

VIGILANT GROUP BENEFITS PROGRAM

BENEFIT PLANS AT A GLANCE

This summary provides a brief overview of the Vigilant Group Benefits Trust plans beginning January 1, 2013.



PROGRAM MANAGER:

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Vigilant Group Benefit Program – 2013 Plan Highlights Regence BlueCross BlueShield of Oregon		PLAN A 80%/60%		PLAN B 70%/50%	
MEDICAL PLANS					
Deductible Options		\$500, \$1000, \$1500, \$2000, \$2500		\$500, \$1000, \$1500	\$2000, \$2500, \$3500, \$5000
Coinsurance Maximum		\$2000 per mbr		\$3000 per mbr	\$4000 per mbr
Deductible and Coinsurance Cap – Family amount is:		3x mbr amount		3x mbr amount	2x mbr amount
Preventive Care Services		MEMBER PAYS			
Adult/Child Immunizations		Deductible waived; member pays 0%. Applies to Provider Category 1, 2 and 3			
Annual Women’s exam					
Adult/Child Routine Physical Exams					
Routine Diagnostic Lab & X-Ray					
PROVIDER CHOICES		Category 1	Category 2	Category 1	Category 2
Professional Services		MEMBER PAYS			
Primary Care/Specialist Office visit		Deductible waived \$25 copay			
Hospital/Facility Services					
Hospital – Inpatient/Outpatient		20%	40%	30%	50%
Emergency Room – copays waived if admitted		\$100 copay; deductible and coinsurance applies (Coinsurance – Plan A 20%, Plan B 30%,)			
Ambulance Services		20%		30%	
Inpatient Rehabilitation (30 days per calendar year)		20%	40%	30%	50%
Skilled Nursing Care (60 Day Limit)					
Other Covered Services					
Outpatient Diagnostic Lab & X-Ray		First \$500 paid at 100%, deductible waived; then deductible and coinsurance applies (this also applies to Category 3 providers)			
		20%	40%	30%	50%
Mental Health/Chemical Dependency-Outpatient		Deductible waived; coinsurance applies			
		20%	40%	30%	50%
Complementary Care (24 Visits per Calendar year)		Deductible waived; member pays 20%			
Outpatient Rehabilitation (25 days per calendar year)		20%	40%	30%	50%
Home Health (130 Visit Limit)					
Hearing Aids – Children under age 18					
Durable Medical Equipment					
Transplant (24 month waiting period)					
CATEGORY 3, Non-Regence Contracted Providers					
Professional and facility services		40%		50%	
Pharmacy Coverage		Generic	Brand Name		Non-brand
Retail (30-Day Supply)-Mandatory generics*		\$15	\$35		\$75
Generic evidence-based drugs		\$0 copay for asthma, diabetes, high blood pressure, high cholesterol, tobacco cessation			
Mail Order (90-Day Supply)-Mandatory generics*		\$30		\$70	
• For enrollees over the age of 19 without prior creditable coverage, a six-month waiting period for pre-existing conditions applies to all medical plans. This may be reduced by submitting creditable coverage, as long as there was not a lapse of 63 days or more. • Deductible applies to all covered services unless otherwise noted.					
OPTIONAL BENEFITS					
Vision		1 Routine Exam plus \$200 Hardware Benefit per calendar year; deductible waived.			

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

Vigilant Group Benefit Program – 2013 Plan Highlights		PLAN D	
Regence BlueCross BlueShield of Oregon		HSA Eligible Plan	
MEDICAL PLANS			
Deductible Options	\$1500, \$2500, \$3500		
Coinsurance Maximum	\$5000 per mbr		
Deductible and Coinsurance Cap – Family amount is:	2x mbr amount		
Preventive Care Services		Member Pays	
Adult/Child Immunizations	Deductible waived; member pays 0%. Applies to Provider Category 1, 2 and 3		
Annual Women’s exam			
Adult/Child Routine Physical Exams			
Routine Diagnostic Lab & X-Ray			
PROVIDER CHOICES		Category 1	Category 2
Professional Services		Member Pays	
Primary Care/Specialist Office visit	20%	40%	
Hospital/Facility Services			
Hospital – Inpatient/Outpatient	20%	40%	
Emergency Room – copays waived if admitted	20%		
Ambulance Services	20%		
Inpatient Rehabilitation (30 days per calendar year)	20%	40%	
Skilled Nursing Care (60 Day Limit)			
Other Covered Services			
Outpatient Diagnostic Lab & X-Ray	20%	40%	
Mental Health/Chemical Dependency-Outpatient			
Complementary Care (24 Visits per Calendar year)	Not Covered		
Outpatient Rehabilitation (25 days per calendar year)	20%		
Home Health (130 Visit Limit)			
Hearing Aids – Children under age 18			
Durable Medical Equipment			
Transplant (24 month waiting period)			
CATEGORY 3, Non-Regence Contracted Providers			
Professional and facility services	40%		
Pharmacy Coverage			
Retail (30-Day Supply)-Mandatory generics*	20%; *mandatory generics does <i>not</i> apply		
Generic evidence-based drugs	Deductible waived for certain drugs		
Mail Order (90-Day Supply)-Mandatory generics*	20%; *mandatory generics does <i>not</i> apply		
<ul style="list-style-type: none">• For enrollees over the age of 19 without prior creditable coverage, a six-month waiting period for pre-existing conditions applies to all medical plans. This may be reduced by submitting creditable coverage, as long as there was not a lapse of 63 days or more.• Deductible applies to all covered services unless otherwise noted.			

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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 correspond 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 with 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 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 claims and read the latest health news, explore treatment cost and care options
- Find a doctor or specialist and read member reviews, compare hospital cost and quality
- Research medications and cost saving generics

*With one of Regence's free 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 combination with your medical plan to help your employees get the healthy lifestyle information and support when they need it.

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

Save with the Regence 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.

PRESCRIPTION DRUGS - MANDATORY GENERICS, Medical Plans A and B

The prescription drug plans include mandatory generics. When a provider prescribes or a member elects to purchase a brand name drug when a generic equivalent is available, the member will be responsible for paying the difference in cost between the brand name drug and the generic drug in addition to the copay amount, not to exceed the full retail cost. (This feature does not apply to Plan D, HSA eligible plan.)

Vigilant Group Benefit Program 2013 Dental Plans (ODS/Delta Dental)	DENTAL PLAN 1000	DENTAL PLAN 1500	DENTAL PLAN 2000
ANNUAL DEDUCTIBLE AND PLAN LIMITS			
Calendar year deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Annual benefit maximum per individual	\$1,000	\$1,500	\$2,000
DENTAL SERVICES			
*Preventive and diagnostic - deductible waived	You pay 20%	You pay 0%	You pay 0%
- Cleanings			
- Routine exams			
- X-rays			
Basic Services	Deductible applies, you pay 20%	Deductible applies, you pay 20%	Deductible applies, you pay 20%
- Amalgam fillings			
- Endodontics			
- Oral surgery			
- Periodontics			
Major Services	Deductible applies, you pay 50%	Deductible applies, you pay 50%	Deductible applies, you pay 50%
- Crowns			
- Fixed bridges			
- Cast restorations			
- Dentures			
- Implants			
*Preventive charges do not count toward the annual maximum.			
Note: All late enrollees will be subject to a 12-month waiting period for Class II, Class III and Orthodontic benefits. The 12-month waiting period will be waived for eligible enrollees with prior creditable coverage.			
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.			
● Brush Biopsy: An oral cancer screening tool covered under Basic Services for members who are at risk of oral cancer.			
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VIGILANT GROUP BENEFITS PROGRAM 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 benefits 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.

LOCATING AN ODS PROVIDER

You will easily find ODS dental providers by going to odscompanies.com.

DENTAL 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, 1500 and 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, dentures 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.