

BASIC MEDICAL BENEFITS COMPARISON 2009-2010 (PIF: Paid in Full)

Blaine School District

SERVICE	GROUP HEALTH CO-OP TRADITIONAL Managed Care	GROUP HEALTH CO-OP DEDUCTIBLE Managed Care	REGENCE / WEIC MODIFIED COPAY PLAN	REGENCE / WEIC ENGAGE 80 PLAN (Formerly Deductible Plan)	REGENCE WEIC HIGH OPTION	REGENCE WEIC INNOVA 500 (Formerly FourFront Plan)
Deductible	None	\$500/person \$1,500/family	\$200/person \$600/family	\$200/person \$600/family	\$200/person \$600/family	\$500/person \$1,500/family
Coinsurance maximum	\$2000/person \$4000/family	\$2000/person \$6000/family	\$2500/person \$7500/family	\$1000/person \$2000/family	\$1000/person \$3000/family	\$2500/person \$7500/family
Physicians	Primary Care Physician (PCP) referral needed for a specialist, except at GHC Specialty Centers in Seattle and Bellevue. Women may also self refer to a women's health care provider.	Primary Care Physician (PCP) referral needed for a specialist, except at GHC Specialty Centers in Seattle and Bellevue. Women may also self refer to a women's health care provider.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.	Preferred, participating, or non-contracted providers (Categories 1, 2 and 3 respectively) inside or outside the Regence Service area.
Change PCP	Anytime	Anytime	N/A	N/A	N/A	N/A
Physician's Office Visit	\$20 copay	First Four visits subject to a \$20 copay, subsequent visits are subject to copay, deductible and coinsurance.	100% after \$20 copay	80% after deductible	90% after \$20 copay	All office visits subject to a \$15 copay.
X-Ray Laboratory	Covered at 100%	Covered in full first \$500 per calendar year. Deductible, then 80%	100%, deductible waived	80%. Deductible waived for mammogram and pap smear.	90%. Deductible waived.	Covered in full first \$500 per calendar year. Deductible, then 80% thereafter.
Prescriptions Pharmacy (34 Day Supply)	\$15 copay per 30 day supply	\$15 copay generic; \$30 copay brand; per 30 day supply	\$5 copay generic formulary. \$20 copay brand formulary. Non-form: \$40.	\$10 copay generic formulary. \$15 copay brand formulary. Non-form: \$30.	\$5 copay generic formulary. \$20 copay brand formulary. Non-form: \$40.	\$5 copay generic formulary. \$20 copay brand formulary. Non-form: \$40 .
Prescriptions Mail Order (90 Day Supply)	\$30 copay per 90 day supply	\$30 copay generic \$60 copay brand per 90 day supply	\$10 copay generic formulary. \$20 copay brand formulary. Non-form: \$80.	\$20 copay generic formulary. \$30 copay brand formulary. Non-form: \$60.	\$10 copay generic formulary. \$40 copay brand formulary. Non-form: \$80.	\$10 copay generic formulary. \$40 copay brand formulary. Non-form: \$80 .
Maternity	Dr. visits \$20 copay Delivery cov 100%	Covered at 80% after deductible.	90% after deductible	80% after deductible	90% after deductible	80% after deductible
Preventive Care	\$20 copay	100%. Not subject to deductible, copay or coinsurance.	\$20 copay. No preventive care annual max.	80%, deductible waived	\$20 copay, 90% \$500 max. per calendar year.	\$15 copay. No cal. yr. max.
Emergency Outpatient	\$75 copay Non-GHC \$125 ded.	\$75 copay, then ded.& 80%. Non-GHC \$125 copay then ded. and 80%	\$75 copay, then deductible and 90%; copay waived for admission	\$75 copay, then deductible and 80%; copay waived for admission	\$75 copay, then deductible and 90%; copay waived for admission	\$75 copay, then deductible and 80%; copay waived for admission
Hospital Inpatient	Covered 100% No day or dollar limits	Covered 80% after annual deductible. No day or dollar limits	90% after deductible	80% after deductible	90% after deductible.	80% after deductible.
Ambulance	80%	80%	90% after deductible	80% after deductible	90% after deductible	80% after deductible

Please Note: All plan changes have been outlined in bold.

This benefits comparison provides general information only and is subject to plan limitations and restrictions. Refer to the plan booklets for specific coverage.