

Comparison of Regence Qualifier Plans and BlueAdvantage 80% / 60% Coinsurance Plans

	CURRENT PLAN	NEW PLAN
	Qualifier Plans	BlueAdvantage 80% / 60% Coinsurance Plans
Calendar Year Deductible <i>(Individual/Family)</i>	\$2,500 individual / \$5,000 family \$5,000 individual / \$10,000 family	\$2,500 individual / \$5,000 family \$5,000 individual / \$10,000 family \$7,500 individual / \$15,000 family
Pharmacy Deductible(s)	Subject to medical deductible; or \$2,000 per individual each calendar year	No pharmacy deductible
Calendar Year Coinsurance Maximum	\$1,000 individual / \$2,000 family \$1,000 individual / \$3,000 family \$1,500 individual / \$3,000 family \$500 individual / \$1,000 family including coinsurance	\$4,000 individual / \$8,000 family \$6,500 individual / \$12,000 family \$9,000 individual / \$17,000 family including medical deductible and coinsurance
Lifetime Maximum Benefit	\$1,000,000	\$2,000,000
Provider Network	Traditional	ValueCare or Traditional

	Qualifier Plans Your Responsibility (Network Providers)	BlueAdvantage 80% / 60% Coinsurance Plans Your Responsibility (Network Providers)
Durable Medical Equipment	20% coinsurance	Same
Emergency Room Services	20% coinsurance; or 20% coinsurance after \$75 copay per visit	20% coinsurance after \$75 copay per visit
Hospital Care	20% coinsurance	Same
Maternity Care	\$5,000 copay per pregnancy; or you are responsible for all charges	\$5,000 copay per pregnancy
Mental Health	50% coinsurance; limited to \$1,500 per calendar year	50% coinsurance; limited to \$1,500 per calendar year
Office Visits	20% coinsurance	Same
Prescription Drugs	20% coinsurance; or 20% coinsurance; once the plan pays a maximum of \$3,000 per calendar year, you are responsible for 50% coinsurance	20% coinsurance
Preventive Care	You are responsible for all charges; or 20% coinsurance; limited to \$150 or \$300 per calendar year	20% coinsurance; limited to \$300 per calendar year for adults and children over 6 years of age
Radiology and Lab	20% coinsurance	Same
Rehabilitation	50% outpatient coinsurance; limited to \$1,500 per calendar year, including chiropractic care	20% outpatient coinsurance; limited to \$1,500 per calendar year, including chiropractic care

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: G



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