

Benefit Comparison
 EmbarkSM, VantageSM and MotivateSM to Current Asuris Product
 Information as of January 1, 2010



Plan Highlights	Embark Benefits	Vantage Benefits	Motivate Benefits	Asuris Northwest Health PPO Plan Benefits
Networks	Category 1 - Asuris Preferred Category 2 - Participating Category 3 - Non-contracted Four-state area: Category 1 - Preferred Category 2 - Participating Category 3 - Non-contracted	(Same as Embark)	Category 1 - Asuris Preferred Category 2 - Participating Category 3 - Non-participating. Members fund their account with healthy behavior. Asuris Motivate transforms consumers from passive recipients into active partners in health.	Asuris Preferred Participating Non-contracted
Lifetime Maximum Benefit All medical benefits apply to the lifetime maximum benefit	\$2,000,000 No annual reinstatement	(Same as Embark)	(Same as Embark)	\$2,000,000 \$20,000 annual reinstatement
Calendar Year Deductible	Choices: \$250, \$500, \$750, \$1,000, \$1,500, \$2,000, \$3,000, \$5,000, \$7,500 One deductible applies to all tier levels. Family deductible is three times the individual. Covered members who reach the equivalent of three individual amounts in a calendar year satisfy the family deductible for the year. No common accident provision.	Choices: \$0, \$250, \$500, \$1,000, \$2,000, \$3,000, \$5,000, \$7,500 One deductible applies to all tier levels. Family deductible is three times the individual. Covered members who reach the equivalent of three individual amounts in a calendar year satisfy the family deductible for the year. No common accident provision.	Activate choices: \$1,500, \$2,000, \$3,000 One deductible applies to all tier levels. Family deductible is three times the individual. Covered members who reach the equivalent of three individual amounts in a calendar year, satisfy the family deductible for the year. No common accident provision.	Choices: \$200, \$500, \$750, \$1,000. One deductible applies to all tier levels. Deductible waived for office visits and outpatient diagnostic X-ray and lab on 100/80/60 plans. Family deductible is three times the individual. Covered members who reach the equivalent of three individual amounts in a calendar year, satisfy the family deductible for the year. Two or more family members injured in a common accident need to satisfy one deductible amount only for members to receive benefits.

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Deductible Carryover	No fourth-quarter deductible carryover.	(Same as Embark)	(Same as Embark)	Fourth-quarter deductible carryover
Calendar Year Coinsurance Maximum	<p>Choices: \$2,000, \$3,000, \$4,000, \$6,000.</p> <p>One coinsurance maximum applies to all tier levels.</p> <p>Family is three times the individual.</p> <p>Does not include deductible and copays.</p>	(Same as Embark)	<p>\$3,000, \$4,000, \$6,000</p> <p>One coinsurance maximum applies to all tier levels.</p> <p>Family coinsurance maximum is three times the individual amount.</p> <p>Covered members who reach the equivalent of three individual amounts in a calendar year satisfy the family coinsurance maximum for the year.</p> <p>Does not include deductible.</p>	<p>Advance: \$2,500 or \$5,000. Preferred: \$1,000, \$2,500, \$5,000.</p> <p>One coinsurance maximum applies to the product</p> <p>Family is three times the individual.</p> <p>Does not include deductible and copays.</p>
Coinsurance Levels	<p>Choices: 90% / 70% / 70% 80% / 60% / 60% 70% / 50% / 50%</p> <p>Category 3: Subject to balance billing, with some exceptions (e.g., ambulance).</p> <p>Outside the Regence four-state area: non-contracted covered at Category 1 level; subject to deductible and balance billing.</p>	<p>Choices: 80% / 80% / 80% 70% / 70% / 70% 50% / 50% / 50%</p> <p>Category 3: Subject to balance billing, with some exceptions (e.g., ambulance).</p> <p>Outside the Regence four-state area: non-contracted covered at Category 1 level; subject to deductible and balance billing.</p>	<p>Activate: 80%/60%/60%</p> <p>Category 3: Subject to balance billing, with some exceptions (e.g., ambulance).</p>	<p>Advance: 80/50% or 70/50%</p> <p>Preferred: 100/80/60% or 80/50%</p>

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Up-Front Office Visits	<p>Choices: First 4, 6, or unlimited visits billed as office visits per calendar year (category 1 and 2 only) covered at 100%.</p> <p>Subject to copay, not subject to deductible Up-Front copay choices: Category 1: \$20 or \$30 Category 2: \$35 or \$45</p> <p>Includes preventive care visits.</p> <p>Category 3 not covered for Up-Front benefit</p>	<p>Up-Front benefits not available.</p> <p>Option: Preventive care rider: Paid at 80%; no benefit maximums; not subject to deductible; adult/child immunizations included</p>	<p>Up-Front benefits not available except through the Member Choice Account.</p>	<p>Advance: First 4 visits billed as office visits per calendar year covered at 100% for preferred providers or 50% for participating and nonparticipating providers. Subject to \$20, \$25, or \$30 copay, not subject to deductible.</p> <p>Preferred: 100/80/60 plans subject to copay (\$15, \$20, or \$25 copay options); deductible waived on all office visits. 80/80/50: Deductible applies.</p> <p>Preventive visits covered under separate preventive care option.</p>
Up-Front Outpatient Radiology and Laboratory	<p>First \$400 per calendar year covered at 100%. Not subject to the deductible.</p> <p>Preventive and medical radiology and laboratory included.</p>	<p>Up-Front benefits not available.</p> <p>Option: Preventive care rider: Paid at 80%; no benefit maximums; not subject to deductible; adult/child immunizations included</p>	<p>Up-Front benefits not available except through the Member Choice Account.</p>	<p>Advance: First \$500 per calendar year covered at 100% for preferred providers and 50% for participating and non-participating providers. Not subject to deductible.</p> <p>Preferred: Deductible waived on 100/80/60 plans.</p> <p>Preventive covered under separate preventive care option.</p>
Professional Services	<p>Office visits (after Up-Front limits are met) and other professional services such as surgeries covered after deductible and coinsurance.</p> <p>Office visit copays do not apply.</p>	<p>Covered after deductible and coinsurance.</p> <p>Office visit copays do not apply.</p>	<p>Professional services covered under medical plan benefits; deductible/coinsurance; no office visit copay.</p>	<p>Advance: Office visits (after Up-Front limits are met) and other professional services such as surgeries covered after deductible and coinsurance.</p> <p>Preferred: Deductible waived for office visits on 100/80/60 plans, otherwise deductible and coinsurance apply. Office visit copays apply on 100/80/60 plans.</p>

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Other Outpatient Radiology and Laboratory	Covered to Up-Front benefit limits then deductible and coinsurance apply.	Covered after deductible and coinsurance.	Covered after deductible and coinsurance.	Advance: Covered to Up-Front benefit limits then deductible and coinsurance apply. Preferred: Deductible waived on 100/80/60 plans, otherwise deductible and coinsurance apply. Preventive covered under separate preventive care option.
Acupuncture	12 visits per calendar year covered after deductible and coinsurance.	(Same as Embark)	(Same as Embark)	12 visits per calendar year covered after deductible and coinsurance.
Ambulance Services	Ground and air ambulance covered to nearest facility with no dollar maximum. Services are covered at the Category 1 level of the plan, after deductible.	(Same as Embark)	(Same as Embark)	Ground and air ambulance covered to nearest facility with no dollar maximum. Services are covered at a set coinsurance level, after deductible.
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.	(Same as Embark)	(Same as Embark)	Groups 2-50: \$15,000 every two calendar years for inpatient and outpatient services. Groups 51+: No benefit limit Covered after deductible and coinsurance.
Diabetic Education	Covered after deductible and coinsurance.	(Same as Embark)	(Same as Embark)	Covered after deductible and coinsurance.
Durable Medical Equipment	\$7,500 per calendar year maximum benefit. Covered after deductible and coinsurance. Insulin pumps and supplies, and lifesaving equipment, such as oxygen and ventilators, will not accrue to the above benefit limit.	(Same as Embark)	(Same as Embark)	No benefit maximum Covered after deductible and coinsurance.

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Emergency Room Services	<p>\$100 copay per emergency room visit (waived if directly admitted)</p> <p>Emergency room visits and related services are covered at the Category 1 level of the plan, after deductible.</p>	(Same as Embark)	(Same as Embark)	<p>\$75 copay per emergency room visit (waived if directly admitted)</p> <p>Inside the service area: Emergency room visits and related services paid at the Preferred level.</p> <p>Outside the service area: Emergency room visits and related services paid at the out-of-area benefit level.</p>
Family Planning	<p>Oral contraceptives and devices covered under Prescription Medications benefit.</p> <p>Contraceptive devices, tubal procedures, vasectomy and implants covered under medical benefits after deductible and coinsurance.</p> <p>Infertility treatment excluded.</p>	(Same as Embark)	(Same as Embark)	<p>Oral contraceptives covered under Prescription Medication riders</p> <p>Contraceptive devices, tubal procedures, vasectomy and implants covered under medical benefits after deductible and coinsurance.</p> <p>Infertility treatment excluded.</p>
Genetic Testing	<p>\$5,000 per lifetime maximum benefit (prenatal testing not subject to limit).</p> <p>Covered to Up-Front benefit maximum then deductible and coinsurance apply.</p>	<p>\$5,000 per lifetime maximum (prenatal testing not subject to limit).</p> <p>Deductible and coinsurance apply.</p>	<p>\$5,000 per lifetime maximum (prenatal testing not subject to limit).</p> <p>Deductible and coinsurance apply.</p>	<p>Excluded except prenatal testing is provided for diagnosis of congenital disorders of the fetus (no dollar limit).</p>
Home Health	<p>130 visits per calendar year.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>130 visits per calendar year.</p> <p>Covered after deductible and coinsurance.</p>
Hospice	<p>No inpatient or outpatient limit.</p> <p>Members must have been certified by their providers to be eligible for services.</p>	(Same as Embark)	(Same as Embark)	<p>Inpatient: 14 days, 6 months overall.</p> <p>Members must have been certified by their providers to be eligible for services.</p>

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Respite Care Continuous patient care with the intent of providing temporary relief for family members or friends from their duties of caring for the patient	14 days per lifetime for inpatient and outpatient. Covered after deductible and coinsurance.	(Same as Embark)	(Same as Embark)	120 hours per 3-month period. Covered after deductible and coinsurance.
Hospital Services / Ambulatory Surgical Center	Covered after deductible and coinsurance.	(Same as Embark)	(Same as Embark)	Covered after deductible and coinsurance.
Immunizations	Childhood immunizations covered at 100% to age 18 not subject to deductible. Adult immunizations covered under medical benefits; deductible and coinsurance apply. Travel immunizations excluded.	(Same as Embark) Option: Preventive care rider: Paid at 80%; no benefit maximums; not subject to deductible; adult/child immunizations included	(Same as Embark)	Childhood and adult preventive immunizations covered under preventive care options. Travel immunizations excluded.
Maternity	Routine maternity covered for subscriber and spouse only. Complications covered for subscriber, spouse, and dependent daughters. Covered after deductible and coinsurance.	(Same as Embark)	(Same as Embark)	Routine maternity covered for subscriber and spouse only. Complications covered for subscriber, spouse, and dependent daughters. Covered after deductible and coinsurance.
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.	(Same as Embark)	(Same as Embark)	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.

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Neurodevelopmental Therapy	<p>\$1,500 per calendar year maximum benefit for children age 6 and under only, inpatient and outpatient combined.</p> <p>Includes physical, speech, and occupational therapies with a neurodevelopmental diagnosis.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>\$1,500 per calendar year maximum benefit for children age 6 and under only, inpatient and outpatient combined.</p> <p>Includes physical, speech, and occupational therapies with a neurodevelopmental diagnosis.</p> <p>Covered after deductible and coinsurance.</p>
Nutritional Counseling	<p>Three visits per lifetime for all types of conditions.</p> <p>(Diabetic counseling will not accrue to benefit limit)</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>No benefit maximum; covered for diabetic and medical nutrition therapy only.</p> <p>Covered after deductible and coinsurance.</p>
Orthotics	<p>\$500 per calendar year maximum benefit</p> <p>(Diabetic orthotics will not accrue to benefit limit.)</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>No calendar year maximum.</p> <p>Covered after deductible and coinsurance.</p>
Prostheses	<p>\$20,000 per calendar year maximum benefit for external prostheses.</p> <p>(External breast prostheses and surgically implanted prostheses will not accrue to benefit limit.)</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>No calendar year maximum.</p> <p>Covered after deductible and coinsurance.</p>

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Rehabilitation Services	<p>Inpatient: \$25,000 calendar year maximum benefit.</p> <p>Outpatient: \$1,500 calendar year maximum benefit.</p> <p>Covered after deductible and coinsurance.</p> <p>Includes physical, speech, and occupational therapies. Cardiac and pulmonary rehabilitation benefits are covered under regular medical plan benefits.</p>	(Same as Embark)		<p>Inpatient: \$30,000 maximum per condition.</p> <p>Outpatient: \$1,500 calendar year maximum.</p> <p>Covered after deductible and coinsurance.</p> <p>Includes physical, speech, and occupational therapies. Cardiac and pulmonary rehabilitation benefits are covered under regular medical plan benefits.</p>
Repair of Teeth	Not covered under medical plan benefits.	(Same as Embark)	(Same as Embark)	\$1,000 per occurrence; services must begin within 30 days of injury; treatment covered up to 12 months from injury date.
Skilled Nursing Facility	<p>60 days per calendar year maximum.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>90 days calendar year maximum.</p> <p>Covered after deductible and coinsurance.</p>
Smoking Cessation	Not covered under medical plan benefits.	(Same as Embark)	(Same as Embark)	Covered at set coinsurance levels to \$500 lifetime maximum.
Spinal Manipulations	<p>10 spinal manipulations per calendar year maximum.</p> <p>Optional benefit available with no annual limit on spinal manipulations.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>10 spinal manipulations per calendar year maximum.</p> <p>Optional benefit available with no annual limit on spinal manipulations.</p> <p>Covered after deductible and coinsurance.</p>
Temporomandibular Joint Disorders (TMJ) Treatment	<p>\$1,000 per calendar year maximum.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>\$1,000 calendar year; \$5,000 lifetime maximum.</p> <p>Covered after deductible and coinsurance.</p>

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Transplants	<p>\$350,000 lifetime maximum.</p> <p>\$50,000 maximum donor per transplant (accrues to the overall \$350,000 transplant limit).</p> <p>Transplant services and supplies received within 90 days of surgery accumulate toward the lifetime maximum, except anti-rejection prescription medications.</p> <p>Six-month waiting period; credit time from prior coverage.</p> <p>No travel benefit.</p> <p>Covered after deductible and coinsurance.</p>	(Same as Embark)	(Same as Embark)	<p>\$350,000 lifetime maximum.</p> <p>\$50,000 maximum donor per transplant (accrues to the overall \$350,000 transplant limit).</p> <p>All transplant services and supplies accrue to lifetime maximum.</p> <p>Six-month waiting period.</p> <p>\$2,500 per transplant travel benefit.</p> <p>Covered after deductible and coinsurance.</p>
<p>Vision</p> <p>Routine eye exam for adults/children and vision hardware.</p>	<p>Optional Benefit:</p> <p>Option #1: One routine eye exam per calendar year at 100%, not subject to deductible. Vision hardware covered at 100% to \$150 per calendar year maximum benefit, not subject to deductible.</p>	(Same as Embark)	(Same as Embark)	<p>Two Optional Benefits:</p> <p>Option #1: One routine eye exam per calendar year at 100%, not subject to deductible. Lenses and frames covered at 80% to \$200 every two years, not subject to coinsurance maximum or deductible.</p> <p>Option #2: One routine eye exam per calendar year at 100%. Schedule hardware included, not subject to deductible.</p>
Administrative Rules				
Accumulator Rules - Credits from Prior Carriers	A one-time manual deductible credit will be given to members of new groups upon sales notification within 31 days of the effective date of the	(Same as Embark)	(Same as Embark)	A deductible credit given to members of new groups.

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Change in Carrier on Hospitalization Date	<p>We will accept new members who are currently hospitalized on the date coverage begins.</p> <p>Coverage is terminated on the date coverage ends, even if the member is hospitalized.</p>	(Same as Embark)	(Same as Embark)	<p>Coverage begins on effective date and is allowed upon termination until discharged, exhaustion of benefits, or other carrier covers.</p>
Eligibility - Occupational Injury	<p>No maximum benefit. Benefits are covered under regular medical plan for subscribers only who are owners, partners, or corporate officers, and are exempt from Labor and Industries coverage; otherwise excluded.</p>	(Same as Embark)	(Same as Embark)	<p>\$250,000 lifetime maximum for subscriber only who is exempt from L&I coverage.</p>
Eligibility - Dependent Children Age Limit	Age 25	(Same as Embark)	(Same as Embark)	Age 25
Eligibility - Legal Spouse / Domestic Partner	<p>Legal spouse and domestic partners (same and opposite sex) eligible for coverage.</p> <p>(A signed company affidavit must be completed and on file for non-state registered domestic partners to be covered.)</p>	(Same as Embark)	(Same as Embark)	<p>Legal spouse and domestic partners (same and opposite sex) eligible for coverage.</p> <p>(A signed company affidavit must be completed and on file for non-state registered domestic partners to be covered.)</p>
Timely Filing of Claims	<p>One year from the date of service for initial claims submission, unless proven that the claim could not be submitted within the 12-month period</p>	(Same as Embark)	(Same as Embark)	15 months