



## VIGILANT GROUP BENEFITS

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### BENEFIT PLANS AT A GLANCE

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

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### PROGRAM MANAGER:

**Vigilant Services, Inc.**

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Tigard, OR 97223  
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Vigilant Group Benefit Plans	PPO PLAN A		PPO PLAN B	
	CATEGORY 1	CATEGORY 2	CATEGORY 1	CATEGORY 2
<b>MEDICAL PLANS</b>				
Lifetime Maximum	None		None	
Individual Deductible Options (3x Family) Deductible applies unless otherwise stated	\$250, \$500, \$750, \$1000, \$1500, \$2500, \$3500, \$5000		\$250, \$500, \$750, \$1000, \$1500, \$2500, \$3500, \$5000	
Individual Coinsurance Maximum (3x Family)	\$2000 Individual		\$3000 Individual	
<b>Preventive Care Services</b>				
Adult/Child Immunizations	Deductible Waived (You pay 0%)			
Annual women's exam				
Adult/Child Routine Physical Exams				
Routine Diagnostic Lab & X-Ray				
<b>Physician Services</b>				
Primary Care/Specialist Office Visit	Deductible Waived \$25 copay			
<b>Covered Services</b>				
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 (\$1000 Annual Maximum)	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 (\$50,000 Maximum)				
Outpatient Rehabilitation (\$5,000 Maximum)				
Skilled Nursing Care (60 Day Limit)				
Home Health (130 Visit Limit)				
Hearing Aids-Children (\$4,000 max/4 yrs)				
DME (\$7,500 Calendar year maximum)				
Transplant (\$350,000 Lifetime Maximum)				
<b>Category 3 Non-Regence Contracted Providers</b>				
Preventive Care Services	Deductible Waived (You pay 0%)			
Doctor visits, hospital and other services	40%		50%	
<b>Pharmacy Coverage</b>	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, smoking cessation			
Mail Order (90-Day Supply)	\$30	\$70	\$150	
Tobacco Cessation Prescription Drugs	Tobacco use cessation medications are covered when obtained with a prescription order and limited to \$500 per member lifetime.			
Out of Pocket Prescription Drug Maximum	N/A		N/A	
<b>OPTIONAL BENEFITS</b>				
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	
<b>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.</b>				

PPO PLAN C			PPO PLAN D: HSA Eligible Plan		
CATEGORY 1		CATEGORY 2	CATEGORY 1		CATEGORY 2
None			None		
\$250, \$500, \$750, \$1000, \$1500, \$2500, \$3500, \$5000			\$1500, \$2500, \$3500		
\$3000 Individual			\$5000 Individual		
Deductible Waived (You pay 0%)					
30%		50%	20%		40%
\$100 copay, 30% - copay waived if admitted			20%		20%
30%		50%			40%
		30%	20%		
Deductible waived (20%)			Not covered		
30%		50%	20%		40%
Deductible waived (30%)		Deductible waived (50%)			
30%		50%		20%	
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, smoking cessation			Deductible waived for certain drugs for asthma, diabetes, high blood pressure, high cholesterol, smoking cessation		
\$30	\$100	\$300	20%		
Tobacco use cessation medications are covered when obtained with a prescription order and limited to \$500 per member lifetime.					
N/A			Subject to medical deductible and 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		
<b>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.</b>					

## REGENGE 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-REGENGE 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.

## REGENGE 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.

## REGENGE PREMIER WEBSITE: MYREGENGE.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

## REGENGE 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.

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