

State of Idaho Health Plan Comparison - Retiree 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%	30%	50%
Office Visits - Primary Care, Specialist and Urgent Care	30%	50%	30%	50%
Preventive Care	No Charge, Deductible waived	50%	0%, Deductible waived	50%
Preventive Care for Specified Chronic Conditions	N/A	N/A	30%, Deductible waived	50%
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%	30%	50%
Ambulatory Surgical Center	30%	50%	20%	50%
Allergy Injections	30%	50%	30%	50%
Outpatient Lab / X-Ray	30%	50%	30%	50%
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		30%	
Ambulance - Ground	30%	50%	30%	
Ambulance - Air	30%	30%	30%	
Inpatient Hospital Facility	30%	50%	30%	50%
Acupuncture & Spinal Manipulations 18 visit limit combined	30%	50%	30%	50%
Mental / Behavioral Health - Inpatient	30%	50%	30%	50%
Mental / Behavioral Health - Outpatient Therapy	30%	50%	30%	50%
Mental / Behavioral Health - Outpatient Non-Therapy	30%	50%	30%	50%
Inpatient Habilitation and Rehabilitation Services (Includes PT/OT/ST) - unlimited days	30%	50%	30%	50%
Outpatient Rehabilitation (OT/ST) 20 visit limit	30%	50%	30%	50%
Outpatient Rehabilitation (PT) 40 visit limit	30%	50%	30%	50%
Neurodevelopmental Therapy (OT/ST) 20 visit limit	30%	50%	30%	50%
Neurodevelopmental Therapy (PT) 40 visit limit	30%	50%	30%	50%
ABA Therapy	30%	50%	30%	50%
Hearing Aids - limit 1 device per ear, every 3 years; applies to dependent children only	30%	50%	30%	50%
Home Health - no limit	30%	50%	30%	50%
Skilled Nursing Facility - 30 days	30%	50%	30%	50%
Hospice	No Charge, After deductible	50%	0%, After deductible	50%
Palliative Care - no limit	No Charge, After deductible	50%	0%, After deductible	50%

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

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)	30%
			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	30%		Tier 4 – Typically, high-cost brand-name drugs	30%
			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	30%
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.