

HSA Healthplan 2.0SM Benefit Comparison to Current Asuris HSA Plan
Information as of January 2010



Plan Highlights	Asuris HSA Healthplan 2.0	Asuris HSA Healthplan
Networks	Category 1 - Preferred Category 2 - Participating Category 3 - Non-contracted	Preferred Participating Non-participating
Lifetime Maximum Benefit All medical benefits, including prescription medications, apply to the lifetime maximum benefit	\$2,000,000 no annual reinstatement	\$2,000,000 \$20,000 annual reinstatement
Deductible Amounts for Individual and Family	One deductible for all categories of providers. Aggregated Deductible Options: \$1,500, \$2,500, \$3,500, \$5,000 single Family equals cumulative of two times individual Family coverage: no one family member is eligible for benefits until the entire family deductible is met Embedded Deductible Option: \$3,000 single / \$5,000 or \$7,000 family Benefits begin for one family member when the single deductible is met. When the entire family deductible is met, benefits begin for the entire family. Prescription medications included in the deductible	Preferred and non-participating combined. Choices include: \$1,500, \$2,500, \$3,500 single Family equals two time individual Family coverage: no one family member is eligible for benefits until the entire family deductible is met Embedded Deductible Option: \$3,000 individual / \$5,000 or \$7,000 family Benefits begin for one family member when the single deductible is met. When the entire family deductible is met, benefits begin for the entire family. Prescription medications included in the deductible
Deductible Carryover	No deductible carryover	No deductible carryover

HSA Healthplan 2.0SM Benefit Comparison to Current Asuris HSA Plan
Information as of January 2010

Plan Highlights	Asuris HSA Healthplan 2.0	Asuris HSA Healthplan
Out-of-Pocket Maximum for Individual and Family	One out-of-pocket maximum for all categories of providers. \$5,000 individual / \$10,000 family Prescription medications included in the out-of-pocket maximum	Preferred providers and out-of-area providers only \$5,000 individual / \$10,000 family Prescription medications included in the out-of-pocket maximum
Coinsurance Levels	Category 1 - 80% Category 2 - 60% Category 3 - 60% \$5,000 deductible plan Category 1 - 100% Category 2 - 100% Category 3 - 100%	Preferred 80% Participating 60% Non-participating - 60%
Professional Services	Deductible and coinsurance apply Growth hormone covered under pharmacy with no benefit limit	Deductible and coinsurance apply Growth hormone covered to \$20,000 per calendar year
Preventive Care	(All plans except \$5,000 deductible) No benefit limits; no deductible; coinsurance applies (\$5,000 deductible plan) No benefit limits; deductible and coinsurance applies	No benefit limit No deductible, coinsurance applies
Accidental Injury	Medical services covered after deductible and coinsurance. Injury to teeth excluded.	Dental care for treatment of accidental injury to sound natural teeth \$1,000 per occurrence for a period of 12 months Covered under medical after deductible and coinsurance
Acupuncture	12 visits per calendar year Deductible and coinsurance apply	12 visits per calendar year Deductible and coinsurance apply
Ambulance Services	No benefit limit Covered after deductible at category 1 coinsurance level	No benefit limit Covered after deductible at set coinsurance level

HSA Healthplan 2.0SM Benefit Comparison to Current Asuris HSA Plan
Information as of January 2010

Plan Highlights	Asuris HSA Healthplan 2.0	Asuris HSA Healthplan
Chemical Dependency	Groups 2-50: \$15,000 every two calendar years for inpatient and outpatient services. Groups 51+: No benefit limit Covered after deductible and coinsurance.	Groups 2-50: \$15,000 every two calendar years for inpatient and outpatient services. Groups 51+: No benefit limit Covered after deductible and coinsurance.
Complementary Care	See separate Acupuncture and Spinal Manipulation benefits	See separate Acupuncture and Spinal Manipulation benefits
Diabetic Education	No benefit limit Deductible and coinsurance apply	No benefit limit Deductible and coinsurance apply
Durable Medical Equipment	\$7,500 per calendar year (no benefit limit for diabetic and life saving equipment) Deductible and coinsurance apply	No benefit limit Deductible and coinsurance apply
Emergency Room Services	Covered at Category 1 level after deductible	Covered after deductible at the Preferred plan level
Family Planning	Contraceptives and sterilization covered Deductible and coinsurance apply	Contraceptives and sterilization covered Deductible and coinsurance apply
Genetic Testing	\$5,000 per lifetime (no benefit limit for prenatal testing) Deductible and coinsurance apply	No benefit limit - covered only for prenatal testing Deductible and coinsurance apply
Home Health	130 visits per calendar year Deductible and coinsurance apply	130 visits per calendar year Deductible and coinsurance apply
Hospice	Respite care lifetime limit of 14 days inpatient / outpatient combined Deductible and coinsurance apply	6 month limit Additional 14 day inpatient limit Deductible and coinsurance apply
Hospital Services / Ambulatory Surgical Center	Deductible and coinsurance apply	Deductible and coinsurance apply

HSA Healthplan 2.0SM Benefit Comparison to Current Asuris HSA Plan
Information as of January 2010

Plan Highlights	Asuris HSA Healthplan 2.0	Asuris HSA Healthplan
Immunizations	(All plans except \$5,000 deductible) No benefit limits; no deductible; coinsurance applies (\$5,000 deductible plan) No benefit limits; deductible and coinsurance apply	Covered under Preventive Care No benefit limit No deductible; coinsurance applies
Maternity (Routine)	Routine maternity covered for subscriber and spouse Dependent daughters are not covered Deductible and coinsurance apply	Routine maternity covered for subscriber and spouse Dependent daughters are not covered Deductible and coinsurance apply
Mental Health	Groups 2-50: Inpatient: 8 days per calendar year maximum; Outpatient: 12 visits per calendar year maximum. Groups 51+: No benefit limit Covered after deductible and coinsurance.	Groups 2-50: Inpatient: 8 days per calendar year maximum; Outpatient: 12 visits per calendar year maximum. Groups 51+: No benefit limit Covered after deductible and coinsurance.
Neurodevelopmental Therapy	\$1,500 per calendar year for children age 6 and under Deductible and coinsurance apply	\$1,500 per calendar year for children age 6 and under Deductible and coinsurance apply
Nutritional Counseling	3 visits per lifetime for all conditions (no limit for diabetic) Deductible and coinsurance apply	No benefit limit Covered only for certain conditions such as diabetic Deductible and coinsurance apply
Orthotics	\$500 per calendar year (no limit for diabetic) Deductible and coinsurance apply	No benefit limit Deductible and coinsurance apply
Prostheses	\$20,000 per calendar year (no limit for external breast or surgically implanted prostheses) Deductible and coinsurance apply	No benefit limit Deductible and coinsurance apply

HSA Healthplan 2.0SM Benefit Comparison to Current Asuris HSA Plan
Information as of January 2010

Plan Highlights	Asuris HSA Healthplan 2.0	Asuris HSA Healthplan
Rehabilitation Services	Inpatient: \$25,000 per calendar year Outpatient: \$1,500 per calendar year Deductible and coinsurance apply	Inpatient: \$30,000 per condition Outpatient: \$1,500 per calendar year Deductible and coinsurance apply
Skilled Nursing Facility	60 days per calendar year Deductible and coinsurance apply	90 days per calendar year Deductible and coinsurance apply
Spinal Manipulations	10 spinal manipulations per calendar year Deductible and coinsurance apply Optional Benefit: No annual limit on spinal manipulations Deductible and coinsurance apply	10 spinal manipulations per calendar year Deductible and coinsurance apply Optional Benefit: No annual limit on spinal manipulations Deductible and coinsurance apply
Temporomandibular Joint Disorders (TMJ) Treatment	\$1,000 per calendar year Deductible and coinsurance apply	\$1,000 per calendar year; \$5,000 lifetime maximum. Deductible and coinsurance apply
Transplants	\$350,000 lifetime maximum benefit. \$50,000 donor maximum per transplant 6 month waiting period; credit time from prior coverage Deductible and coinsurance apply	\$350,000 lifetime maximum benefit. \$50,000 donor maximum per transplant 6 month waiting period; credit time from prior coverage Deductible and coinsurance apply
Prescription Medication Coverage	Retail or Mail Order: Up to 90 day supply for covered prescription medications (Up to 30 day supply for covered self-administrable injectable medications) Deductible and coinsurance apply	Retail or Mail Order: Up to 90 day supply for covered prescription medications. Deductible and coinsurance apply

HSA Healthplan 2.0SM Benefit Comparison to Current Asuris HSA Plan
Information as of January 2010

Plan Highlights	Asuris HSA Healthplan 2.0	Asuris HSA Healthplan
Vision Routine eye exam for adults/children and vision hardware	Optional: One routine eye exam per calendar year covered at 100% (deductible waived) Hardware covered at 100% to a maximum of \$150 every calendar year (deductible waived)	Optional Routine eye exam - One exam per calendar year at 100% - (deductible waived) Hardware covered at 80% to a maximum of \$200 every two calendar years - (deductible waived)
Administrative Rules		
Accumulator Rules - Credits from Prior Carriers	Deductible credited if notification received within 31 days of the effective date	Deductible credited
Change in Carrier on Hospitalization Date	Coverage begins on effective date and ends on termination date	Coverage begins on effective date and is allowed upon termination until discharge, exhaustion of benefits or other carrier covers.
Eligibility - Occupational Injury	Excluded except for subscribers who are legally exempt from state industrial insurance, workers' compensation, or similar coverage	\$250,000 lifetime maximum only for subscribers who are legally exempt from state industrial insurance, workers' compensation, or similar coverage
Eligibility - Dependent Children Age Limit	Age 25	Age 25
Eligibility - Legal Spouse / Domestic Partner	Legal spouse and domestic partners (same and opposite sex) eligible for coverage. (A signed company affidavit must be completed and on file for non-state registered domestic partners to be covered.)	Legal spouse and domestic partners (same and opposite sex) eligible for coverage. (A signed company affidavit must be completed and on file for non-state registered domestic partners to be covered.)

HSA Healthplan 2.0SM Benefit Comparison to Current Asuris HSA Plan
Information as of January 2010

Plan Highlights	Asuris HSA Healthplan 2.0	Asuris HSA Healthplan
Preexisting Condition Waiting Period	<p>Groups of 2-50</p> <p>9-month waiting period with 6-month lookback for preexisting conditions.</p> <p>Groups of 51+</p> <p>3-month waiting period with 3-month lookback for preexisting conditions.</p>	<p>Groups of 2-50</p> <p>9-month waiting period with 6-month lookback for preexisting conditions.</p> <p>Groups of 51+</p> <p>3-month waiting period with 3-month lookback for preexisting conditions.</p>
<p>Prior Service Rules</p> <p>Credits when members move from plan to plan within Regence:</p> <p>>Deductible</p> <p>>Waiting Periods</p> <p>>Benefit Limits</p> <p>>Coinsurance Maximum</p> <p>>Lifetime Maximum</p>	<p>All amounts move with member when they move between plans within the same employer within a single Regence carrier and within Facets system.</p> <p>Only preexisting condition waiting periods apply when a member moves from one employer plan to another or from individual to employer plan.</p>	<p>All amounts move with member when they move between plans and within the same employer within a single Regence carrier.</p> <p>Only preexisting condition waiting periods apply when a member moves from one employer plan to another or from individual to employer plan.</p>
Rate and Coverage Revision	30 days	30 days
Timely Filing of Claims	12 months	15 months