

Washington Fully Insured, Associations and Administrative Services Only (ASO) All Sized Groups

This comparison summarizes the substantive revisions that will be made to group products effective with the first renewal on or after January 1, 2017 (unless specifically noted otherwise). If there is any inconsistency between this Summary of Changes and the Booklet, Policy, Plan or Endorsement the terms of the Booklet, Policy, Plan or Endorsement will prevail.

Benefits	1/2016	1/2017	Type of change
<p>Breast Pumps and Supplies</p> <p><i>Applies to all medical products</i></p>	<p>Covered with no limit from licensed providers.</p>	<p>Benefit for one non-hospital grade breast pump per pregnancy, including additional supplies.</p> <p>If obtained from certain non-providers, benefits payable at in-network or Category 1 levels. Limited to reasonable charges. Member will need to visit the Regence website or call Customer Service for details, including to identify eligible non-providers and instructions for claiming benefits.</p>	<p>Limited number of pumps and enhanced coverage.</p>
<p>Dental Hospitalization</p> <p><i>Applies to all medical products</i></p>	<p>Because some members need special care for dental services, we currently cover dental hospitalization for the facility and anesthesia under the medical plan. No coverage provided for anesthesia in a dental office under the medical plan.</p>	<p>Continue to cover dental hospitalization for the facility and anesthesia under the medical plan. Coverage is now provided for anesthesia in a dental office under the medical plan.</p>	<p>Enhanced member experience.</p>

Benefits	1/2016	1/2017	Type of change
<p>Dialysis</p> <p><i>Applies to Non-HSA products</i></p>	<p>Various.</p>	<p>Added the following for In network services: "During the Supplemental Treatment Period, if our agreement with the provider expressly specifies that its terms supersede the benefits (or this benefit) of this Contract, services are covered at 100% of the allowed amount. Otherwise, services are covered at 125% of the Medicare allowed amount at the time of service."</p>	<p>Administrative and benefit update.</p>
<p>Durable Medical Equipment (DME)</p> <p><i>Applies to all medical products</i></p>	<p>DME limitations from non-providers.</p>	<p>Expanded coverage for some DME from certain non-providers to be covered as in-network or Category 1. Member will need to visit the Regence website or call Customer Service for details, including to identify eligible non-providers and instructions for claiming benefits.</p>	<p>Enhanced member experience.</p>
<p>Exclusions – Medical and Pharmacy</p> <p><i>Applies to all medical products</i></p>	<p>Various.</p>	<ul style="list-style-type: none"> ▪ Added and revised exclusions such as hypnotherapy and hypnosis services; illegal services, substances and supplies. ▪ Removed exclusions such as immunizations for purposes of travel, occupation or residency in a foreign country. 	<p>Administrative and benefit update.</p>

Benefits	1/2016	1/2017	Type of change
<p>Mental Health and Substance Use Disorder Cost Shares</p> <p><i>Applies to Innova, Classic and ActiveCare products</i></p>	<p>In-network or Category 1 or 2 testing and non-therapy outpatient services covered at 0% member cost share. In-network or Category 1 or 2 therapy services subject to a copay.</p>	<p>Testing and non-therapy outpatient services subject to applicable deductible and coinsurance regardless of provider. In-network or Category 1 or 2 therapy services continue to remain subject to a copay.</p>	<p>Cost share update.</p>
<p>Office Visit</p> <p><i>Applies to all Classic plans</i></p>	<p>Deductible and coinsurance apply.</p>	<p>The Classic product is being enhanced with a copay feature on any in-network office visits (Primary, Specialty, Mental Health / Substance Use Disorder and Telehealth). Out-of-network benefits will remain subject to deductible and coinsurance.</p> <p>The same copay amount will apply to all office visits. Copay values to choose from are \$20, \$25, \$30, \$35.</p>	<p>Cost share update.</p>
<p>Out of Pocket Maximum</p> <p><i>Applies to all Innova, Classic and Preferred products with a current \$6,350 Individual / \$12,700 Family Out of Pocket Maximum</i></p>	<p>The out of pocket maximum amounts on non-HSA plans cannot exceed \$6,850 for an individual and \$13,700 for a family.</p>	<p>Increased the member's out of pocket maximum amount on non-HSA plans to \$7,150 for an individual and \$14,300 for a family.</p>	<p>Change allowed due to the 2017 Federal Benefit and Payment Parameters Notice.</p>

Summary of Benefit Changes and Contract Language Clarifications

Benefits	1/2016	1/2017	Type of change
<p>Telemedicine</p> <p><i>Applies to all medical products</i></p> <p><input type="checkbox"/> ASO Opt Out</p>	<p>Audio and video communication between the distant site physician, patient, and consulting practitioner. The originating site must be a rural health professional shortage area as defined by Centers of Medicare and Medicaid Services.</p>	<p>The mandate does not require a practitioner at the originating site, and does not require the originating site to be in a rural setting. Also, now includes the addition of coverage for provider to provider electronic store and forward technology.</p>	<p>Washington mandate SB 5175.</p>