

State of Idaho Health Plan Comparison - Retiree 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% |

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 | Subject to the applicable tier copay | |

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.