

**Comparison of Regence Utah Farm Bureau Plans and  
BlueAdvantage 80% / 60% Coinsurance Plans**

	<b>CURRENT PLAN</b>	<b>NEW PLAN</b>
	<b>Utah Farm Bureau Plans</b>	<b>BlueAdvantage 80% / 60% Coinsurance Plans</b>
<b>Calendar Year Deductible</b> <i>(Individual/Family)</i>	\$1,500 individual / \$3,000 family	\$2,500 individual / \$5,000 family \$5,000 individual / \$10,000 family \$7,500 individual / \$15,000 family
<b>Pharmacy Deductible(s)</b>	No deductible; subject to medical deductible	No deductible
<b>Calendar Year Coinsurance Maximum</b>	\$1,000 individual / \$2,000 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
<b>Lifetime Maximum Benefit</b>	\$2,000,000	\$2,000,000
<b>Provider Network</b>	Traditional	ValueCare or Traditional

	<b>Utah Farm Bureau Plans Your Responsibility (Network Providers)</b>	<b>BlueAdvantage 80% / 60% Coinsurance Plans Your Responsibility (Network Providers)</b>
<b>Durable Medical Equipment</b>	20% coinsurance	Same
<b>Emergency Room Services</b>	20% coinsurance	20% coinsurance plus \$75 copay per visit
<b>Hospital Care</b>	20% coinsurance	Same
<b>Maternity Care</b>	20% coinsurance after \$1,000 copay per pregnancy	\$5,000 copay per pregnancy
<b>Mental Health</b>	25% coinsurance; inpatient limited to \$5,000 per calendar year; outpatient limited to \$1,500 per calendar year	50% coinsurance; limited to \$1,500 per calendar year
<b>Office Visits</b>	20% coinsurance	Same
<b>Prescription Drugs</b>	20% coinsurance	Same
<b>Preventive Care</b>	20% coinsurance; limited to \$150 per calendar year	20% coinsurance; limited to \$300 per calendar year for adults and children over 6 years of age
<b>Radiology and Lab</b>	20% coinsurance	Same
<b>Rehabilitation</b>	50% outpatient coinsurance; outpatient limited to \$1,500 per calendar year, including chiropractic services	20% outpatient coinsurance; limited to \$1,500 per calendar year, including chiropractic services

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: K



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