

State of Idaho Health Plan Comparison - Active HDHP

Medical Benefits - Plan Year

Benefit Category	BCI HDHP (current)		Regence HDHP (7/1/2024)	
	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Deductible - Individual / Family (Unless Otherwise Noted the Deductible Applies for Covered Services)	\$2,000 / \$ 4,000		\$2,000 / \$ 4,000	
Out of Pocket Maximum - Individual / Family	\$5,000 / \$10,000	\$6,500 / \$13,000	\$5,000 / \$10,000	\$6,500 / \$13,000
Coinsurance	30%	50%	20%	40%
Office Visits - Primary Care, Specialist and Urgent Care	30%	50%	20%	40%
Preventive Care	No Charge, Deductible waived	50%	0%, Deductible waived	40%
Preventive Care for Specified Chronic Conditions	N/A	N/A	20%, Deductible waived	40%
Preventive Immunizations	No Charge, Deductible waived	No Charge, Deductible waived	0%, Deductible waived	0%, Deductible waived
Vendor Telehealth	No Charge, After deductible (MDLive)	N/A	0%, After deductible (Doctor on Demand)	N/A
Telehealth Virtual Care (non-Vendor)	30%	50%	20%	40%
Ambulatory Surgical Center	30%	50%	10%	40%
Allergy Injections	30%	50%	20%	40%
Outpatient Lab / X-Ray	30%	50%	20%	40%
COVID Testing and Treatment	No Charge, Deductible waived	No Charge, Deductible waived	0%, Deductible waived	0%, Deductible waived
Emergency Room & Services	\$100 copay, then in-network deductible and 30% coinsurance		20%	
Ambulance - Ground	30%	50%	20%	
Ambulance - Air	30%	30%	20%	
Inpatient Hospital Facility	30%	50%	20%	40%
Acupuncture & Spinal Manipulations 18 visit limit combined	30%	50%	20%	40%
Mental / Behavioral Health - Inpatient	30%	50%	20%	40%
Mental / Behavioral Health - Outpatient Therapy	30%	50%	20%	40%
Mental / Behavioral Health - Outpatient Non-Therapy	30%	50%	20%	40%
Inpatient Habilitation and Rehabilitation Services (Includes PT/OT/ST) - unlimited days	30%	50%	20%	40%
Outpatient Rehabilitation (OT/ST) 20 visit limit	30%	50%	20%	40%
Outpatient Rehabilitation (PT) 40 visit limit	30%	50%	20%	40%
Neurodevelopmental Therapy (OT/ST) 20 visit limit	30%	50%	20%	40%
Neurodevelopmental Therapy (PT) 40 visit limit	30%	50%	20%	40%
ABA Therapy	30%	50%	20%	40%
Hearing Aids - limit 1 device per ear, every 3 years; applies to dependent children only	30%	50%	20%	40%
Home Health - no limit	30%	50%	20%	40%
Skilled Nursing Facility - 30 days	30%	50%	20%	40%
Hospice	No Charge, After deductible	50%	0%, After deductible	40%
Palliative Care - no limit	No Charge, After deductible	50%	0%, After deductible	40%

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Home Infusion Therapy	30%	50%	20%	40%
Dialysis - Outpatient	30%	50%	20%	40%
Diabetes education	30%	50%	20%	40%
Maternity	30%	50%	20%	40%
TMJ - limit \$2,000 per lifetime	30%	50%	20%	40%
Orthognathic Surgery	30%	50%	20%	40%
Repair of Teeth Due to Injury	30%	50%	20%	40%
Durable Medical Equipment	30%	50%	20%	40%
Orthotics for Diabetics	30%	50%	20%	40%
Sleep Studies	30%	50%	20%	40%
Gene Therapy	30%	50%	20%	40%
Transplants	30%	50%	20%	40%

Vision thru VSP: will use the member identification number on your Regence ID card for services. Benefits remain the same.

Pharmacy Benefits

Prescription Medication Deductible and Out of Pocket Maximum	Shared with Medical		Shared with Medical	
BCI Tier	BCI Coinsurance		Regence Tier	Regence Coinsurance
Tier 1 – Generics	30%		Tier 1 – Preferred Generics (typically the least costly at the pharmacy)	20%
			Tier 2 – Generics and some lower-cost brand products	
Tier 2 – Preferred brand	30%		Tier 3 – Preferred brand-name drugs that are typically less costly	20%
Tier 3 – Non-Preferred Brand, Generic Specialty, Preferred Specialty	30%		Tier 4 – Typically, high-cost brand-name drugs	20%
			Tier 5 – Preferred specialty medications; may include lower-cost brand or generic specialty medication	
Tier 4 – Non-Preferred Specialty	30%		Tier 6 – Higher-cost specialty medications; may include higher-cost brand or generic specialty medications	20%
Medical Services by a licensed Pharmacist available for Albertsons and Safeway Pharmacists practicing under the rules of the Idaho State Board of Pharmacy only:	No Charge		Not available	
Diabetes No-Copay Program	\$0 Copay on Preferred medications		No cost share when using the Optimum Value Medication List	

Please Note: This deviation sheet shows the identifiable differences found in the review of your group's benefits. Any errors are unintentional and non-binding. Final benefits will be subject to Regence's master contract.