

**Regence BlueShield of Idaho
Individual Plan Change Grid
Effective: January 1, 2009**



Regence BlueShield of Idaho is an Independent
Licensee of the Blue Cross and Blue Shield Association

MOVING TO:	Group Number	OPEN PLANS									
		Regence NowSelect				Regence HSA Health Healthplan			Regence Summit		
		\$1,000	\$2,500	\$5,000	\$7,500	\$1,500/ \$3,000	\$2,500/ \$5,000	\$3,500/ \$7,000	\$2,500	\$5,000	\$7,500
Regence NowSelect (open)											
\$1,000 Deductible	10000090								HS		
\$2,500 Deductible	10000090	HS	HS						HS	HS	
\$5,000 Deductible	10000090	HS	HS						HS	HS	HS
\$7,500 Deductible	10000090	HS	HS	HS					HS	HS	HS
Regence Summit (open)											
\$2,500 Deductible	10000100										
\$5,000 Deductible	10000100	HS							HS		
\$7,500 Deductible	10000100	HS	HS						HS	HS	
High Risk Pool (open)											
HRP Basic	10000029	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP Basic Tobacco	10000043	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP Standard	10000032	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP Standard Tobacco	10000044	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP Cat \$2,000 Deductible	10000030	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP Cat \$2,000 Ded Tobacco	10000045	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP Cat \$5,000 Ded	10000031	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP Cat \$5,000 Ded Tobacco	10000046	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP HSA Non-Smoker Ind	10000064	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP HSA Non-Tobacco Family	10000065	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP HSA Tobacco Individual	10000066	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
HRP HSA Tobacco Family	10000067	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
Regence HSA Healthplan (open)											
\$1,500/\$3,000 Deductible	10000070	HS							HS	HS	
\$2,500/\$5,000 Deductible	10000070	HS	HS						HS	HS	HS
\$3,500/\$7,000 Deductible	10000070	HS	HS	HS					HS	HS	HS
Regence Summit (closed)											
\$1,000 Deductible	10000100										
Health Savings Accounts (closed)											
\$1,500/\$3,000 Deductible	10000070	HS							HS	HS	
\$2,500/\$5,000 Deductible	10000070	HS	HS						HS	HS	HS
\$3,500/\$7,000 Deductible	10000070	HS	HS	HS					HS	HS	HS
Regence Select for Individuals (closed)											
Classic - \$1,000 Deductible	10000080										
Classic - \$2,000 Deductible	10000080	HS									
Preferred - \$3,000 Deductible	10000080	HS	HS						HS		
Preferred - \$5,000 Deductible	10000080	HS	HS						HS	HS	
Essential - \$5,500 Deductible	10000080	HS	HS	HS					HS	HS	HS
Essential - \$7,500 Deductible	10000080	HS	HS	HS	HS				HS	HS	HS
Individual Value Choice (closed)											
\$500 Deductible	10000034										
\$2,000 Deductible	10000036	HS									
\$4,000 Deductible	10000038	HS							HS		
\$5,000 Deductible	10000035	HS	HS						HS		
\$7,500 Deductible	10000039	HS	HS						HS	HS	
MSA \$2,250 / \$4,500 Deductible	10000037	HS							HS		

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		Regence NowSelect				Regence HSA Health Healthplan			Regence Summit			
		\$1,000	\$2,500	\$5,000	\$7,500	\$1,500/ \$3,000	\$2,500/ \$5,000	\$3,500/ \$7,000	\$2,500	\$5,000	\$7,500	
Individual Choice (closed)												
\$500 Deductible	10000034											
\$2,000 Deductible	10000036	HS										
\$4,000 Deductible	10000038	HS							HS			
\$5,000 Deductible	10000035	HS	HS						HS			
\$7,500 Deductible	10000039	HS	HS			HS	HS		HS	HS		
MSA \$2,250 / \$4,500 Deductible	10000037					HS			HS			
Regence Value Choice (closed)												
\$1,000 Deductible	15002312											
\$4,000 Deductible	15002311	HS	HS			HS			HS			
Regence Choice (closed)												
\$1,000 Ded, \$25 Copay	15001670											
\$4,000 Ded, \$35 Copay	15001669	HS							HS			
\$1,000 Ded, \$25 Copay	15002312											
\$4,000 Ded, \$35 Copay	15002311	HS				HS	HS		HS			
Value Choice Deductible Plans (closed)												
\$300 Ded, 80/20%, \$2000 OOP	10000039											
\$750 Ded, 80/20%, \$2000 OOP	10000039											
\$2000 Ded, 80/20%, \$2000 OOP	10000039	HS										
\$2500 Ded, 80/20%, \$2000 OOP	10000039											
Individual Choice Deductible Plans (closed)												
\$2500 Ded, 50/50%, \$5000 OOP	10000040											
\$750 Ded, 70/30%, \$3000 OOP	10000040											
\$1000 Ded, 70/30%, \$3000 OOP	10000040											
\$2500 Ded, 70/30%, \$3000 OOP	10000040											
\$300 Ded, 80/20%, \$2000 OOP	10000040											
\$500 Ded, 80/20%, \$2000 OOP	10000040											
\$750 Ded, 80/20%, \$2000 OOP	10000040											
\$1000 Ded, 80/20%, \$2000 OOP	10000040											
\$2000 Ded, 80/20%, \$2000 OOP	10000040											
\$2500 Ded, 80/20%, \$2000 OOP	10000040											
Old Idaho Mandated Plans (closed)												
Catastrophic 2,000 DED	10000007	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
Individual Basic	15004237	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS
Individual Standard	15004238	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS	HS

Notes:

1. These rules represent the current practices of Regence BlueShield of Idaho. They can be changed at any time throughout the year without notice.
2. HS = Health Statement underwriting required to change plans.
3. Blank = No Health Statement underwriting required to change plans.
4. If a change is requested 90 days or less prior to renewal, the plan change will become effective on the member's renewal date with a monthly rate that reflects the member's annual health factor assessment.
5. Changes can be made as often as the member wants; no limitations.
6. Changes from closed or open plans can only be made to open plans (no changes from closed plans to closed plans).
7. Changes from another BCBS carrier outside of Idaho can only be made to plans that are open to new sales, based on underwriting criteria.