



Business Health Trust
October 2010 to September 2011 Medical Comparison



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

Plan Options	Progressive 0 PPO 90/50/\$25		Progressive 200 PPO 90/50/\$25		Progressive 500 PPO 80/50/\$25		Progressive 650 PPO 80/50/\$25		HSA Healthplan 1,500 PPO 80/60		HSA Healthplan 2,500 PPO 80/60	
Annual Deductible (Individual/Family)	\$0 / \$0		\$200 / \$400		\$500 / \$1,000		\$650 / \$1,300		\$1,500 / \$3,000		\$2,500 / \$5,000	
Out-of-Pocket Maximum (Individual/Family)	\$2,500 / \$5,000		\$2,500 / \$5,000		\$2,500 / \$5,000		\$2,500 / \$5,000		\$5,000 / \$10,000		\$3,500 / \$7,000	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	90% 50%	90% 50%	90% 50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 60%	80% 60%	80% 60%	80% 60%
ER Copay (Waived if admitted)	\$200		\$200		\$200		\$200		-		-	
Physician Office Visit (For Progressive Plans: \$25 Copay for Categories 1 & 2)	100% Category 2: 100% Category 3: Deductible then 50%	100% Category 2: 100% Category 3: Deductible then 50%	100% Category 2: 100% Category 3: Deductible then 50%	100% Category 2: 100% Category 3: Deductible then 50%	100% Category 2: 100% Category 3: Deductible then 50%	100% Category 2: 100% Category 3: Deductible then 50%	100% Category 2: 100% Category 3: Deductible then 50%	100% Category 2: 100% Category 3: Deductible then 50%	80% 60%	80% 60%	80% 60%	80% 60%
Preventive Care (Deductible Waived)	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%
Diagnostic Lab & X-ray	90% 50%	90% 50%	90% 50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 60%	80% 60%	80% 60%	80% 60%
Chiropractic	90% 50% Up to 12 manipulations PCY	90% 50% Up to 12 manipulations PCY	90% 50% Up to 12 manipulations PCY Deductible Waived	90% 50% Up to 12 manipulations PCY Deductible Waived	80% 50% Up to 12 manipulations PCY Deductible Waived	80% 50% Up to 12 manipulations PCY Deductible Waived	80% 50% Up to 12 manipulations PCY Deductible Waived	80% 50% Up to 12 manipulations PCY Deductible Waived	80% 60% Up to 10 manipulations PCY Deductible Applies	80% 60% Up to 10 manipulations PCY Deductible Applies	80% 60% Up to 10 manipulations PCY Deductible Applies	80% 60% Up to 10 manipulations PCY Deductible Applies
Acupuncture	90% 50% Up to 12 visits PCY	90% 50% Up to 12 visits PCY	90% 50% Up to 12 visits PCY	90% 50% Up to 12 visits PCY	80% 50% Up to 12 visits PCY	80% 50% Up to 12 visits PCY	80% 50% Up to 12 visits PCY	80% 50% Up to 12 visits PCY	80% 60% Up to 12 visits PCY	80% 60% Up to 12 visits PCY	80% 60% Up to 12 visits PCY	80% 60% Up to 12 visits PCY
Rehabilitation	90% 50%	90% 50%	90% 50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 60%	80% 60%	80% 60%	80% 60%
Chemical Dependency	90% 50%	90% 50%	90% 50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 60%	80% 60%	80% 60%	80% 60%
Mental & Nervous	90% 50%	90% 50%	90% 50%	90% 50%	80% 50%	80% 50%	80% 50%	80% 50%	80% 60%	80% 60%	80% 60%	80% 60%
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Prescription Drug Plans	Must elect one prescription drug plan with medical plan, except H.S.A. plan											
Retail (34 day)	\$10/\$20/\$40		\$10/\$25/\$50		\$10/\$35/\$70		\$10/\$35/\$70 w/ \$150 Brand Ded		80%		80%	
Mail (90 day)	\$20/\$40/\$80		\$30/\$75/\$150		\$30/\$105/\$210		\$30/\$105/\$210 w/ \$150 Brand Ded		Deductible Applies		Deductible Applies	
MAC Policy	Voluntary		Mandatory		Mandatory		Mandatory		Mandatory		Voluntary	



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Plan Options	Infinity 200 PPO 80/50/\$25		Infinity 300 PPO 80/50/\$25		Infinity 500 PPO 80/50/\$25		Infinity 1,000 PPO 80/50/\$25		Infinity 2,000 PPO 80/50/\$25		Infinity 3,000 PPO 80/50/\$25	
Annual Deductible (Individual/Family)	\$200 / \$600		\$300 / \$900		\$500 / \$1,500		\$1,000 / \$3,000		\$2,000 / \$6,000		\$3,000 / \$9,000	
Out-of-Pocket Maximum (Individual/Family)	\$2,500 / \$7,500		\$2,500 / \$7,500		\$3,000 / \$9,000		\$3,000 / \$9,000		\$5,000 / \$15,000		\$5,000 / \$15,000	
Plan Benefits	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3	Category 1	Category 2 & 3
Coinsurance Level	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
ER Copay (Waived if admitted)	\$200		\$200		\$200		\$200		\$200		\$200	
Physician Office Visit (For Infinity Plans: \$25 Copay for Categories 1 & 2)	100%	Category 2: 100% Category 3: Deductible then 50%	100%	Category 2: 100% Category 3: Deductible then 50%	100%	Category 2: 100% Category 3: Deductible then 50%	100%	Category 2: 100% Category 3: Deductible then 50%	100%	Category 2: 100% Category 3: Deductible then 50%	100%	Category 2: 100% Category 3: Deductible then 50%
Preventive Care (Deductible Waived)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostic Lab & X-ray												
First \$500 - Deductible Waived and paid at 100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
After \$500 - Deductible Applies and paid at 80% - 50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Chiropractic	80%	50% Up to 12 manipulations PCY Deductible Waived	80%	50% Up to 12 manipulations PCY Deductible Waived	80%	50% Up to 12 manipulations PCY Deductible Waived	80%	50% Up to 12 manipulations PCY Deductible Waived	80%	50% Up to 12 manipulations PCY Deductible Waived	80%	50% Up to 12 manipulations PCY Deductible Waived
Acupuncture	80%	50% Up to 12 visits PCY	80%	50% Up to 12 visits PCY	80%	50% Up to 12 visits PCY	80%	50% Up to 12 visits PCY	80%	50% Up to 12 visits PCY	80%	50% Up to 12 visits PCY
Rehabilitation												
Inpatient - \$25,000 PCY	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Outpatient - \$1,500 PCY	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Chemical Dependency	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Mental & Nervous	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%	80%	50%
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Prescription Drug Plans	Must elect one prescription drug plan with medical plan, except H.S.A. plan											
Retail (34 day)	\$10/\$20/\$40		\$10/\$25/\$50		\$10/\$35/\$70		\$10/\$35/\$70 w/ \$150 Brand Ded		80%		HSA Prescription Drug Plan	
Mail (90 day)	\$20/\$40/\$80		\$30/\$75/\$150		\$30/\$105/\$210		\$30/\$105/\$210 w/ \$150 Brand Ded		Deductible Applies			
MAC Policy	Voluntary		Mandatory		Mandatory		Mandatory		Voluntary			