

## Comparison of Regence ValueCare Plans and BlueChoices BlueAdvantage \$20 Copay Plans

	<b>CURRENT PLAN</b>	<b>NEW PLAN</b>
	<b>ValueCare Plans</b>	<b>BlueAdvantage \$20 Copay Plans</b>
<b>Calendar Year Deductible</b> <i>(Individual/Family)</i>	No calendar year deductible \$250 individual / \$750 family \$500 individual / \$1,000 or \$1,500 family \$1,000 individual / \$2,000 family	\$250 individual / \$750 family \$500 individual / \$1,000 family \$1,000 individual / \$2,000 family
<b>Pharmacy Deductible(s)</b>	\$50, \$100, or \$2,000; or no separate pharmacy deductible and not subject to medical deductible	No separate pharmacy deductible and not subject to medical deductible
<b>Calendar Year Coinsurance Maximum</b>	\$1,500 individual / \$3,000 family including coinsurance	\$2,500 individual / \$5,000 family \$3,000 individual / \$6,000 family \$3,500 individual / \$7,000 family including medical deductible and coinsurance
<b>Lifetime Maximum Benefit</b>	\$1,000,000	\$2,000,000
<b>Provider Network</b>	ValueCare	ValueCare or Traditional

	<b>ValueCare Plans Your Responsibility (Network Providers)</b>	<b>BlueAdvantage \$20 Copay Plans Your Responsibility (Network Providers)</b>
<b>Durable Medical Equipment</b>	20% or 50% coinsurance	20% coinsurance
<b>Emergency Room Services</b>	\$50 copay per visit; or 20% coinsurance after \$50 or \$75 copay per visit; or no member responsibility	20% coinsurance after \$75 copay per visit
<b>Hospital Care</b>	20% coinsurance; or \$200 copay per hospital admit; or 20% coinsurance, after \$200 copay per hospital admit; or 10% coinsurance to \$1,000 maximum per calendar year; or 20% coinsurance to \$2,000 maximum per calendar year; or no member responsibility	20% coinsurance
<b>Maternity Care</b>	\$5,000 copay per pregnancy; or All charges that exceed \$350, \$400 or \$450 each for physician and hospital services	\$5,000 copay per pregnancy
<b>Mental Health</b>	20% coinsurance; or 20% coinsurance after \$10, \$15 or \$20 copay per visit; limited to \$1,500 per calendar year	50% coinsurance; limited to \$1,500 per calendar year
<b>Office Visits</b>	\$10, \$15 or \$20 copay per visit; or 20% coinsurance	\$20 copay per visit; deductible waived

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: O



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

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	ValueCare Plans Your Responsibility (Network Providers)	BlueAdvantage \$20 Copay Plans Your Responsibility (Network Providers)
<b>Prescription Drugs</b>	20% coinsurance; or 20% coinsurance for generic prescription drugs; 30% coinsurance for formulary prescription drugs; 50% coinsurance for non-formulary prescription drugs; or you are responsible for all charges	\$5 copay for generic prescription drugs; 25% coinsurance or formulary prescription drugs; 50% coinsurance for non-formulary prescription drugs
<b>Preventive Care</b>	\$10, \$15 or \$20 copay per visit; or 20% coinsurance; and limited to \$150 or \$300 per calendar year, except for well-baby, well-child care, or routine exams and immunizations for children through age 5; or you are responsible for all charges	\$20 copay per visit; limited to \$300 per calendar year for adults and children over 6 years of age; deductible waived
<b>Radiology and Lab</b>	\$10, \$15 or \$20 copay per visit; or 20% coinsurance	20% coinsurance
<b>Rehabilitation</b>	\$10, \$15 or \$20 copay per visit; or 20% outpatient coinsurance; and limited to \$1,500 per calendar year, including chiropractic care	20% outpatient coinsurance; limited to \$1,500 per calendar year, including chiropractic care

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