

## State of Idaho Health Plan Comparison - Active PPO

### Medical Benefits - Plan Year

Benefit Category	BCI PPO (current)		Regence PPO (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 to Covered Services)	\$350 / \$950	\$600 / \$1,700	\$350 / \$950	\$600 / \$1,700
Out of Pocket Maximum - Individual / Family	\$3,250 / \$6,750	\$6,500 / \$13,500	\$3,250 / \$6,750	\$6,500 / \$13,500
Coinsurance	20%	40%	20%	40%
Office Visits - Primary Care Provider, including urgent care	\$0 copay ChoiceDocs / \$20 copay in-net provider, Deductible waived	40%	\$20 copay, Deductible waived	40%
Office Visits - Specialist provider, including urgent care	\$20 copay ChoiceDocs / \$40 copay in-net provider, Deductible waived	40%	\$40 copay, Deductible waived	40%
Preventive Care	No Charge, Deductible waived	40%	0%, Deductible waived	40%
Preventive Immunizations	No Charge, Deductible waived	No Charge, Deductible waived	0%, Deductible waived	0%, Deductible waived
Vendor Telehealth	No Charge, Deductible waived (MDLive)	N/A	0%, Deductible waived (Doctor on Demand)	N/A
Telehealth Virtual Care (non-Vendor)	paid the same as in-person services	40%	paid the same as in-person services	40%
Ambulatory Surgical Center	20%	40%	10%	40%
Allergy Injections	20%	40%	20%	40%
Outpatient Lab / X-Ray	20%	40%	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 20% coinsurance		\$100 copay, then in-network deductible and 20% coinsurance	
Ambulance - Ground	20%	40%	20%	20%
Ambulance - Air	20%	20%	20%	20%
Inpatient Hospital Facility	20%	40%	20%	40%
Acupuncture & Spinal Manipulations 18 visit limit combined	20%	40%	20%	40%
Mental / Behavioral Health - Inpatient	20%	40%	20%	40%
Mental / Behavioral Health - Outpatient Therapy	No Charge, Deductible waived	40%	0%, Deductible waived	40%
Mental / Behavioral Health - Outpatient Non-Therapy	20%	40%	20%	40%
Inpatient Habilitation and Rehabilitation Services (Includes PT/OT/ST) - unlimited days	20%	40%	20%	40%
Outpatient Rehabilitation (OT/ST) 20 visit limit	20%	40%	20%	40%
Outpatient Rehabilitation (PT) 40 visit limit	20%	40%	20%	40%
Neurodevelopmental Therapy (OT/ST) 20 visit limit	20%	40%	20%	40%
Neurodevelopmental Therapy (PT) 40 visit limit	20%	40%	20%	40%
ABA Therapy	No Charge, Deductible waived	40%	0%, Deductible waived	40%
Hearing Aids - limit 1 device per ear, every 3 years; applies to dependent children only	20%	40%	20%	40%
Home Health - no limit	20%	40%	20%	40%

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	In-Network Provider	Out-of-Network Provider	In-Network Provider	Out-of-Network Provider
Skilled Nursing Facility - 30 days	20%	40%	20%	40%
Hospice	No Charge, Deductible waived	40%	0%, Deductible waived	40%
Palliative Care - no limit	No Charge, Deductible waived	40%	0%, Deductible waived	40%
Home Infusion Therapy	20%	40%	20%	40%
Dialysis - Outpatient	20%	40%	20%	40%
Diabetes education	20%	40%	20%	40%
Maternity	20%	40%	20%	40%
TMJ - limit \$2,000 per lifetime	20%	40%	20%	40%
Orthognathic Surgery	20%	40%	20%	40%
Repair of Teeth Due to Injury	20%	40%	20%	40%
Durable Medical Equipment	20%	40%	20%	40%
Orthotics for Diabetics	20%	40%	20%	40%
Sleep Studies	20%	40%	20%	40%
Gene Therapy	20%	40%	20%	40%
Transplants	20%	40%	20%	40%

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

### Pharmacy Benefits

Separate Prescription Medication Out of Pocket Maximum Individual / Family	\$2,000 / \$4,000	\$2,000 / \$4,000	
Deductible Waived for All Tiers			
BCI Tier	BCI Copay	Regence Tier	Regence Copay
Tier 1 – Generics	\$10	Tier 1 – Preferred Generics (typically the least costly at the pharmacy)	\$10
		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	\$30
Tier 3 – Non-Preferred Brand, Generic Specialty, Preferred Specialty	\$60	Tier 4 – Typically, high-cost brand-name drugs	\$60
		Tier 5 – Preferred specialty medications; may include lower-cost brand or generic specialty medication	
Tier 4 – Non-Preferred Specialty	\$100	Tier 6 – Higher-cost specialty medications; may include higher-cost brand or generic specialty medications	\$100
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	\$0 Copay on Diabetes Preferred medications 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.