WEA Select Plan 2 - Premera Blue Cross October 1, 2003 - September 30, 2004

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.

Policy Number	8000207	
	<u>In-Network</u>	Out-Of-Network*
Heritage Network	Premera Blue Cross <u>Heritage Providers</u>	Out-of-Network Providers
Deductible	None	
Coinsurance	80%	60%
Out-of-Pocket Limit	\$5,500/Individual	
Maximum Benefit	\$5,000,000	
Office Visits	\$25 copay	\$30 copay
Preventive Care – \$200/yr with \$500 limit for well baby care through age 3	100%	80%
Lab Work	80%	60%
Ambulance	80%	60%
Hospital Inpatient	\$150 copay per day; \$450 maximum per year, then 80%	\$150 copay per day; \$450 maximum per year, then 60%
Emergency Room	\$75 copay, waived if admitted	
Maternity	Paid as illness	
Rehabilitative Therapy		
Inpatient - 120 days/yr	\$150 copay per day; \$450 maximum per year, then 80%	\$150 copay per day; \$450 maximum per year, then 60%
Outpatient - 45 visits/yr	\$25 copay	\$30 copay
Chiropractic	\$25 copay	\$30 copay
Mental Health:		
Inpatient	\$150 copay per day; \$450 maximum per year, then 80%	\$150 copay per day; \$450 maximum per year, then 80%
Outpatient - 50 visits/yr	70%	50%
Chemical Dependency:	\$11,285 maximum in a 24 month period	
Inpatient	\$150 copay per day; \$450 maximum per year, then 80%	\$150 copay per day; \$450 maximum per year, then 60%
Outpatient	80%	60%
Retail Prescriptions (Participating Pharmacies)	Generic: \$7 copay Preferred Brand: \$20 copay Non-Preferred Brand: \$30 copay	In-Network copay, plus 25%
Supply Limit	Acute: Up to 34 days per copay	
Mail Order Prescriptions	Generic: \$10 copay; Preferred Brand: \$15 copay; Non-Preferred Brand: \$25 copay	
Supply Limit	Up to 100-day supply	
Vision Benefit	None. See the self-funded NBN <u>Vision Plan Summary</u> .	
Hearing/Audio Benefit	Hardware - 80% coverage, \$400 limit each 3 years	
Notes	*You may also incur "balance billing" from out-of-network providers for charged amounts above the contracted Heritage provider rates.	