



Regence EvolveSM

Individual and Family products

This provider workshop will help you become familiar with individual benefit structures, identify members and understand our payment vouchers for these products.

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Objectives

At the completion of this provider workshop, you should be able to:

- Understand the Evolve benefit designs
- Understand the value-added services and optional benefits available
- Know which provider networks apply
- Identify members
- Understand the medical and reimbursement policies
- Read *Claim Vouchers*
- Know where to find additional information

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Regence Evolve Individual and Family Products

These products offer members choices of physicians, other health care professionals and facilities, benefit levels and services.

These products do not require referrals or primary care physicians.

Evolve HSA PlanSM and Evolve HSA 100 PlanSM are health plans with the option for members to enroll in a tax-free savings account.

Two dental products are available for members to purchase in addition to their medical coverage.

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Evolve CoreSM

Affordable care for individuals and families with first dollar benefits.

Evolve Core includes:

- Up-front benefits
 - Office visits (Evaluation & Management codes) – \$35 copay
 - Outpatient radiology & laboratory services – 100% up to \$200
- Most benefits subject to copayments, deductibles and coinsurance
- Specific benefits not subject to a deductible
- Differing benefit levels based on the member's choice of provider

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Evolve Core Benefit Snapshot (Oregon members)

Benefit Category	Benefit Detail
Upfront Visits	4
Upfront Outpatient Radiology & Laboratory	\$200
Coinsurance	70/50/50
Individual Deductible	\$1,000, \$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Maximum	\$7,500
Lifetime Maximum	\$2 million
Maternity	Separate \$7,500 deductible per pregnancy
Pharmacy	Separate \$500 deductible \$10 generic 50% brand formulary
Additional Benefit Options	Dental

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Evolve Core Benefit Snapshot (Clark County, Washington members)

Benefit Category	Benefit Detail
Upfront Visits	4
Upfront Outpatient Radiology & Laboratory	\$200
Coinsurance	70/50/50
Individual Deductible	\$2,500, \$5,000, \$7,500, \$10,000
Coinsurance Maximum	\$7,500
Lifetime Maximum	\$2 million
Maternity	Not covered
Pharmacy	Rx discount program only
Additional Benefit Options	Dental

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Evolve PlusSM

Ideal for individuals and families that want expanded coverage with additional benefits.

Evolve Plus includes:

- Up-front benefits
 - Office visits (Evaluation & Management codes) – \$25 copay
 - Outpatient radiology & laboratory services – 100% up to \$400
- Most benefits subject to copayments, deductibles and coinsurance
- Specific benefits not subject to a deductible
- Differing benefit levels based on the member's choice of provider

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Evolve Plus Benefit Snapshot (Oregon members)

Benefit Category	Benefit Detail
Upfront Visits	4
Upfront Outpatient Radiology & Laboratory	\$400
Individual Deductible	\$1,000, \$2,500, \$5,000, \$7,500
Coinsurance	80/50/50
Coinsurance Maximum	\$4,000 with \$1,000 deductible option \$5,500 with all other deductibles
Lifetime Maximum	\$2 million
Maternity	No separate deductible
Complementary Care	\$500 per calendar year
Vision	\$150 per calendar year for routine eye exam and hardware
Pharmacy	Separate \$500 deductible \$10 generic 50% brand formulary
Additional Benefit Options	Dental

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Evolve Plus Benefit Snapshot (Clark County, Washington members)

Benefit Category	Benefit Detail
Upfront Visits	4
Upfront Outpatient Radiology & Laboratory	\$400
Individual Deductible	\$1,000, \$2,500, \$5,000, \$7,500
Coinsurance	80/50/50
Coinsurance Maximum	\$5,500
Lifetime Maximum	\$2 million
Maternity	Included in medical plan
Vision	\$150 per calendar year for routine eye exam and hardware
Pharmacy	Separate \$500 deductible \$10 generic 50% brand formulary
Additional Benefit Options	Dental

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Evolve HSA Plan and Evolve HSA 100 Plan

Health plans with the option for members to enroll in a tax-free savings account.

Evolve HSA Plan and Evolve HSA 100 Plans include:

- Preventive care without separate limits
- Enhanced support and interactive tools that make each plan easy to understand and use
 - Webinars
 - Guided online tours
 - Dedicated Customer Service for members with HSA questions

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Evolve HSA Plan Benefit Snapshot (Oregon members)

Benefit Category	Benefit Detail
Deductible	Individual: \$1,500, \$3,500 Family: \$3,000, \$7,000
Coinsurance	80/60/60 or 50/50/50
Out-of-pocket Maximum	Individual: \$5,000 Family: \$10,000
Lifetime Maximum	\$2 million
Pharmacy	Included in medical plan Generic medications only
Additional Benefit Options	Dental

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Evolve HSA Plan Benefit Snapshot (Clark County, Washington members)

Benefit Category	Benefit Detail
Deductible	Individual: \$2,000, \$3,500 Family: \$4,000, \$7,000
Coinsurance	80/60/60 or 50/50/50
Out-of-pocket Maximum	Individual: \$5,000 Family: \$10,000
Lifetime Maximum	\$2 million
Maternity	Not covered
Pharmacy	Included in medical plan Generic medications only
Additional Benefit Options	Dental

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Evolve HSA 100 Plan Benefit Snapshot (Oregon members)

Benefit Category	Benefit Detail
Deductible	Individual: \$5,000 Family: \$10,000
Coinsurance	100
Out-of-pocket Maximum	Individual: \$5,000 Family: \$10,000
Lifetime Maximum	\$2 million
Pharmacy	Included in medical plan Generic medications only
Additional Benefit Options	Dental

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Evolve HSA 100 Plan Benefit Snapshot (Clark County, Washington members)

Benefit Category	Benefit Detail
Deductible	Individual: \$5,000 Family: \$10,000
Coinsurance	100
Out-of-pocket Maximum	Individual: \$5,000 Family: \$10,000
Lifetime Maximum	\$2 million
Maternity	Not covered
Pharmacy	Included in medical plan Generic medications only
Additional Benefit Options	Dental

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Dental Option I and Dental Option II

Optional dental coverage is available to members at the time of enrollment on an Evolve medical product. These options are not available as stand-alone dental products.

- Dental Option I is an incentive dental plan with a flexible calendar year maximum
- Dental Option II is a dollar-based dental plan with no deductible
- Uses the Participating dental network

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Dental Option I Benefit Snapshot

Benefit Category	Benefit Detail
Deductible	No deductible for preventive care \$50 for basic and major care
Coinsurance	100% preventive care 80% basic care (after 6 month wait) 50% major care (after 12 month wait)
Calendar Year Maximum Benefit	\$750 Increases by \$250 each year that paid benefits are at least \$250 less than the annual maximum. For example, in the first year the max benefit is \$750; the member will receive a \$250 addition to second year max if incurs less than \$500 in first year (\$750 - \$250).

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Dental Option II Benefit Snapshot

Benefit Category	Benefit Detail
Deductible	\$0
Coinsurance	100% for the first \$200 of covered services then 50%
Calendar Year Maximum Benefit	\$750

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Wellness Benefits

Built-in benefits:

- CareEnhance® - Registered nurses available 24 hours a day
- Special Beginnings® - Helps expecting mothers have healthier babies
- Regence Advantages - Discounts on programs from local gyms to LASIK eye surgery

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Provider Networks

These products have been designed to encourage members to seek services from providers on our well-established provider networks (Preferred or Participating). A member's benefit level is determined by his or her choice of provider and the services received.

Regence provider networks	Benefit levels	Member out-of-pocket costs
Preferred	Category 1 – Highest	\$
Participating	Category 2 – Medium	\$\$
Non-contracted	Category 3 - Lowest	\$\$\$

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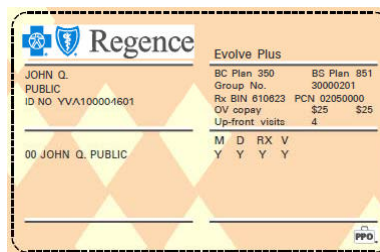


Member Cards

Include:

- Scenic backgrounds
- Product name
 - Evolve Core and Evolve Plus cards also include the office visit copayment amount and number of upfront office visits
- Member and Provider Customer Service phone numbers and Web sites

[View additional samples \(PDF\)](#)



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Reimbursement

- Reimbursement follows the terms of your existing Participating and/or Preferred agreements.
- Regence medical and reimbursement policies currently in effect will be followed.
- Pre-authorization is required for some services and supplies. See the Group and Individual Products Pre-authorization List for specific information.

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Claim Vouchers

- Easy-to-read
- Line-by-line breakdowns
- Claims displayed by product, claim type (original or adjustment) and network
- Specific error messages
- Five sections
 - Main Pages
 - Payment Summary
 - Summary of Payment Reductions
 - Summary of Adjusted Claims to be Recovered
 - Pended Claims Summary

[View Sample \(PDF\)](#)

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Resources

Thank you for completing this online workshop. We encourage your feedback or questions on this workshop via [email](#).

[Provider Center](#) - This free online tool allows you to:

- Access eligibility, benefits and claims information
- View and respond to patient feedback and expand your individual profile page

[Provider Web Site](#)

- [Products section](#)
- *Administrative Manual* sections
 - [Product Overview](#)
 - [Filing Claims](#) (PDF)
 - [Identifying Members](#) (PDF)
 - [Payment](#) (PDF)

Provider Customer Service - 1 (877) 395-4942

[Group and Individual Products Pre-authorization List](#) - List of services requiring pre-authorization

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