

Regence Individual Direct Products

Standard Silver | Standard Bronze

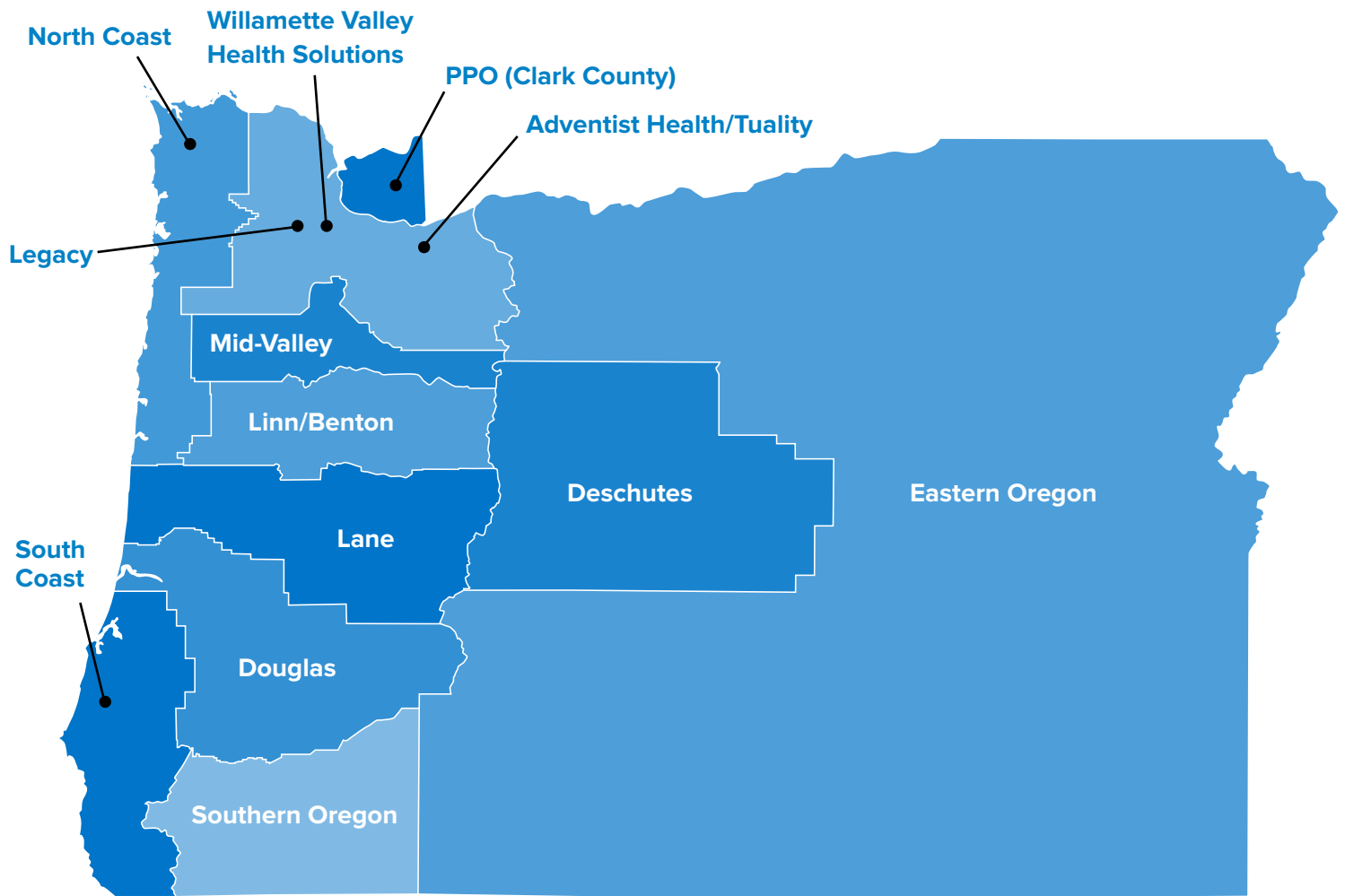


We're pleased to connect you and your family with the people, tools and resources that matter most to your health. No matter what your issue or question is, we're always here with answers and solutions. We also offer a range of products, services and programs that will meet your individual health needs, whether it's access to a 24-hour nurse line or intensive support with a chronic condition—or something in between. Our goal is always to help you understand all your options and resources so that you can make the decision that's best for you.

Product Highlights

	Standard Silver	Standard Bronze
Calendar-Year Deductible Applies to all covered expenses except where noted. Separate deductible amounts per calendar year for In-Network/Out-of-Network providers.	Single: \$2,500 In-Network/ \$10,000 Out-of-Network Family: \$5,000 In-Network/ Out-of-Network: None	Single: \$5,000 In-Network/ \$10,000 Out-of-Network Family: \$10,000 In-Network/ Out-of-Network: None
Calendar-Year Out-of-Pocket Maximum When the out-of-pocket maximum is reached, this plan provides benefits at 100% of the allowed amount for the remainder of the calendar year. Separate out-of-pocket maximum amounts for In-Network/Out-of-Network providers.	Single: \$6,350 In-Network/ \$12,500 Out-of-Network Family: \$12,700 In-Network/ Out-of-Network: None	Single: \$6,350 In-Network/ \$12,500 Out-of-Network Family: \$12,700 In-Network/ Out-of-Network: None
Covered Services	Standard Silver	Standard Bronze
	Member responsibility for In-Network services is shown, after In-Network deductible is met and until out-of-pocket maximum is met, except where noted. Out-of-Network services are covered 50% after Out-of-Network deductible is met and until out-of-pocket maximum is met, except where noted.	
Office Visits Standard Silver Plan: In-Network office visits are not subject to the deductible.	Primary Care: \$35 copay Specialist Care: \$70 copay Urgent Care Facility: \$90 copay	Primary Care: \$60 copay Specialist Care: \$100 copay Urgent Care Facility: \$120 copay
Preventive Care and Immunizations	0%	0%
Pediatric Vision Services Covered for members up to age 19. One routine eye exam per calendar year. One pair (two lenses) and one standard frame per calendar year. Contacts covered in lieu of glasses.	Member responsibility for both In-Network / Out-of-Network: Eye exam: 0% Vision hardware: 50% Deductible waived on all services Applies to In-Network out-of-pocket maximum	
Outpatient Radiology and Lab	30%	50%
Chemical Dependency/Mental Health (Outpatient) Standard Silver Plan: In-Network services are not subject to the deductible.	\$35 copay	\$60 copay
Chemical Dependency/Mental Health (Inpatient)	30%	50%
Skilled Nursing Facility 60 inpatient days per calendar year.	30%	50%
Hospital Services/Ambulatory Surgical Center Inpatient and outpatient services and supplies.	30%	50%
Emergency Room Services In-Network deductible, coinsurance and In-Network out-of-pocket maximum apply regardless of provider network.	30%	50%
Optional Additional Benefits		
Dental, Vision and IAP Option Covered for members 19 and older. Adult dental waiting periods for enrollees with no prior coverage: 6 months for Basic Services and 12 months for Major Services.	Adult Dental 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 When services incurred are less than \$750, an additional benefit of \$250 may be rewarded the following year, not to exceed a total benefit of \$1,500. Adult Vision No deductible One routine exam, no member responsibility Lenses and frames: \$150 limit per calendar year Individual Assistance Program (IAP) Eight sessions with no member responsibility Reliant Behavioral Health Network	
Embedded Additional Benefits		
Accidental Death Benefit	\$10,000 per adult/\$2,500 per child	

*This is a brief summary of benefits; it is not a certificate of coverage.
All benefits must be medically necessary. For full coverage provisions, refer to the contract.*



You can select any one of our IndividualSelect networks:

- IndividualSelect Adventist Health/Tuality Network
- IndividualSelect Legacy Network
- IndividualSelect Willamette Valley Health Solutions Network
- IndividualSelect Mid-Valley Network
- IndividualSelect Linn/Benton Network
- IndividualSelect Deschutes Network
- IndividualSelect Lane Network
- IndividualSelect Douglas Network
- IndividualSelect South Coast Network
- IndividualSelect North Coast Network
- IndividualSelect Southern Oregon Network
- IndividualSelect Eastern Oregon Network

More tools for more wellness

Regence plans promote wellness and help you live better.

All of our plans provide access to the entire Regence network of providers, including access to Blue Plan providers across the country and around the world through the BlueCard® Program.

Finally, they offer a wide range of wellness programs that are available to you at no additional cost.

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

- **Integrated Care Management**

Specialized, targeted attention and support are provided when you need help managing your care.

- **24-Hour Nurse Line**

Registered nurses are on call 24/7 to answer your health care concerns.

- **myRegence.com** is an award-winning Web-based benefit information source and health community.

- **Regence Advantages** provides discounts on wellness-related goods and services.

To learn more visit regence.com.

