State of Idaho Health Plan Comparison - Active Traditional						
Medical Benefits - Plan Year						
	BCI Traditional (current)		Regence Traditional (7/1/2024)			
Benefit Category	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-netwo		\$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% 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, Dedu	ctible waived	0%, Deductible waived			
Palliative Care - no limit	No Charge, Dedu	ctible waived	0%, Deductible waived			
Home Infusion Therapy	30%		30'	%		

## State of Idaho Health Plan Comparison - Active Traditional **Medical Benefits - Plan Year BCI Traditional (current)** Regence Traditional (7/1/2024) **Benefit Category Out-of-Network Out-of-Network In-Network Provider In-Network Provider Provider** Provider Dialysis - Outpatient 30% Diabetes education 30% 30% 30% 30% Maternity 30% 30% TMJ - limit \$2,000 per lifetime 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% 30% 30% Gene Therapy 30% 30% Transplants

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		
<b>Tier 3 –</b> Non-Preferred Brand, Generic Specialty, Preferred Specialty		<b>Tier 4 –</b> Typically, high-cost brand-name drugs	\$60		
	\$60	Tier 5 – Preferred specialty medications; may include lower-cost brand or generic specialty medication			
<b>Tier 4 –</b> 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			

**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.