

**Comparison of Regence BlueChoices BlueBasic \$30 Copay Plans
with various Pharmacy Deductibles and with a \$200 Pharmacy Deductible**

	CURRENT PLAN	NEW PLAN
	BlueBasic \$30 Copay Plans with various Pharmacy Deductibles	BlueBasic \$30 Copay Plans with \$200 Pharmacy Deductible
Calendar Year Deductible <i>(Individual/Family)</i>	\$250 individual / \$750 family \$500 individual / \$1,000 family \$1,000 individual / \$2,000 family	Same
Pharmacy Deductible(s)	\$100, \$200, \$400, \$2,000 per calendar year (Not subject to medical deductible)	\$200 per calendar year (Not subject to medical deductible)
Calendar Year Coinsurance Maximum	\$3,000 individual / \$6,000 family \$4,000 individual / \$8,000 family \$5,000 individual / \$10,000 family including medical deductible and coinsurance with exceptions	Same
Lifetime Maximum Benefit	\$2,000,000	Same
Provider Network	ValueCare or Traditional	Same

	BlueBasic #30 Copay Plans Your Responsibility (Network Providers)	BlueBasic \$30 Copay Plans Your Responsibility (Network Providers)
Durable Medical Equipment	30% coinsurance	Same
Emergency Room Services	30% coinsurance after \$100 copay per visit	Same
Hospital Care	30% coinsurance	Same
Maternity Care	\$5,000 per pregnancy copay	Same
Mental Health	50% coinsurance, limited to \$1,500 per calendar year	Same
Office Visits	\$30 per visit copay Deductible waived	Same
Prescription Drugs	\$10 copay for generic prescription drugs 25% for formulary prescription drugs 50% for non-formulary prescription drugs	Same
Preventive Care	\$30 per visit copay, deductible waived; limited to \$300 per calendar year for adults and children over 6 years of age	Same
Radiology and Lab	30% coinsurance	Same
Rehabilitation	30% outpatient coinsurance; limited to \$1,500 per calendar year	Same

This comparison provides a brief description of health care plan benefits and is not a guarantee of benefit payment. Benefit payments will be made based upon policy provisions and eligibility criteria.

Benefit Summary Code: A



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