



Regence Evolve CoreSM Highlights

Evolve Core's features:

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

- **Provider choice:** Members have direct access to their choice of providers. Coinsurance levels are lowest for Category 1 providers; coinsurance levels are higher for Category 2 and 3 providers; members may be responsible for provider costs above the Category 3 allowed amount.
- **Preventive care:** Preventive services and immunizations are covered according to guidelines set forth by the United States Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA).
- **Upfront benefits:** The first four office visits and the first \$200 of outpatient radiology and laboratory services per calendar year are not subject to the deductible (Category 1, 2 and 3).
- **Additional benefits:** Subsequent office visits, outpatient radiology and laboratory beyond the first \$200 per calendar year, and all other professional services are subject to the deductible and coinsurance levels as specified below.
- This plan offers optional dental packages. For details see the Optional Benefits Available section.

Annual Maximum		\$2,000,000 Annual Maximum		
Calendar Year Deductible Applies to all covered expenses except where noted		Individual deductible options per calendar year for each member: \$1,000, \$2,500, \$5,000, \$7,500, \$10,000 Family deductible is three times the individual amount		
Calendar Year Coinsurance Maximum Applies to all covered expenses except where noted When the coinsurance maximum is reached, this plan provides benefits at 100% of the allowed amount for the remainder of the calendar year		Individual coinsurance maximum per calendar year for each member: \$7,500 Family coinsurance maximum is three times the individual amount		
Covered Services		Evolve Core Member Responsibility		
		Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted) (Member may be responsible for any provider costs above the Category 3 allowed amount)
Upfront Office Visits (Injury and Illness) Upfront office visits: first four per calendar year Not subject to deductible		\$35 copay	\$35 copay	\$35 copay

Covered Services	Evolve Core		
	Category 1 (Preferred)	Category 2 (Participating)	Category 3 (Non-contracted) (Member may be responsible for any provider costs above the Category 3 allowed amount)
	Member Responsibility Coinsurance applies after deductible is met and until coinsurance maximum is reached.		
Upfront Outpatient Radiology and Laboratory First \$200 per calendar year. Not subject to deductible.	0%	0%	0%
Professional Services / Outpatient Radiology and Laboratory Deductible applies after upfront benefit limits are met. Office and inpatient services and supplies.	30%	50%	50%
Complex Outpatient Imaging (CT Scan, MRI, PET, MRA, SPECT, Bone Density)	50%	50%	50%
Hospital Services/Ambulatory Surgical Center Inpatient and outpatient services and supplies	30%	50%	50%
Emergency Room Services \$150 copay per ER visit (waived if directly admitted)	30%	30%	30%
Preventive Care and Immunizations Not subject to the deductible	0%	0%	50%
Rehabilitation Services Inpatient: 5 days per calendar year Outpatient: 25 visits per calendar year	30%	50%	50%
Home Health 130 visits per calendar year			
Hospice Respite care limited to 14 days inpatient/outpatient per lifetime			
Maternity			
Skilled Nursing Facility 30 inpatient days per calendar year			
Prescription Medication Coverage			
<div>\$10 copay for generics</div> <div>\$3,500 deductible, 50% coinsurance for brand formulary only. Non-formulary tobacco cessation medications covered at 50% after prescription medication deductible.</div> <div>Self administered chemotherapy drugs: Self administered chemotherapy drugs are not subject to deductible. \$10 generics, \$50 brand formulary, \$100 brand non-formulary.</div> <div>We cover certain preventive medications according to United States Preventive Services Task Force (USPSTF) guidelines at 100%, no deductible, no copay at participating pharmacies only. Member must have a prescription.</div>			

Optional Benefits Available (Optional benefits that are not elected are excluded from coverage)	
	Evolve Core Member Responsibility
Dental Option I Incentive Dental Plan \$750 per calendar year maximum benefit. When you incur services less than \$500, your calendar year maximum may be increased by \$250 for the following year. Waiting Periods: 6 months for Basic Services and 12 months for Major Services.	No deductible and 0% for Preventive dental care \$50 deductible per calendar year for Basic and Major Care 20% for Basic care 50% for Major care
Dental Option II Dollar-Based Dental Plan Waiting Periods: 6 months for all covered services \$750 per calendar year maximum benefit (Preventive, Basic and Major services combined)	No deductible 0% for the first \$200 of covered services then 50% up to the annual maximum
Additional Information	
Waiting Periods	No benefits are provided for treatment relating to a transplant until the member has been covered under this or a prior plan for 24 consecutive months. There is a six month waiting period that must be met prior to benefits being available for pre-existing conditions. Members may receive credit from prior medical coverage. Pre-existing condition waiting periods do not apply to Members up to age 19.
Outside the Service Area	Members have the security of knowing they can access Blue Cross and/or Blue Shield (Blue Plan) providers across the country and worldwide through the BlueCard® Program. Plan benefits apply as described above, and members may receive discounts on their services.

General Medical Exclusions

Coverage is not provided for any of the following, including direct complications or consequences that arise from:

- **Breast Reduction, Eye Lid Surgery and Varicose Vein Surgery.**
- **Complementary Care:** Acupuncture, chiropractic care, massage or massage therapy and the services of an acupuncturist, a chiropractor, a massage therapist and a naturopath.
- **Cosmetic/Reconstructive Services and Supplies** except for reconstruction for functional injury and disease, to treat a congenital anomaly for members up to age 18, and for breast reconstruction following a medically necessary mastectomy to the extent required by law.
- **Counseling** in the absence of illness.
- **Custodial Care:** Non-skilled care and helping with activities of daily living.
- **Fees, Taxes, Interest:** Charges for shipping and handling, postage, interest, or finance charges that a provider might bill.
- **Government Programs:** Benefits that are covered, or would be covered in the absence of this plan, by any federal, state or governmental program.
- **Hospitalization for Dentistry.**
- **Infertility** except to the extent covered services are required to diagnose such condition.
- **Investigational Services:** Treatment or procedures (health interventions) and services, supplies, and accommodations provided in connection with investigational treatments or procedures.
- **Medications without a Prescription Order.**
- **Mental Health and Drug Abuse Treatment.**
- **Military Service Related Conditions:** The treatment of any condition caused by or arising out of a member's active participation in a war or insurrection or conditions incurred in or aggravated during performance in the Uniformed Services.
- **Motor Vehicle Coverage and Other Insurance Liability.**
- **Non-Direct Patient Care** including appointments scheduled and not kept, charges for preparing medical reports, itemized bills or claim forms, and visits or consultations that are not in person, including telephone consultations and email exchanges.
- **Non-Duplication of Medicare:** Services and supplies to the extent payable under Medicare, when by law, the plan would not be primary to Medicare had the member properly enrolled in Medicare when first eligible regardless of whether or not the member actually enrolled.
- **Obesity or Weight Reduction/Control:** Medical treatment, medication, surgical treatment (including reversals), programs, or supplies that are intended to result in or relate to weight reduction, regardless of diagnosis.
- **Orthognathic Surgery** except for congenital conditions, injury, and sleep apnea.
- **Personal Comfort Items:** Items that are primarily for comfort, convenience, cosmetics, environmental control, or education.
- **Physical Exercise Programs and Equipment** including hot tubs or membership fees at spas, health clubs, or other facilities; applies even if the program, equipment, or membership is recommended by the member's provider.
- **Private Duty Nursing** including ongoing shift care in the home.
- **Riot, Rebellion and Illegal Acts:** Services and supplies for treatment of an illness, injury, or condition caused by a member's voluntary participation in a riot, armed invasion, or aggression, insurrection, or rebellion or sustained by a member while committing an illegal act or felony.
- **Routine Foot Care** including treatment of corns and calluses and trimming of nails.
- **Routine Hearing Exams.**
- **Routine Vision Exam and Hardware.**
- **Self-Help, Self-Care, Training, or Instructional Programs** including childbirth classes, diet and weight monitoring services and instruction programs, including programs that teach a person how to use durable medical equipment or how to care for a family member.
- **Services and Supplies Provided by a Member of Your Family.**
- **Services and Supplies That Are Not Medically Necessary.**
- **Services to Alter Refractive Character of the Eye.**
- **Sexual Reassignment Treatment and Surgery:** Treatment, surgery, and counseling services for sexual reassignment.
- **Sexual Dysfunction:** Regardless of cause.
- **Temporomandibular Joint Disorders (TMJ) Treatment.**
- **Third-Party Liability:** Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
- **Travel and Transportation Expenses** other than covered ambulance services.
- **Work-Related Conditions** except for subscribers and spouses who are owners, partners, or corporate officers and are exempt from state or federal workers' compensation law.

This is a brief summary of benefits; it is not a certificate of coverage. All benefits must be medically necessary. Please refer to the policy for a complete list of benefits,

Oregon Select Network Comparison Guide

There are five Oregon Select networks that you can choose from. Each individual network contains doctors and hospitals from the five major health care systems in the Portland-Metro area.

To choose the network that's right for you, consider the following:

- **Price.** Each of the different networks has a different cost associated with it. Balancing price with the other factors—such as geographical location and your provider's participation in the network—will help you make the right choice.
- **Location.** While all of the Oregon Select networks offer service within the greater Portland-Metro area, some of the networks are more concentrated in different areas. The “Geographical area” column in the grids on the back of this page will provide you with more details.
- **Hospital(s).** Review your hospital options within each network. Remember, if you need to be admitted for a true emergency any hospital is covered. For scheduled surgeries or other procedures you will need to visit your in-network hospital(s) to achieve the maximum benefit under your plan.
- **Provider.** To find out which of the Oregon Select networks your current provider is a member of, visit regence.com and click on “Find a Provider”.



Oregon Select Providence

This Portland-area provider network is centered on the Providence Health System, including their five Portland area hospitals, Providence Medical Group and Providence Health System ancillary services. The network also includes the specialists that Providence Medical Group physicians refer their patients to for specialty services and who admit to and provide services at Providence Health System hospitals.

Geographical Area

Portland-Metro

Hospitals

- Providence Portland Medical Center
- Providence St. Vincent Medical Center
- Providence Milwaukie Medical Center
- Providence Willamette Falls Medical Center
- Providence Newberg Hospital

Oregon Select Legacy Health

This Portland-area provider network is centered on the Legacy Health System, including the five Legacy Health System Hospitals, Legacy Clinic physicians and Legacy Health System ancillary services. The network also includes the specialists that Legacy Clinic physicians refer their patients to for specialty services and who admit to and provide services at Legacy Health System hospitals.

Geographical Area

Portland-Metro

Hospitals

- Legacy Emanuel
- Legacy Good Samaritan Medical Center
- Legacy Meridian Park Medical Center
- Legacy Mt. Hood Medical Center
- Legacy Salmon Creek Medical Center

Oregon Select OHSU

This downtown Portland provider network is centered on Oregon Health & Science University and its medical group of physicians. The network also includes internal medicine, family practice and pediatric physicians outside of OHSU but within the Portland metropolitan area that refer their patients to Oregon Health & Science University and their specialist physicians.

Geographical Area

Downtown Portland

Hospitals

- Oregon Health and Sciences University

Oregon Select Tuality

This West Portland provider network is centered on the Tuality Health System, including Tuality Community Hospital, Tuality physicians and Tuality Health System ancillary services. The network also includes the specialists that Tuality physicians refer their patients to for specialty services and who admit to and provide services at Tuality Community Hospital.

Geographical Area

West Portland

Hospitals

- Tuality Community Hospital

Oregon Select Adventist Health

This Southeast Portland provider network is centered on the Adventist Health System, including Portland Adventist Medical Center, Adventist Medical Group and Adventist Health System ancillary services. The network also includes the specialists that Adventist Medical Group physicians refer their patients to for specialty services and who admit to and provide services at Portland Adventist Medical Center.

Geographical Area

Southeast Portland

Hospitals

- Portland Adventist Medical Center