

InnovaSM and EngageSM Plans

Introduction

InnovaSM and EngageSM offer members choices about physicians, other health care professionals and facilities (hereafter referred to as providers); benefit levels and services. These products provide members with information and tools to help them manage their health care decisions. We refer to these products as self-managed plans. They do not require referrals or primary care physicians.

Innova

Innova is ideal for individuals and families that may seek medical care several times a year. Innova includes:

- Specific member benefits not subject to a deductible; as well as benefits that include copayments, deductibles and coinsurance
- Differing benefit levels based on the member's choice of provider

Engage

Engage offers simplicity to our members. Engage includes:

- Member benefits that are subject to a deductible
- A single benefit level for all providers

This section is a summary of Innova and Engage products, including information about our built-in pharmacy benefits and wellness programs. Also included is information about our additional benefit options available to employer groups through medical plan participation, including chemical dependency and mental health treatment, complementary care benefits, dental and vision.

More information about these products, including benefit summaries and an online workshop, is available in the Products section of our *Provider Web Site* at www.id.regence.com/physician.

Locating providers

Innova and Engage use well-established provider networks (Traditional and Preferred) as well as non-contracted providers. Members can choose to seek services from any provider.

Preferred and Traditional network providers can be found using our online directories available on our *Provider Web Site* at www.id.regence.com/physician. Preferred and Traditional providers can also be found in our paper directories.

Benefit levels for each provider network differ between Innova and Engage. See the Innova and Engage sections on the following pages for more information.

Innova

This section summarizes the provider networks and covered benefits for Innova. For complete and current benefit information, use Regence Online Services for Providers, found on our *Provider Web Site* at www.id.regence.com/physician or contact Regence Provider Customer Service for these products at 1 (800) 475-1149.

Innova provider networks

Innova features provider choice; members have direct access to their choice of providers. A member's benefit level is determined by his or her choice of provider and the services received.

Innova defines the member's choice of benefit levels based on *categories of benefit choices*. For example, when a member seeks services from a Traditional network provider, the Category 1 choice (highest benefit level) applies and the member incurs the lowest out-of-pocket cost.

| Provider networks | Categories of benefit choices | Benefit levels | Out-of-pocket costs |
|--------------------------|--------------------------------------|-----------------------|----------------------------|
| Preferred | Category 1 | Highest | \$ |
| Traditional | Category 2 | Medium | \$\$ |
| Non-contracted | Category 3 | Lowest | \$\$\$ |

Preferred network providers:

- Members who seek services from Preferred network providers generally incur the lowest out-of-pocket costs.
- Preferred network providers will not charge members for balances beyond any deductible, copayment and/or coinsurance amount for covered services.

Traditional network providers:

- Members who seek services from Traditional network providers generally incur higher out-of-pocket costs than when they seek services from Preferred network providers.
- Traditional network providers will not charge members for balances beyond any deductible, copayment and/or coinsurance amount for covered services.

Non-contracted providers:

- Members who seek services from non-contracted providers generally incur the highest out-of-pocket costs.
- Non-contracted providers may bill members for balances over our allowable, in addition to any deductible, copayment and/or coinsurance amount for covered services.

BlueCard® Program:

Innova members have access to contracted Blue Cross and/or Blue Shield (Blue Plan) providers across the country and world-wide through the BlueCard® Program.

Innova members have:

- Preferred provider organization (PPO) level of benefits when they obtain services from a provider designated as a BlueCard PPO provider.
- Traditional benefit levels when they obtain services from a provider designated as a participating BlueCard provider.

More information about the BlueCard Program can be found in the BlueCard section of our *Administrative Manual*.

Note: If you practice in several locations, your provider network may differ by location, depending on the agreement you signed with Regence BlueShield of Idaho. For example, you may be a Preferred network provider in one location and a Traditional network provider in another location. Your patients' out-of-pocket costs are based on their choice of provider. Therefore, you may want to encourage your patients to seek services from you at the location where they will receive the best benefit.

Innova benefits

Innova includes two types of benefits:

- Upfront benefits
- Member cost sharing

Upfront benefits

Innova members have coverage for office visits, including preventive exams and urgent care visits, outpatient radiology and laboratory services. Their deductible is waived for these upfront services and coinsurance does not apply.

Upfront office visits

The first four, six or unlimited office visits per calendar year (depending on the product option selected by the employer group) are not subject to the deductible or coinsurance (for Preferred and Traditional providers only). Individual copayment options for upfront office visits differ depending on the product option selected by the employer group and the member's choice of provider. See the Summaries of Benefits for copayment amounts. The Summaries of Benefits can be found in the Product section of the *Provider Web Site* at **www.or.regence.com/provider**.

The office visit copayment only applies to upfront office visits. There are no upfront office visit benefits for non-contracted providers. Office visits to non-contracted providers are subject to deductible and coinsurance.

Upfront outpatient radiology and laboratory

The first \$400 of outpatient radiology and laboratory services from professional, independent laboratory or facility (excluding inpatient services) per calendar year is covered at 100 percent of the allowed amount and not subject to the deductible or coinsurance.

Member cost sharing

Members are responsible for deductibles and coinsurance amounts once they:

- Exhaust their upfront benefits or
- Receive a service that is not classified as an upfront benefit

For example, after members exhaust their upfront office visit benefit, any additional office visits do not require a copayment. However, members will be responsible for their deductible and coinsurance. After their deductible is met, coinsurance applies until the maximum coinsurance is met.

Calendar year deductible

If a member exhausts his or her upfront benefits or receives services not covered by upfront benefits, he or she must meet their individual or family deductible before care is reimbursed. The calendar year deductible applies to all covered expenses except where noted.

Calendar year deductible amounts:

- **Individual deductible** options per calendar year range from \$250 to \$5,000, depending on the product option selected by the employer group.
- The **family deductible** is three times the individual amount.

Each member’s individual contribution to the family deductible cannot exceed the individual deductible amount. It is possible for a family to reach the family deductible before the individual deductibles are met. An example of a family with four members who have met their family deductible is shown below. Each family member has a \$250 individual deductible. None of the family members has met the individual deductible amount. However, the family has met its \$750 family deductible.

| Family Member | Amount of \$250 individual deductible met |
|----------------------|--|
| A | \$200 |
| B | \$200 |
| C | \$200 |
| D | \$150 |
| Total | \$750: Family deductible met |

Coinsurance options and coinsurance calendar year maximums

Once the deductible is met, members are responsible for coinsurance amounts.

Individual coinsurance options differ depending on the product option selected by the employer group and the member's choice of provider. Below are the three different options:

- 90 percent Preferred and 70 percent (Traditional and non-contracted)
- 80 percent Preferred and 60 percent (Traditional and non-contracted)
- 70 percent Preferred and 50 percent (Traditional and non-contracted)

Coinsurance maximum amounts:

- **Individual coinsurance maximum** options per calendar year range from \$2,000 to \$6,000, depending on the product option selected by the employer group.
- The **family coinsurance maximum** is three times the individual amount.

Each member's individual contribution to the family coinsurance maximum cannot exceed the individual coinsurance maximum amount. It is possible for the family coinsurance maximum to be met before the individual maximum coinsurance amounts are met. An example of a family with four members who have met their family coinsurance maximum is shown below. Each family member has a \$2,000 individual maximum coinsurance. None of the family members has met the individual maximum coinsurance amount. However, the family has met its \$6,000 family maximum coinsurance.

| Family Member | Amount of \$2,000 individual maximum coinsurance met |
|----------------------|---|
| A | \$1,500 |
| B | \$1,500 |
| C | \$1,500 |
| D | \$1,500 |
| Total | \$6,000: Family maximum coinsurance met |

Deductibles, copayments and provider balance billing do not accumulate toward the coinsurance maximum.

The following exceptions apply:

- Upfront benefits not utilized prior to reaching the coinsurance maximum are still subject to copayment amounts.
- After the coinsurance maximums are met, covered services are paid at 100 percent of the allowed amount up to a \$2,000,000 lifetime maximum.

Other benefits

Childhood immunizations: Covered at 100 percent of the allowed amount and are not subject to deductible or coinsurance.

Emergency room services: Features a \$100 copayment, after which the member's deductible and coinsurance applies. The copayment will be waived if the member is admitted as an inpatient. ER services will be processed at the member's Category 1 benefit level (Preferred) for all providers.

ER services (including all professional services such as MRI, CT scan, X-ray, lab and diagnostic procedures), billed on a CMS-1500 form must include the place of service code (23 for ER) in block 24B.

Engage

This overview will explain the provider networks and covered benefits for Engage. For more complete and current benefit information, use Regence Online Services for Providers, located on our *Provider Web Site* at **www.id.regence.com/physician** or contact Regence Provider Customer Service for these members at 1 (800) 475-1149.

Engage provider networks

A single coinsurance level applies to Preferred, Traditional and non-contracted providers.

Preferred and Traditional network providers:

Providers will not charge members for balances beyond any deductible, copayment and/or coinsurance for covered services.

Non-contracted:

Providers may bill members for balances over our allowable in addition to any deductible, copayment and/or coinsurance amount for covered services.

BlueCard® Program:

Engage members have participating benefit levels when they obtain services from providers designated as participating or preferred BlueCard providers.

Engage benefits

Engage offers simplicity to our members. Engage members have direct access to their choice of providers with a single coinsurance level that applies to Traditional, Preferred and non-contracted providers. There are no upfront benefits.

Member cost sharing

All benefits are subject to deductible and coinsurance.

Calendar year deductible

Calendar year deductible amounts:

- **Individual deductible** options per calendar year range from \$0 to \$5,000, depending on the product option selected by the employer group.
- The **family deductible** is three times the individual amount.

The family deductible for Engage members works the same as it does for Innova members (see page P-4 for more information).

Coinsurance options and coinsurance calendar year maximums

Once the deductible is met, members are responsible for coinsurance amounts.

Individual coinsurance options differ depending on the product option selected by the employer group and can be 80, 70 or 50 percent.

Coinsurance maximum amounts:

- **Individual coinsurance maximum** options per calendar year range from \$2,000 to \$6,000, depending on the product option selected by the employer group.
- The **family coinsurance maximum** is three times the individual amount.

The family coinsurance for Engage members works the same as it does for Innova members (see page P-5 for more information).

After the coinsurance maximums are met, covered services are paid at 100 percent of the allowed amount up to a \$2,000,000 lifetime maximum.

Deductibles, copayments and provider balance billing do not accumulate toward the coinsurance maximum.

Other benefits

Childhood immunizations: Covered at 100 percent of the allowed amount and are not subject to deductible or coinsurance.

Emergency room services: Features a \$100 copayment, after which the member's deductible and coinsurance applies. The copayment will be waived if the member is admitted as an inpatient.

ER services (including all professional services such as MRI, CT scan, X-ray, lab and diagnostic procedures) billed on a CMS-1500 form must include the place of service code (23 for ER) in block 24B.

Innova and Engage built-in products and wellness programs

Pharmacy

Innova and Engage include pharmacy benefits. The pharmacy benefit offers a choice of tiered plan designs with three copayment, deductible and cost-share options. Members may be balance billed if a nonparticipating pharmacy is used.

Individual prescription medication copayment options differ depending on the product option selected by the employer group and range from:

- \$5 to \$10 for generics
- \$25 to 35 percent for brand-name formulary and
- \$50 to 50 percent for brand-name non-formulary

The employer group has a choice of brand-name calendar year deductibles (\$0, \$250 or \$500) for prescription medications. The brand-name deductible is not applied to the prescription medication cost-share maximum. Generics are not subject to deductible.

Individual prescription medication cost-share maximum options per calendar year differ depending on the product option selected by the employer group and can be \$3,000, \$4,000 or \$5,000.

Note:

Diabetic supplies (test strips, lancets and blood glucose monitors) are covered under the pharmacy benefit and can be purchased through retail pharmacies.

Self-administered injectable drugs are covered under the pharmacy benefit and must be purchased through a retail pharmacy. *Exception:* The first three teaching doses per medication per lifetime can be covered under the medical benefit. The medication policy on self-administered injectable drugs is located at www.regence.com/trgmedpol/drugs/dru110.pdf#page=1

Innova and Engage will feature RegenceRx, RegenceRx Web site; **myRegence.com**, powered by the Regence Engine and the *Regence Preferred Medication List/Formulary*. More information about RegenceRx can be found in the Pharmacy section of the *Administrative Manual*.

Wellness Programs

Innova and Engage offer a full spectrum of programs that focus on health promotion activities. These programs support members in each stage of their health care needs, from preventive health and wellness to complex case management. More information about these programs can be found in the Care Management section of our *Administrative Manual*.

Additional benefit options for Idaho-based employer groups

Regence BlueShield of Idaho offers the following additional benefit options to employer groups based in Idaho with Innova and Engage medical plan participation. Optional benefits are offered at the employer group level; therefore, all members of an employer group with optional benefits, regardless of where they reside, are eligible for the optional benefits. Specific benefit information is available by calling Regence Provider Customer Service for these products at 1 (800) 475-1149 or using Regence Online Services for Providers available on our *Provider Web Site* at www.id.regence.com/physician.

Chemical Dependency and Mental Health Treatment

If purchased by the employer group, chemical dependency and mental health treatment benefits are offered as a combined benefit to Innova and Engage members. Covered services are paid at 50 percent. There are two benefit options for employer groups to choose from:

- *Option 1* (employer groups with 2-50 employees): Includes 8 inpatient days and 12 outpatient visits per calendar year (not subject to coinsurance maximum)
- *Option 2* (all employer group sizes): Includes no benefit maximums (subject to deductible and coinsurance maximum)

Complementary Care

Complementary Care, if purchased by the employer group, is offered to Innova and Engage members. Covered services (combined naturopathic, chiropractic and acupuncture services and supplies) are paid at 80 percent and are not subject to deductible or the coinsurance maximum. There is a \$500 per calendar year maximum benefit.

Dental

Three dental plans are available for employer groups to purchase for their employees with Innova or Engage coverage: Encore, Radiance and Expressions. Participating dentists and dental professionals are listed in our provider directory on our *Provider Web Site* at www.id.regence.com/physician.

The plans cover preventive services (cleanings, oral exams and x-rays), restorative services (fillings, oral surgery, endodontics and other similar procedures) and major services (crowns, bridges, onlays, dentures and endosteal implants).

Individual dental deductible options per calendar year are either \$25 or \$50.

Individual dental coinsurance maximum options per calendar year are \$750, \$1,000 or \$1,500.

Vision

If purchased by the employer group, vision is offered to Innova and Engage members. Members can receive one eye exam per year and up to \$150 of hardware (includes lenses, frames or contacts) annually. Both the exam and hardware are covered at 100 percent and are not subject to copayment or deductible amounts. Once the limit is reached, no further benefit is available.

Pre-authorization

Pre-authorization is required for some services. Physicians, other health care professionals and facilities are responsible for pre-authorizing all services listed on the *Medical Pre-authorization List*. The most current *Medical Pre-authorization List* is included in the Care Management section of our *Provider Web Site* at www.id.regence.com/physician.

Coordination of benefits (COB)

Innova and Engage contain the coordination of benefits (COB) provision, ensuring that the total amount paid by all health plans does not exceed the actual cost of treatment. Coordination of benefits is vital in keeping the cost of coverage as low as possible.

Electronic Funds Transfer (EFT)

Regence BlueShield of Idaho offers participating providers the option of having their funds deposited directly into a bank account for Innova and Engage members. More information about EFT can be found in the Claims and Billing section of the Provider Web Site at www.id.regence.com/physician.

Regence Online Services for Providers

Member specific benefit information is available for Innova and Engage members using Regence Online Services for Providers.

Regence Online Services for Providers details the following information for these members:

- **Benefits**: View summary and specific benefit information, including benefit limitations
- **Complete vouchers**: View complete vouchers for your associated provider organization for Innova and Engage members
- **Claims by provider**: View claims status and history for your associated provider organization for Innova and Engage members

Regence Online Services for Providers is a free online application that eliminates the need to contact Customer Service for routine patient information. More information is available in the Regence Online Services for Providers section of our *Administrative Manual*. A demonstration is available on our *Provider Web Site* at www.id.regence.com/physician.

Regence Customer Service

Regence has toll-free Customer Service phone numbers for you and separate Customer Service phone numbers for our Innova and Engage members. These phone numbers are different than the phone numbers for our other members.

Provider Customer Service

Contact Regence Provider Customer Service at 1 (800) 475-1149 for inquiries regarding your Innova or Engage patients.

Member Customer Service

Innova and Engage members can contact our Member Customer Service phone number listed on the back of their member cards.

Regence Provider and Member Customer Service phone numbers for each of our Plans are included below:

| REGENCE CUSTOMER SERVICE FOR INNOVA AND ENGAGE MEMBERS | | |
|---|--|--|
| Regence Plan | Provider Customer Service Phone Numbers | Member Customer Service Phone Numbers |
| Regence BlueShield of Idaho | 1 (800) 475-1149 | 1 (888) 367-2117 |
| Regence BlueCross BlueShield of Oregon | 1 (800) 452-6333 | 1 (888) 367-2116 |
| Regence BlueCross BlueShield of Utah | 1 (877) 417-6222 | 1 (888) 367-2119 |
| Regence BlueShield (in Washington) | 1 (800) 253-0838 | 1 (888) 367-2112 |