

**Comparison of Regence Qualifier Plans with MSA Account
and Regence HSA Healthplan**

	CURRENT PLAN	NEW PLAN
	Qualifier with MSA	Regence HSA Healthplan
Calendar Year Deductible <i>(Individual/Family)</i>	\$1,550 single / \$3,050 family (2-party) \$2,250 single / \$4,500 family (2-party) \$3,050 family \$4,500 family	\$1,500 individual / \$3,000 family
Pharmacy Deductible(s)	No separate pharmacy deductible	Subject to medical deductible
Calendar Year Coinsurance Maximum <i>(Individual/Family)</i>	\$750 single / \$1,000 family (2-party) \$1,500 single / \$2,550 family (2-party) \$2,550 family \$1,000 family including coinsurance	\$5,000 individual / \$10,000 family including medical deductible and coinsurance
Lifetime Maximum Benefit	\$1,000,000	\$2,000,000
Provider Network	Traditional	ValueCare or Traditional

	Qualifier with MSA Your Responsibility (Network Providers)	Regence HSA Healthplan Your Responsibility (Network Providers)
Durable Medical Equipment	20% coinsurance	20% coinsurance; limited to \$2,500 per calendar year
Emergency Room Services	20% coinsurance	Same
Hospital Care	20% coinsurance	Same
Maternity Care	You are responsible for all charges	Same
Mental Health	You are responsible for all charges	50% coinsurance; limited to \$1,500 per calendar year
Office Visits	20% coinsurance	Same
Prescription Drugs	20% coinsurance; or 20% coinsurance; limited to \$3,000 per calendar year, then 50% coinsurance	50% coinsurance
Preventive Care	You are responsible for all charges	20% coinsurance; deductible waived and no annual limits
Radiology and Lab	20% coinsurance	Same
Rehabilitation	50% outpatient coinsurance; limited to \$1,500 per calendar year	20% outpatient coinsurance; limited to \$2,000 per calendar year

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: Q



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