

Regence NowSelectSM

A low-cost, **limited health plan** you can use right away

If you think you can't afford good health coverage, think again

Thousands of people in Idaho do not have adequate health coverage. That's a serious problem, since medical expenses are a leading cause of personal bankruptcy.

Finally, there's an affordable solution. Regence NowSelectSM is a **limited health plan** that offers up to \$2 million in benefits to help you avoid major financial losses in the event of an accident or serious illness. Better still, Regence NowSelect helps you stay healthy...and rewards you for taking charge of your health.

A plan you'll actually use

Regence NowSelect is a low-cost, limited health plan you can use right away. Unlike a lot of other basic plans, Regence NowSelect lets you get an annual wellness exam, see a doctor and get prescriptions filled—without meeting your deductible. And in the event that you do incur a serious injury or illness, you have rock-solid Blue Shield coverage to help you pay for medical bills.

What are you waiting for?

Anyone living in Idaho (who is not eligible for Medicare or receiving benefits from Medicaid) may apply for this limited health plan. So take charge. Apply today.

Three ways to apply:

1. Log on to www.id.regence.com
2. Call 1 (800) 632-2022 toll free
3. Contact your agent



Regence NowSelectSM covers the basics and more

Here is a partial listing of benefits of this **limited health plan**. You can download a complete benefit summary at www.id.regence.com. Or, call 1 (800) 632-2022.

FEATURES	BENEFIT / AMOUNT		WHAT YOU SHOULD KNOW
Deductible	You pay \$1,000 individual or \$2,000 family aggregate You pay \$2,500 individual or \$5,000 family aggregate You pay \$5,000 individual or \$10,000 family aggregate You pay \$7,500 individual or \$15,000 family aggregate		This is the dollar amount you'll pay in a calendar year before the plan pays benefits. For example, a member with a \$1,000 deductible will pay for health expenses up to \$1,000 before the plan pays any expenses. Note that there is a separate deductible for maternity care.
Coinsurance	IN-NETWORK We pay 80%	OUT-OF-NETWORK We pay 50%	This is the percentage of eligible expenses the plan will pay after you pay the deductible. If the plan pays 80% of eligible expenses, you pay the remaining 20%. If the plan pays 50% of eligible expenses, you pay the remaining 50%.
Coinsurance Maximum	You pay \$2,500 per individual or \$7,500 family aggregate		This is the total amount the member/family must pay for coinsurance in a calendar year before the plan covers the full cost (100%) of eligible expenses. Note that this amount is in addition to the deductible.
Physician Office Visits	You pay \$25 copay Not subject to deductible or coinsurance		Copay applies only to office visit. Limited to 6 visits per calendar year. Preventive care visits do not apply to this limit. After 6 visits, member must pay for additional visits.
Outpatient Lab and X-ray	IN-NETWORK We pay 80%	OUT-OF-NETWORK We pay 50%	Limited to \$2,500 per calendar year. Does not include preventive care. Mammography for illness or preventive care is not subject to limit.
Prescription Medications	You pay \$10 copay for generics You pay 50% coinsurance for non-generics No deductible		Limited to \$1,200 per calendar year for non-generics. Generic drugs do not apply toward annual limit. After the annual limit is reached, the member is still eligible for RegenceRx discount program.
Preventive Care	Exam — You pay \$25 copay Not subject to deductible or coinsurance Lab and X-ray — We pay 100% Not subject to deductible or coinsurance		All preventive benefits (including routine physical exams, lab and X-ray, and well baby care) limited to \$300 per person per year. Annual mammogram and gynecological exam do not apply to this limit.
Immunizations	IN-NETWORK We pay 100% Not subject to deductible	OUT-OF-NETWORK We pay 50% Subject to deductible	
Maternity Care	IN-NETWORK We pay 80%	OUT-OF-NETWORK We pay 50%	Benefits for maternity care are subject to a separate \$5,000 deductible.
Ambulance	IN-NETWORK We pay 80%	OUT-OF-NETWORK We pay 50%	No annual limit.
Hospital and Other Services	IN-NETWORK We pay 80%	OUT-OF-NETWORK We pay 50%	This includes inpatient services and outpatient surgical services. Note that there is a \$100 copay for an emergency room visit, which is waived if you are admitted.
Lifetime Maximum	We pay \$2,000,000		This is the largest dollar amount the plan will pay toward all health care services during an individual's lifetime.
Network	Regence PPO More than 4,400 providers in our service area.		A network is a special group of doctors, hospitals, health care professionals and facilities. These providers have contracted with Regence BlueShield of Idaho to offer services to our members at special negotiated rates.

Low Cost, High Value

AN UNBEATABLE COMBINATION

Regence NowSelectSM is a limited health plan you can use when you're healthy and when you're not. And it comes with valuable extras that don't cost extra.

Regence Advantages. As a member, you get exclusive access to Regence Advantages, an extensive menu of special discounts on useful, health-related products and services. Show your membership card and receive discounts on massage therapy, vitamins and supplements, cosmetic dentistry, eyewear and contact lenses, fitness memberships, bike helmets, LASIK surgery, weight management services and more. **These are not insurance benefits — they are added-value discounts at no additional cost.**

Regence Engine. You also get members-only access to the Regence Engine (myregence.com), a personalized online resource offering information and tools to help you get the most from your health care dollar. It can help you navigate your way to better health. And, it offers reward points for being proactive about your health.

BlueCard®. With Regence BlueShield of Idaho, you get the best of both worlds: a strong local company and seamless access to a national provider network when you travel. More than 85 percent of all doctors and hospitals throughout the country contract with Blue Cross and/or Blue Shield plans. Out of town or around the world, you enjoy the coverage and convenience that you get at home.

Local, best-in-class service. When you buy Regence BlueShield of Idaho, you're buying our 60 years of experience serving the people of Idaho. Our customer service representatives have been with the company an average of eight years. That means you'll speak with an experienced, knowledgeable person when you call for assistance.



If you don't have coverage,
you might get in over your head



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

www.id.regence.com

Lewiston	(208) 746-2671
Boise	(208) 336-2420
Coeur d'Alene	(208) 667-2761
Pocatello	(208) 234-0020
Twin Falls	(208) 736-0755
Toll Free	1 (800) 632-2022

Regence NowSelect-\$1000DED-1-2006
Regence NowSelect-\$2500DED-1-2006
Regence NowSelect-\$5000DED-1-2006
Regence NowSelect-\$7500DED-1-2006

The following information is provided in compliance with the
Idaho Department of Insurance.

GENERAL PROVISIONS

Availability: The Individual Health Insurance Availability Act passed by the 1994 Idaho legislature mandates that all individuals not covered by employer-sponsored health plans be offered health care coverage regardless of their health status.

Guaranteed Renewable: Individual policies shall be in force and renewable at the option of the member unless: non-payment of premium, fraud or intentional misrepresentation of material facts by the individual insured or his/her representatives; the individual's residence changes to one which is outside the geographic service area; or Regence BlueShield of Idaho elects to non-renew all of its policies delivered or issued for delivery to individuals in the state of Idaho. Your initial premium is based on the health application and medical history information provided by you. Your renewal premium may be adjusted based upon actual or anticipated utilization and/or changes in age. Regence BlueShield of Idaho will refund any unused premium received for the period of ineligibility providing that no benefits were paid.

Eligibility: You are eligible to apply for an individual health plan if you are an Idaho resident or dependent of an Idaho resident who also resides in Idaho, do not receive health insurance benefits subject to the regulation of the Small Employer Health Insurance Availability Act, and are under the age of 65 years at the time of application. You are ineligible if you currently are eligible (or receive benefits) for Medicare or Medicaid.

Waiting Periods: Benefits for pre-existing conditions shall only be provided for services 12 months or more after your effective date under the policy. This waiting period shall not apply to newborn children who shall be covered from the moment of birth, or to adopted children or children in the process of adoption who have been placed with the policyholder, if such children are enrolled within 60 days of birth, adoption or placement. We shall waive any time period applicable to a pre-existing condition exclusion or limitation period for the period of time an individual was previously covered by qualifying coverage, provided that the qualifying coverage was continuous to a date not more than 63 days prior to the effective date of coverage under the policy.

Pre-existing Condition: Pre-existing condition means the existence of a condition that would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment within a six-month period, immediately preceding the effective date of coverage; a condition for which medical advice or treatment was recommended or received within a six-month period immediately preceding the effective date of coverage; or a pregnancy existing on the effective date of coverage.

A Pre-existing Condition exclusion or limitation shall not apply to a member who meets all of the following requirements:

- Has 18 or more months of creditable coverage under federal law, the most recent of which was under a group, church

or government plan, provided the creditable coverage was continuous to date not more than 63 days prior to the effective date of the new coverage;

- Is not eligible for a group health plan, Medicare or Medicaid, and does not have other health insurance;
- Did not have his or her most recent coverage cancelled as a result of nonpayment of premium or fraud; and
- If COBRA or similar state continuation of coverage was offered to him or her, elected and exhausted

EXCLUSIONS

Benefits shall not be provided for any procedure, treatment, supply, or service not specifically listed as a covered service, or in any of the following circumstances or for any of the following conditions under the terms of this policy, including direct or indirect complications:

- 1) Any pre-existing condition or disease, except for congenital anomalies of an insured dependent child. Please refer to the waiting period section for creditable coverage.
- 2) To the extent benefits are provided or covered by Medicare or any other governmental agency, except as otherwise provided by law (for example, Medicaid).
- 3) Any injury or illness resulting from: (1) any war or act of war (whether declared or undeclared); (2) participation in a felony, riot or insurrections; or (3) service in the armed forces or units auxiliary to it.
- 4) Any situation in which no specific medical treatment plan is furnished, including rest cures and custodial care.
- 5) Charges for transportation, except for ambulance services specifically covered in this policy.
- 6) Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of it, where the interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column (chiropractic services).
- 7) Hospice care, home health care, and/or home infusion therapy.
- 8) Speech therapy, rehabilitation/occupational therapy, respiratory therapy, and physical therapy.
- 9) Birth control intrauterine devices and diaphragms, contraceptive implants, and injectable contraceptives (Depo Provera, etc.), regardless of intended use. Oral contraceptives are covered under the prescription drug benefit.
- 10) Acupuncture.
- 11) Routine eye examinations, eye glasses, visual therapy or training, and radial keratotomy (refractive keratoplasty or other surgical procedures to correct refractive errors/astigmatism).
- 12) Routine hearing examinations and hearing aids.

13) Investigative treatment as determined by Regence BlueShield of Idaho pursuant to the Definitions section of these General Provisions.

14) Cosmetic and/or reconstructive services and supplies, including services and supplies related to a previous cosmetic procedure or complications of a previous cosmetic procedure, except as follows:

- a) Related to breast reconstruction following a mastectomy to the extent required by law (refer to the Women's Health and Cancer Rights provision for additional information);
- b) Due to a trauma, infection, or other disease of the involved part; or
- c) Due to congenital disease or anomaly for an insured dependent child.

For the purpose of this exclusion, "cosmetic" means a procedure that primarily improves or changes appearance and does not primarily restore an impaired function of the body.

15) Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.

16) Supplies, except when inclusive of a hospitalization, skilled nursing facility admission or covered surgery. This exclusion includes diabetic supplies such as blood sugar diagnostics, lancets, swabs, urine test strips, and insulin syringes/needles.

17) Durable medical equipment, whether rental or purchase and regardless of intended use.

18) Orthotic devices.

19) Prosthetic devices, unless a prosthetic device follows a mastectomy.

20) Any medical, prescription drug, or time-loss benefits for any injury or illness, if the costs associated with the injury or illness may be recoverable from a third party or through worker's compensation or from any other source (refer to the Right of Reimbursement and Subrogation provision for additional information).

21) Human growth hormone therapy.

22) Procedures related to sex transformations.

23) Services and supplies for or in connection with:
(1) infertility treatment, except to the extent covered services are required to diagnose such a condition;
(2) reversal of sterilization; (3) surrogate pregnancy; and
(4) assisted reproductive technology (ART) procedures.

24) Services and supplies for the treatment of mental or nervous disorders, alcoholism and drug addiction.

25) Charges for services and supplies for which an insured would have no legal obligation to pay in the absence of this or any similar coverage.

26) Expense for services furnished by a provider who is a member of the insured's immediate family. For the purpose

of this exclusion, "immediate family" means any person who is related to the insured by blood or marriage or who resides in the insured's household.

27) Charges for non-medical care such as telephone or Internet consultations, missed appointments, claim form completion, interest charges, legal services, and obtaining medical records.

28) Dental care or treatment, including services and supplies related to orthodontic treatment, oral surgery, treatment of temporomandibular joint (TMJ) disorders, and orthognathic surgery.

29) Services related to the treatment of weight, including diet and weight monitoring; educational services; medical or surgical procedures that are intended to result in weight reduction, or for reversal, revision, or complications of such surgery.

30) Special foods, diets, vitamins, minerals, dietary and nutritional supplements, and nutritional therapy.

LIMITATIONS

1) Total benefits paid for covered human organ and tissue transplant and bone marrow reinfusion services shall be limited to a maximum of \$250,000 during an insured's lifetime.

2) Total benefits paid for extended care in a skilled nursing facility shall be limited to a maximum of 30 days per insured each calendar year.

3) Total benefits paid for brand prescription drugs and brand mail-order maintenance drugs shall be limited to a maximum of \$1,200 per insured each calendar year.

4) Total benefits paid for routine physical examinations, routine well-baby care, and covered laboratory and X-ray charges shall be limited to a maximum of \$300 per insured each calendar year. Routine gynecological examinations, including but not limited to papanicolaou stain (pap smear) and mammography services are not subject to the calendar year maximum.

5) Total benefits paid for outpatient laboratory testing and X-ray examination services shall be limited to a maximum of \$2,500 per insured each calendar year. Mammography services are not subject to the calendar year maximum.

6) Total benefits paid for office, home, and outpatient hospital visits with Preferred and Non-Preferred Providers, including second and third surgical consultative opinions, shall be limited to a maximum of six visits per insured each calendar year.

7) Claims submitted to Regence BlueShield of Idaho more than 15 months after the last day on which covered services were rendered shall be ineligible for payment, unless it can be shown to the satisfaction of Regence BlueShield of Idaho that there was unusual and justifiable cause for such late submission.