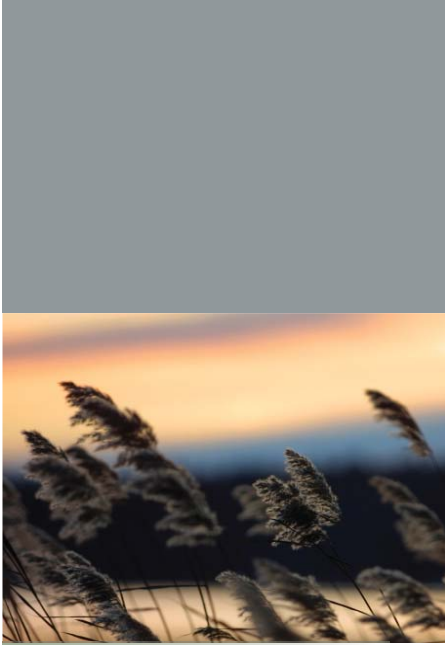


VIGILANTSM

● benefits for employers



VIGILANT GROUP BENEFITS

BENEFIT PLANS AT A GLANCE

This summary provides a brief overview of the Vigilant Group Benefits plans beginning January 1, 2011.

PROGRAM MANAGER:

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We're in this together.

www.vigilantbenefits.org

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Vigilant Group Benefit Plans Regence BlueCross BlueShield	PPO PLAN A		PPO PLAN B	
	CATEGORY 1	CATEGORY 2	CATEGORY 1	CATEGORY 2
MEDICAL PLANS				
Annual Maximum Benefit	\$2,000,000		\$2,000,000	
Individual Deductible Options Deductible applies unless otherwise stated	\$250, \$500, \$750, \$1000, \$1500, \$2500, \$3500, \$5000 (3x Family)		\$250, \$500, \$750, \$1000, \$1500, \$2500, \$3500, \$5000 (3x Family)	
Coinsurance Maximum	\$2000 Individual (3x Family)		\$3000 Individual (3x Family)	
Preventive Care Services				
Adult/Child Immunizations	Deductible Waived (You pay 0%)			
Annual Women's exam				
Adult/Child Routine Physical Exams				
Routine Diagnostic Lab & X-Ray				
Physician Services				
Primary Care/Specialist Office Visit	Deductible Waived \$25 copay			
Covered Services				
Emergency Room	\$100 copay, 20% - copay waived if admitted		\$100 copay, 30% - copay waived if admitted	
Urgent Care	Deductible Waived \$25 copay			
Ambulance Services	20%		30%	
Complementary Care (24 visits/calendar year)	Deductible Waived (20%)			
Outpatient Diagnostic Lab & X-Ray	First \$750 deductible waived			
	20%	40%	30%	50%
Mental Health/Chemical Dependency (Outpatient)	Deductible Waived (20%)	Deductible Waived (40%)	Deductible Waived (30%)	Deductible Waived (50%)
Hospital - Inpatient/Outpatient	20%	40%	30%	50%
Inpatient Rehabilitation (30 days/calendar year)				
Outpatient Rehabilitation (25 visits/calendar year)				
Skilled Nursing Care (60 Day Limit)				
Home Health (130 Visit Limit)				
Hearing Aids-Children (one time/4 yrs)				
DME				
Transplant				
Category 3 Non-Regence Contracted Providers				
Preventive Care Services	Deductible Waived (You pay 0%)			
Doctor visits, hospital	40%		50%	
Pharmacy Coverage				
	Generic	Brand Name	Non-brand	
Retail (30-Day Supply)	\$15	\$35	\$75	
Generic evidence-based drugs	\$0 copay for Asthma, diabetes, high blood pressure, high cholesterol, tobacco cessation			
Mail Order (90-Day Supply)	\$30	\$70	\$150	
Out of Pocket Prescription Drug Maximum	N/A		N/A	
OPTIONAL BENEFITS				
Full Vision (Deductible Waived)	1 Routine Exam + \$200 Hardware Benefit/yr		1 Routine Exam + \$200 Hardware Benefit/yr	
Dental/Vision Essentials (Deductible Waived)	\$300 dental benefit/\$100 vision benefit		\$300 dental benefit/\$100 vision benefit	
For those without prior creditable coverage over the age of 19, a six-month waiting period for pre-existing conditions applies to all medical plans.				

PPO PLAN C			PPO PLAN D: HSA Eligible Plan	
CATEGORY 1	CATEGORY 2		CATEGORY 1	CATEGORY 2
\$2,000,000			\$2,000,000	
\$250, \$500, \$750, \$1000, \$1500, \$2500, \$3500, \$5000 (3x Family)			\$1500, \$2500, \$3500 (2x Family)	
\$3000 Individual (3x Family)			\$5000 Individual (2x Family)	
Deductible Waived (You pay 0%)				
30%	50%		20%	40%
\$100 copay, 30% - copay waived if admitted			20%	20%
30%	50%		20%	40%
	30%		20%	
Deductible Waived (20%)			Not covered	
30%	50%		20%	40%
Deductible Waived (30%)	Deductible Waived (50%)		20%	40%
30%	50%		20%	40%
Deductible Waived (You pay 0%)			Deductible Waived (You pay 0%)	
50%			40%	
Generic	Brand Name	Non-brand		
\$15	\$50	\$150	20%	
\$0 copay for Asthma, diabetes, high blood pressure, high cholesterol, tobacco cessation			Deductible waived for certain drugs for asthma, diabetes, high blood pressure, high cholesterol, tobacco cessation	
\$30	\$100	\$300	20%	
N/A			Calculated with your out of pocket maximum	
1 Routine Exam + \$200 Hardware Benefit/yr			1 Routine Exam + \$200 Hardware Benefit/yr	
\$300 dental benefit/\$100 vision benefit			\$300 dental benefit/\$100 vision benefit	
For those without prior creditable coverage over the age of 19, a six-month waiting period for pre-existing conditions applies to all medical plans.				



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

REGENCE PROVIDER CHOICES

Regence health plans give members control over what they pay based on the provider they choose to visit. With any of the plans in this brochure, all health care providers fall into one of three categories which corresponds to the level of reimbursement they have contracted to accept from Regence:

CATEGORY 1—PREFERRED PROVIDERS

This group provides health care services at the most competitive reimbursement level. This translates into lower health care costs for your employees. The majority of doctors and specialists fall under this category.

CATEGORY 2—PARTICIPATING PROVIDERS

Participating providers offer health care services at a slightly higher reimbursement level than non-contracted providers (Category 3). This reimbursement level results in slightly higher out-of-pocket costs for your employees than under the Preferred Providers (Category 1).

CATEGORY 3—NON-REGENCE CONTRACTED PROVIDERS

The remaining providers have not agreed to Regence's negotiated rates. Regence will reimburse these providers up to a pre-determined amount; your employees may be responsible for any provider expenses beyond this level.

REGENCE HELP FOR FOCUSING EMPLOYEES ON WELLNESS

With one of Regence's health-focused plans you can encourage your employees to reach for a healthy lifestyle. All of these plans come with comprehensive wellness resources, most at no additional cost. These programs are not insurance, but they are offered in addition to your medical plan to help your employees get the healthy lifestyle information and support when they need it.

REGENCE PREMIER WEBSITE: MYREGENCE.COM

An award-winning online resource designed to help employees become well-informed health care consumers. It's a complete source of information where your employees and their covered dependents can:

- Take a general health assessment and join wellness programs
- Review their claims and read the latest health news
- Explore treatment cost and care options
- Compare hospital cost and quality
- Research medications and cost saving generics
- Find a doctor or specialist and read member reviews

REGENCE ADDED VALUE PROGRAMS INCLUDED IN YOUR VIGILANT HEALTH PLAN

Health Coach™: One-on-one support to help employees/dependents set and reach personal wellness goals.

CareEnhance® Nurse Line: Registered nurses are on call 24/7 to answer health care concerns.

Special Beginnings®: Maternity program supports expectant mothers throughout their pregnancies.

Regence Advantages: Members-only discount program offers your employees/dependents savings from a number of nationally recognized, health-related companies.

Save with our extensive provider and pharmacy networks. Regence membership also means you and your employees have access to Blue Plan providers across the country and around the world through the BlueCard® program. And it means integrated pharmacy benefit management through the award-winning RegenceRx® program—an industry leader that consistently outperforms other national Pharmacy Benefit Management (PBM) programs in service, network pricing, and clinical management.

Visit our Vigilant website for more information: www.vigilantbenefits.org

This summary presents general information. It does not include all plan provisions, limitations and exclusions.

Vigilant Group Benefit Dental Plans (ODS/Delta Dental)	DENTAL PLAN 1000	DENTAL PLAN 2000	PREVENTIVE ONLY DENTAL PLAN
ANNUAL DEDUCTIBLE AND PLAN LIMITS			
Calendar year deductible			
- Individual	\$50	\$50	\$0
- Family	\$150	\$150	\$0
- Annual benefit maximum per individual	\$1,000	\$2,000	\$1,000
DENTAL SERVICES			
Preventive* and diagnostic (deductible waived)			
- Cleanings	You pay 20%	You pay 0%	You pay 0%
- Routine exams			
- X-rays			
Basic Services			
- Amalgam fillings	Deductible applies, you pay 20%	Deductible applies, you pay 20%	Not covered. (Could be combined with an HRA plan.)
- Endodontics			
- Oral surgery			
- Periodontics			
- Prosthodontics			
Major Services			
- Crowns	Deductible applies, you pay 50%	Deductible applies, you pay 50%	Not covered. (Could be combined with an HRA plan.)
- Fixed bridges			
- Gold fillings			
- Inlays			
- Dentures			
- Implants			
OPTIONAL COVERAGE			
Orthodontic coverage	No deductible. Plan pays 50% up to \$1,000 lifetime maximum per person.		
- Orthodontic services for adults and children			
ADDITIONAL BENEFITS INCLUDED IN ALL PLANS			
Oral Health, Total Health	Two additional cleanings per calendar year for members with diabetes and one additional cleaning for pregnant women in their third trimester.		
ViziLite	An oral cancer screening mouth wash covered under Preventive Services for members who are at risk of oral cancer.		
Brush Biopsy	An oral cancer screening tool covered under Basic Services for members who are at risk of oral cancer.		
*Preventive charges do not count toward the annual maximum.			

VIGILANT DENTAL PLANS (OREGON DENTAL SERVICE/DELTA DENTAL)

Vigilant partners with ODS to design plans with you in mind. Our dental plans provide flexibility, cost savings and extra benefit enhancements.

THE ADVANTAGES OF OUR PLANS ARE:

- Freedom to choose your dentist
Wherever you go, ODS goes with you. ODS/Delta Dental has the nation's largest dental network. The Premier network includes more than nine out of 10 practicing dentists in Oregon and Washington and three out of every four dentists nationwide.
- Cost controls for dentist services and fees
ODS/Delta Dental requires their dentists to charge fees that fall below the negotiated fee ceiling, which provides total cost control to our members.

PREMIER PLAN HIGHLIGHTS

Preventive Services

- No waiting periods
- Cleanings, routine exam and bitewing X-rays once every six months
- Sealants, space maintainers, and fluoride treatments

The Dental 1000 and Dental 2000 plans include coverage for:

Basic Services

- Restorative dentistry – treatment of tooth decay with amalgam fillings on back teeth and composite fillings on front teeth
- Oral Surgery – surgical extractions and certain minor surgical procedures
- Endodontics – pulp therapy and root canal filling
- Periodontics – treatment of tissues supporting the teeth

Major Services

- Crowns, cast restorations, denture and bridge work
- Construction or repair of fixed bridges, partials and complete dentures
- Implants

BENEFIT ENHANCEMENTS

Oral Health, Total Health

This program offers additional preventive benefits to diabetics and pregnant women in their third trimester in the form of additional preventive routine exams and cleanings.

ViziLite – Brush Biopsy

ODS plans include two additional evidence-based benefits in the form of nonsurgical methods of detecting abnormal cells in the mouth.

This summary presents general information. It does not include all plan provisions, limitations and exclusions.