

State of Idaho Health Plan Comparison - Retiree Traditional

Medical Benefits - Plan Year

Benefit Category	BCI Traditional (current)		Regence Traditional (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)	\$500 / \$1,400		\$500 / \$1,400	
Out of Pocket Maximum - Individual / Family	\$4,350 / \$8,700		\$4,350 / \$8,700	
Coinsurance	30%		30%	
Office Visits - Primary Care Provider, Specialist and urgent care	30%		30%	
Preventive Care	No Charge, Deductible waived		0%, Deductible waived	
Preventive Immunizations	No Charge, Deductible waived		0%, Deductible waived	
Vendor Telehealth	No Charge, Deductible waived (MDLive)		0%, Deductible waived (Doctor on Demand)	
Telehealth Virtual Care (non-Vendor)	30%		30%	
Ambulatory Surgical Center	30%		20%	30%
Allergy Injections	30%		30%	
Outpatient Lab / X-Ray	30%		30%	
COVID testing and treatment	No Charge, Deductible waived		0%, Deductible waived	
Emergency Room & Services	\$100 copay, then in-network deductible and 30% coinsurance		\$100 copay, then in-network deductible and 30% coinsurance	
Ambulance	30%		30%	
Inpatient Hospital Facility	30%		30%	
Acupuncture & Spinal Manipulations 18 visit limit combined	30%		30%	
Mental / Behavioral Health - Inpatient	30%		30%	
Mental / Behavioral Health - Outpatient Therapy	30%		30%	
Mental / Behavioral Health - Outpatient Non-Therapy	30%		30%	
Inpatient Habilitation and Rehabilitation Services (Includes PT/OT/ST) - unlimited days	30%		30%	
Outpatient Rehabilitation (OT/ST) 20 visit limit	30%		30%	
Outpatient Rehabilitation (PT) 40 visit limit	30%		30%	
Neurodevelopmental Therapy (OT/ST) 20 visit limit	30%		30%	
Neurodevelopmental Therapy (PT) 40 visit limit	30%		30%	
ABA Therapy	30%		30%	
Hearing Aids - limit 1 device per ear, every 3 years; applies to dependent children only	30%		30%	
Home Health - no limit	30%		30%	
Skilled Nursing Facility - 30 days	30%		30%	
Hospice	No Charge, Deductible waived		0%, Deductible waived	
Palliative Care - no limit	No Charge, Deductible waived		0%, Deductible waived	
Home Infusion Therapy	30%		30%	

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

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.