negotiated price" will consist of a simple discount, but sometimes it is an estimated final price that factors in expected settlements with Your health care provider or with a specified group of providers. The negotiated price may also be a discount from billed charges that reflects average expected savings. The estimated or average price may be adjusted to correct for over- or underestimation of past prices. In addition, laws in a small number of states require Blue Cross and/or Blue Shield Plans to use a basis for calculating Your payment for Covered Services that does not reflect the entire savings realized or expected to be realized on a particular claim. When You receive covered health care services in one of those states, Your required payment for those services will be calculated using that state's statutory methods (see the Agreement for details).

LIMITATIONS

- During the 12 months immediately following the date We received Your application, NO BENEFITS will be provided for Sterilization and a Preexisting Condition ("PEC"). Your limitation will be reduced by the aggregate periods of Creditable Coverage applicable to You as of the date We received Your application.
- A "Preexisting Condition" is a physical or mental condition for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the date We received Your application. See the Agreement for details regarding crediting of coverage.
- Limited coverage is available for certain solid organ transplants and bone marrow and stem cell transplants (see the Agreement for details).

WHAT IS NOT COVERED – This is only a partial summary of exclusions. The Agreement contains a complete list of exclusions.

- Artificial heart, pancreas, or liver implants; bone marrow transplants except in the treatment of certain conditions (see Agreement for details)
- Certain treatments of mental disorders (e.g., biofeedback, sensitivity training, hypnosis, family or marital problems, behavior disorders, psychosexual dysfunction, learning disabilities, mental retardation)
- Cosmetic surgery; weight-loss treatment, including but not limited to surgical procedures and their reversals or revisions
- Counseling services, training or educational services, or services received to apply toward earning a degree
- Custodial care; Over-the-counter drugs and medicines
- Experimental or investigational treatments or procedures
- Genetic studies; non-prescription contraceptives; reversal of sterilization; reesterilization; artificial insemination; and in vitro fertilization
- Massage therapy; music, art, dance, or recreation therapy
- Maternity Care
- Physical fitness exercise equipment and spa or club memberships
- Services covered by Workers Compensation, government-sponsored programs and other insurance (such as no-fault automobile insurance)
- Services determined by Us to be not Medically Necessary
- Services for TMJ dysfunction; dental care; jaw surgery for augmentation or reduction; services to increase vertical dimension/restore occlusion
- Services for which the Claimant has no legal obligation to pay
- Services provided before the coverage begins or after coverage ends
- Services provided for or in connection with a non-Covered Service, including complications resulting directly from non-Covered Services
- Services rendered by a member of the patient's immediate family
- Services not licensed in Utah; Treatments or procedures outside generally accepted health care practice including holistic, homeopathic, ecological or environmental medicine; acupuncture
- Services not specifically listed in the Agreement as covered
- Services rendered by halfway houses, public or private schools
- Surgical correction of refractive errors of vision; eyeglasses, hearing aids or similar devices; routine foot care; corrective shoes and shoe accessories; personal convenience or hygiene items; special formulas, food supplements, or special diets
- Taxes, surcharges, tariffs, duties, assessments, or similar charges
- Services provided for or in connection with erectile dysfunction
- Telephone consultations, "missed" appointments, travel expenses, shipping, handling, postage, interest or finance charges
- Treatment caused by participation in illegal acts of violence; services provided as a result of a court order or other legal proceedings