



Product Enhancements and Language Changes For Innova, Engage, Activate and HSA Healthplan 2.0

Regence BlueShield of Idaho will be implementing a number of product enhancements to the Regence InnovaSM, Regence Engage[®], and Regence ActivateSM products. The following benefits will be available for new and renewing groups starting with July 1, 2009 effective dates.

Innova

- Addition of a \$3,000 deductible option
- Addition of a \$1,500 complementary care option

Engage

- Addition of a \$3,000 deductible option
- Addition of a \$1,500 complementary care option

Activate

- Addition of a \$1,500 complementary care option
- Now all members will enjoy the benefit of rolling over their Member Choice Account (MCA) funds from year to year, up to their deductible amount. Activate members will no longer have to meet any participation thresholds in order to keep their earned funds. This change will enable members to get the most value out of their healthy choices by giving them the freedom to use their funds now, or save them for future use.
- Enhanced communications will keep employees engaged, through an interactive demonstration of the MCA, worksite reminder posters & e-mails, and enhanced messaging through myRegence.com to remind Activate members to log on and keep earning funds.

In addition to the above product enhancements, we have made language changes to the Innova, Engage, Activate, and HSA Healthplan 2.0 products. The language changes are effective starting with July 1, 2009 effective dates. Renewing groups will receive the language changes as they renew. A Summary of Contract Changes document will be included in the group's renewal packet. We have also included a copy of the Summary of Contract Changes document in this agent communication.

Agent Insight

Regence health plans: healthy living encouraged

Our suite of health-focused plans motivates members to pursue healthier lifestyles. They also empower members to become more engaged in their health care and get the most value from their Regence membership.

Regence Innova provides robust coverage with up-front benefits, including:

- An unlimited office visit option
- \$400 in outpatient radiology and lab per member each year

Regence Engage simplifies coverage with a single coinsurance level that applies to all categories of providers, including physicians, hospitals, labs and clinics.

Regence HSA Healthplan 2.0 provides a comprehensive medical plan and a tax-free health savings account all rolled into one.

Regence Activate combines a simple health plan design with an online account where members can earn up to \$600 each year for making healthy choices.

- The Member Choice Account provides pre-deductible benefits with the flexibility to use funds toward any covered expense
- Funds roll over each year, up to the deductible amount, so members can choose to spend now or save for the future
- Members activate their account, track activities, and use the funds to pay their doctors online - all through myRegence.com
- Each member of the family gets an account, so the savings really add up!

Tools for wellness

Each of these plans connects members with a broad range of resources, tools and services that provide support and encourage wellness.

- Embedded wellness programs
- Regence Health CoachSM
- Special Beginnings[®] pregnancy support program
- CareEnhance[®] 24-hour nurse line
- **myRegence.com**'s Web-based benefit information and health community, where members can find all their health and benefit information in one place

For questions or additional information on plan changes, language clarifications, or plan options, please contact your Regence BlueShield of Idaho representative.

SUMMARY OF CONTRACT CHANGES

EFFECTIVE JULY 1, 2009

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This comparison summarizes the revisions that will be made to group contracts beginning July 1, 2009. Actual updates to the contracts will take place at your group's renewal effective date.

Please note: This list does not include minor grammatical or cosmetic modifications and previously filed amendments.

BENEFIT / REGULATORY / LEGISLATIVE CHANGES		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
<p>ADDITIONAL MEMBERSHIP ADVANTAGES</p> <p>Applies to all products except HSA 2.0.</p>	<p>Per the Idaho Department of Insurance (DOI), language is clarified to provide proper disclosure for the items that are additional yet not insurance coverage.</p>	<p>Added language to the end of the paragraph in <i>bold italicized</i> text that reads: THESE ADDITIONAL VALUABLE SERVICES ARE A COMPLEMENT TO THE GROUP HEALTH PLAN, BUT ARE NOT INSURANCE.</p>
<p>MEMBER CHOICE ACCOUNT (MCA)</p> <p>Applies to Activate products.</p>	<p>Members must earn at least 75% of the points available to them in order to have their MCA funds roll to the next year.</p>	<p>Language regarding this rule is removed.</p>
DOCUMENT LANGUAGE CLARIFICATIONS		
COMPONENT / CONTRACT(S) AFFECTED	EXISTING CONTRACT / BOOKLET / REASON FOR CHANGE	NEW CONTRACT / BOOKLET LANGUAGE
<p>DIABETIC EDUCATION</p> <p>Applies to all medical products.</p>	<p>Language was clarified to explain that diabetic self-management training and education is covered if provided by providers with expertise in diabetes.</p>	<p>Revised the reference to healthcare providers to read "The program must be provided by a healthcare Provider with expertise in diabetes."</p>
<p>DIABETIC SUPPLIES</p> <p>Applies to all medical products.</p>	<p>Language was clarified to state where in the contract benefits are provided for the treatment of diabetes.</p>	<p>Clarification has been added to the diabetic supplies covered in the policy. Under diabetic supplies, references are also included to other sections where diabetic supplies are also found such as DME and Orthotics.</p>
<p>HOME HEALTH CARE</p> <p>Applies to all medical products.</p>	<p>Language was clarified how Durable Medical Equipment is provided under the terms of the plan.</p>	<p>Revised the Home Health Care benefit to add the following statement: This Home Health Care Benefit includes coverage for Durable Medical Equipment. For Durable Medical Equipment benefits, see the Durable Medical Equipment benefit of this Contract.</p>
<p>HOSPICE CARE</p> <p>Applies to all medical products.</p>	<p>Language was clarified to state how Durable Medical Equipment is provided under the terms of the plan.</p>	<p>Revised the Hospice Care benefit to add the following statement: Durable Medical Equipment is covered under this benefit when billed by a licensed hospice care program. For a definition of Durable Medical Equipment, see the Durable Medical Equipment benefit.</p>

<p>PRESCRIPTION MEDICATION</p> <p>Applies to Activate products.</p>	<p>Language revised to delete the diabetic identifying statement. Revised the Prescription Medication benefit under the "For Prescription Medications from a Pharmacy" and "For Maintenance Medications from a Mail-Order Supplier" paragraphs in the Copayments and Coinsurance provision.</p>	<p>Deleted the following statement: We identify You as a diabetic based upon the processing of claims for Prescription Medications that are frequently used in the treatment of diabetes.</p>
<p>SERVICE MARK</p> <p>Applies to HSA 2.0 product.</p>	<p>Booklet does not include service marks when referring to the HSA Regence Plan name.</p>	<p>A service mark will be added to all references where applicable in the contract, booklet, and Group Benefit Summary documents.</p>
<p>SPECIFIC EXCLUSIONS</p> <p>Applies to all medical products.</p>	<p>Language revised to clarify where more information on breast reconstruction may be found.</p>	<p>Revised the Cosmetic / Reconstructive Services and Supplies exclusion to clarify that more information on breast reconstruction may be found in the Women's Health and Cancer Rights notice of the booklet.</p>
<p>SPECIFIC EXCLUSIONS</p> <p>Applies to all medical products when Mental Health treatment is covered.</p>	<p>Revised the Mental Health Treatment for Certain Conditions exclusion to clarify the coverage wording.</p>	<p>Revised the Mental Health Treatment for Certain Conditions exclusion to read as follows: We will not cover Mental Health Treatment for diagnostic codes 302 through 302.9 found in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR) for all ages. Additionally, We will not cover any "V code" diagnoses except the following when Medically Necessary: parent-child relational problems for children five years of age or younger, neglect or abuse of a child for children five years of age or younger and bereavement for children five years of age or younger. By "V code," We mean codes for additional conditions that may be a focus of clinical attention as described in the most recent edition of the DSM-IV TR that describe Relational Problems, Problems Related To Abuse Or Neglect or other issues that may be the focus of assessment or treatment.</p>
<p>SPECIFIC EXCLUSIONS</p> <p>Applies to all products.</p>	<p>Federal law prohibits imposing exclusions based on the source of injury. Revised language will include the injury source.</p>	<p>New language: No benefits will be provided for any of the following conditions, treatments, services, supplies, or accommodations, or for any direct complications or consequences thereof. However, these exclusions shall not apply with regard to an otherwise Covered Service for an Injury, the Injury results from an act of domestic violence or a medical condition (including physical and mental) and regardless of whether such condition was diagnosed before the Injury, as required by federal law.</p>

<p>TRANSPLANTS</p> <p>Applies to all medical products.</p>	<p>Language clarified for the essential features of the benefit.</p>	<p>Revised the Transplants benefit to add the following statement: A transplant recipient who is covered under this plan and fulfills Medically Necessary criteria will be eligible for the following transplants: heart, lung, kidney, pancreas, liver, cornea, multivisceral, small bowel, islet cell and hematopoietic stem cell support (donor stem cells can be collected from either the bone marrow or the peripheral blood). Hematopoietic stem cell support may involve the following donors, i.e., either autologous (self-donor), allogeneic (related or unrelated donor), syngeneic (identical twin donor) or umbilical cord blood (only covered for certain conditions). This list of transplants is subject to change.</p>
<p>UPFRONT BENEFITS</p> <p>Applies to Innova products only.</p>	<p>Language clarified to explain when a copay is required and how members would know if the Upfront benefit has been exhausted.</p>	<p>Revised the Upfront benefit to clarify that for Category 1 and Category 2 Upfront Benefits, for office visits, the member will not be responsible for any Coinsurance, however, the office visit Copay would apply. The Upfront benefit was further revised to clarify that members have multiple ways of tracking their benefits or if they have questions about their accruals and/or reaching their Upfront benefit limits, including access to myRegence.com or calling our customer service department if they have questions.</p>



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