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-netw coinsui		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%		

State of Idaho Health Plan Comparison - Retiree HDHP **Medical Benefits - Plan Year BCI HDHP (current)** Regence HDHP (7/1/2024) **Benefit Category Out-of-Network Out-of-Network** In-Network Provider **In-Network Provider Provider** Provider Home Infusion Therapy 30% 50% 50% 30% **Dialysis - Outpatient** 30% 50% 30% 50% **Diabetes education** 30% 50% 30% 50% Maternity 50% 30% 30% 50% TMJ - limit \$2,000 per lifetime 30% 50% 30% 50% 30% 50% **Orthognathic Surgery** 50% 30% Repair of Teeth Due to Injury 30% 30% 50% 50% 30% 50% **Durable Medical Equipment** 30% 50% **Orthotics for Diabetics** 30% 50% 30% 50% 50% Sleep Studies 30% 50% 30% Gene Therapy 30% 30% 50%

50%

30%

50%

30%

Transplants

Pharmacy Benefits				
Prescription Medication Deductible and Out of Pocket Maximum	Shared with Medical Shared with Medical		th Medical	
BCI Tier	BCI Coinsurance	Regence Tier	Regence Coinsurance	
Tier 1 – Generics		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		Tier 4 - Typically, high- cost brand-name drugs	30%	
	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		

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.