

Comparison of Regence BlueAdvantage \$20 Copay Plans with \$2,000 Pharmacy Deductible and BlueAdvantage \$20 Copay Plans with \$0 Pharmacy Deductible

	CURRENT PLAN	NEW PLAN
	BlueAdvantage \$20 Copay Plans with \$2,000 Pharmacy Deductible	BlueAdvantage \$20 Copay Plans with \$0 Pharmacy Deductible
Prescription Drug Deductible	\$2,000 individual / \$6,000 family	No separate pharmacy deductible and not subject to medical deductible
Prescription Drug Copays/Coinsurance	\$5 copay for generic prescription drugs 25% coinsurance for formulary prescription drugs 50% coinsurance for non-formulary prescription drugs	Same

	BlueAdvantage \$20 Copay Plans	BlueAdvantage \$20 Copay Plans
Calendar Year Deductible (Individual/Family)	\$250 individual / \$750 family \$500 individual / \$1,000 family \$1,000 individual / \$2,000 family	Same
Calendar Year Coinsurance Maximum	\$2,500 individual / \$5,000 family \$3,000 individual / \$6,000 family \$3,500 individual / \$7,000 family including medical deductible and coinsurance with exceptions	Same
Lifetime Maximum Benefit	\$2,000,000	Same
Provider Network	ValueCare or Traditional	Same

	BlueAdvantage \$20 Copay Plans Your Responsibility (Network Providers)	BlueAdvantage \$20 Copay Plans Your Responsibility (Network Providers)
Durable Medical Equipment	20% coinsurance	Same
Emergency Room Services	20% coinsurance after \$75 copay per visit	Same
Hospital Care	20% coinsurance	Same
Maternity Care	\$5,000 copay per pregnancy	Same
Mental Health	50% coinsurance; limited to \$1,500 per calendar year	Same
Office Visits	\$20 copay per visit Deductible waived	Same
Preventive Care	\$20 copay per visit; limited to \$300 per calendar year for adults and children over 6 years of age Deductible waived	Same
Radiology and Lab	20% coinsurance	Same
Rehabilitation	20% outpatient coinsurance; limited to \$1,500 per calendar year, including chiropractic care	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: C



Regence BlueCross BlueShield of Utah is an independent licensee of the Blue Cross and Blue Shield Association