

Comparison of Regence Utah State Bar \$2,500 Deductible Plan and BlueBasic 70% / 55% Coinsurance Plan with Major Medical Pharmacy

	CURRENT PLAN	NEW PLAN
	Utah State Bar \$2,500 Deductible Plan	BlueBasic 70% / 55% Coinsurance Plan
Calendar Year Deductible <i>(Individual/Family)</i>	\$2,500 individual / \$5,000 family	\$2,500 individual / \$5,000 family
Pharmacy Deductible(s)	Subject to medical deductible	Same
Calendar Year Coinsurance Maximum	\$2,000 individual / \$4,000 family including coinsurance	\$6,000 individual / \$11,000 family including medical deductible and coinsurance
Lifetime Maximum Benefit	\$1,000,000	\$2,000,000
Provider Network	Traditional	ValueCare or Traditional

	Utah State Bar \$2,500 Deductible Plan Your Responsibility (Network Providers)	BlueBasic 70% / 55% Coinsurance Plan Your Responsibility (Network Providers)
Durable Medical Equipment	20% coinsurance	30% coinsurance
Emergency Room Services	20% coinsurance	30% coinsurance after \$100 copay per visit
Hospital Care	20% coinsurance	30% coinsurance
Maternity Care	20% coinsurance	\$5,000 copay per pregnancy
Mental Health	50% inpatient coinsurance (\$150 maximum per visit or per day); limited to \$5,000 per calendar year; 50% outpatient coinsurance (\$25 maximum per visit or per day); limited to \$1,000 per calendar year	50% coinsurance; limited to \$1,500 per calendar year
Office Visits	20% coinsurance	30% coinsurance
Prescription Drugs	20% coinsurance	30% coinsurance
Preventive Care	You are responsible for all charges	30% coinsurance; limited to \$300 per calendar year for adults and children over 6 years of age
Radiology and Lab	20% coinsurance	30% coinsurance
Rehabilitation	20% outpatient coinsurance	30% 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: N



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