

FY2026 Regence Blue Shield Medical Healthcare Plan Comparison Chart

	PREFERRED PROVIDER ORGANIZATION (PPO)		TRADITIONAL PLAN	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
	IN-NETWORK PPO PLAN	OUT-OF-NETWORK PPO		IN-NETWORK / OUT-OF-NETWORK
Annual Deductible	\$350 per person \$950 per family	\$600 per person \$1,700 per family	\$500 per person \$1,400 per family	\$2,000 per person \$4,000 per family
Out of Pocket Maximum	\$3,250 per person \$6,750 per family aggregate <i>Prescription drugs: \$2,000 individual / \$4,000 family</i>	\$6,500 per person \$13,500 per family aggregate <i>Prescription drugs: \$2,000 individual / \$4,000 family</i>	\$4,350 per person \$8,700 per family <i>Prescription drugs: \$2,000 individual / \$4,000 family</i>	\$5,000 per person <i>(\$6,500 Out-of-Network)</i> \$10,000 per family <i>(\$13,000 Out-of-Network)</i>
Physician visit	\$20 co-pay / office visit, deductible does not apply 20% coinsurance for all other services	40% coinsurance	30% coinsurance	20% / 40% coinsurance
Specialist visit	\$40 co-pay / office visit, deductible does not apply 20% coinsurance for all other services	40% coinsurance	30% coinsurance	20% / 40% coinsurance
Preventive care/screening immunization	No charge, deductible does not apply	40% coinsurance	No charge, deductible does not apply	No charge, deductible does not apply
<p align="center">-All Affordable Care Act (ACC)-Listed preventative services are covered 100% in-network. No annual limits -You may have to pay for services that aren't preventative. Ask your provider if the services needed are preventative. Then check what your plan will pay for. Go to healthcare.gov/coverage/preventive-care-benefits/ for Preventive Health Care Resources</p>				
Testing	20% coinsurance for diagnostic test (x-ray, blood work) Imaging (CT/PET scans, MRIs)	40% coinsurance	30% coinsurance	20% / 40% coinsurance
Outpatient Surgery Facility Fee + Physician Fee	10% coinsurance for ambulatory surgery center and center physicians; 20% coinsurance for all other facilities and physicians	40% coinsurance	20% / 30% coinsurance for ambulatory surgery center and center 30% coinsurance for all other facilities and physicians	10% / 40% coinsurance for ambulatory surgery center and center physicians; 20% / 40% coinsurance for all other facilities and physicians

FY2026 Regence Blue Shield Medical Healthcare Plan Comparison Chart

	PREFERRED PROVIDER ORGANIZATION (PPO)		TRADITIONAL PLAN	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
	IN-NETWORK PPO PLAN	OUT-OF-NETWORK PPO		IN-NETWORK / OUT-OF-NETWORK
Emergency Room Care	20% coinsurance after \$100 co-pay / visit	20% coinsurance after \$100 co-pay / visit	30% coinsurance after \$100 co-pay / visit	20% coinsurance
Emergency Medical Transportation	20% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance
Urgent / Acute Care	\$40 co-pay / office visit deductible does not apply; \$20 coinsurance for all other services	40% coinsurance	30% coinsurance	20% / 40% coinsurance
Hospital Services Facility Fee + Physician Fee	20% coinsurance for facility fee (e.g. hospital room) 20% coinsurance for facility physicians (e.g. surgeon fee)	40% coinsurance	30% coinsurance for facility fee (e.g. hospital room) 30% coinsurance for facility physicians (e.g. surgeon fee)	20% / 40% coinsurance for facility fee (e.g. hospital room) 20% / 40% coinsurance for facility physicians (e.g. surgeon fee)
<p>The Employee Assistance Program (EAP) Covers six (6) visits of screening, short-term counseling or referral services available per eligible employee or family member per plan year without charge, regardless of insurance plan enrollment. All requests for prior authorization for all mental health and/or substance abuse services and inquiries for EAP must be directed to Com Psych at 1-800-922-2687. Online: guidanceresources.com App: Guidance Now Web ID: SOIEAP</p> <p>Telehealth Counseling Timely access to behavioral health care is critical to patients' overall well-being with no referral needed. Telehealth (virtual) appointments can help meet that need.</p>				
Mental and Behavioral Health, or Substance Abuse Services	Outpatient: No charge / office / psychotherapy, deductible does not apply; 20% coinsurance for all other services Inpatient: 20% coinsurance	40% coinsurance	30% coinsurance	Outpatient: 20% / 40% coinsurance Inpatient: 20% / 40% coinsurance
Maternity Care	20% coinsurance /office visit 20% coinsurance /childbirth/delivery professional services 20% coinsurance / childbirth/delivery facility services	40% coinsurance	30% coinsurance	20% / 40% coinsurance
Home Health Care or Rehabilitation Services	20% coinsurance See Limitations	40% coinsurance See Limitations	30% coinsurance	20% / 40% coinsurance

FY2026 Regence Blue Shield Medical Healthcare Plan Comparison Chart

	PREFERRED PROVIDER ORGANIZATION (PPO)		TRADITIONAL PLAN	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
	IN-NETWORK PPO PLAN	OUT-OF-NETWORK PPO		IN-NETWORK / OUT-OF-NETWORK
Skilled Nursing Care	20% coinsurance See Limitations	40% coinsurance See Limitations	30% coinsurance	20% / 40% coinsurance
Hospice Services	No charge, deductible does not apply	40% coinsurance	No charge, deductible does not apply	No charge if In-Network / 40% coinsurance
Durable Medical Equipment	20% coinsurance	40% coinsurance	30% coinsurance	20% / 40% coinsurance
Chiropractic and Acupuncture Care	Combined 18 visits per plan year. See the full Plan Document for What You Will Pay.			
Hearing Aids	Hearing Aids will be covered for all members - Subject to deductible and coinsurance. Two devices, every 3 years.			

PRESCRIPTION DRUG COVERAGE

<p>Please see the HDHP Preventive Drug List</p>	<p>If you need drugs to treat your illness or condition, go to https://regence.com/go/2024/ID/6tier for more information. This Regence resource is a list of prescription generic, brand-name, and specialty drugs that have been approved by the FDA. If your drug is not on this list, it will not be covered; however, a request for coverage can be submitted through the Drug List Exception Process. This drug listing does not include every dosage or formulation for each medication. Drugs with a “+” indicator next to them on the Drug List have group-specific coverage.</p>			
<p>Prescription Drugs</p>	<p>PREFERRED PROVIDER ORGANIZATION & TRADITIONAL PLAN</p>		<p>HIGH DEDUCTIBLE HEALTH PLAN (HDHP)</p>	
	<p>In-Network</p>	<p>Out of Network</p>	<p>In-Network</p>	<p>Out of Network</p>
<p>1st Tier-Generic, highest value</p>	<p>\$10 co-pay, deductible does not apply / retail prescription; \$30 co-pay deductible does not apply / home delivery non-maintenance</p>		<p>20% coinsurance after Deductible (retail and mail order)</p>	<p>20% coinsurance after Deductible (retail and mail order)</p>
<p>2nd Tier-Generic, moderate value</p>	<p>\$10 co-pay, deductible does not apply / retail prescription; \$30 co-pay deductible does not apply / home delivery non-maintenance</p>			
<p>3rd Tier-Formulary Brand, moderate value</p>	<p>\$30 co-pay, deductible does not apply / retail prescription; \$90 co-pay deductible does not apply / home delivery non-maintenance</p>			
<p>4th Tier-Formulary Brand, lower value</p>	<p>\$60 co-pay, deductible does not apply / retail prescription; \$180 co-pay deductible does not apply / home delivery non-maintenance</p>			
<p>5th Tier-Formulary Specialty, moderate value</p>	<p>\$60 co-pay, deductible does not apply / specialty drug Out-of-Network</p>	<p>90% coinsurance deductible does not apply / specialty drug</p>		
<p>6th Tier-Formulary Specialty, lower value</p>	<p>\$100 co-pay, deductible does not apply / specialty drug</p>	<p>90% coinsurance deductible does not apply / specialty drug</p>	<p>20% coinsurance specialty drug</p>	<p>90% coinsurance specialty drug</p>

PEG IS HAVING A BABY

IN-NETWORK PPO Plan

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$350
- **Specialist copayment** \$40
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$350
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$2,400
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,820

Traditional Plan

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$500
- **Specialist coinsurance** 30%
- **Hospital (facility) coinsurance** 30%
- **Other coinsurance** 30%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$3,500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,070

High Deductible Plan

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$2,000
- **Specialist coinsurance** 20%
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$2,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,060

MANAGING JOE'S TYPE 2 DIABETES

IN-NETWORK PPO Plan

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$350
■ Specialist copayment	\$40
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$350
Copayments	\$700
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$200
The total Joe would pay is	\$1,350

Traditional Plan

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$500
■ Specialist coinsurance	30%
■ Hospital (facility) coinsurance	30%
■ Other coinsurance	30%

This EXAMPLE event includes services like:

- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$500
Copayments	\$500
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$200
The total Joe would pay is	\$1,500

High Deductible Plan

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	20%
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$10
What isn't covered	
Limits or exclusions	\$200
The total Joe would pay is	\$2,210

MIA'S SIMPLE FRACTURE

IN-NETWORK PPO Plan

Mia's Simple Fracture (in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$350
- **Specialist copayment** \$40
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$350
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$950

Traditional Plan

Mia's Simple Fracture (in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$500
- **Specialist coinsurance** 30%
- **Hospital (facility) coinsurance** 30%
- **Other coinsurance** 30%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$700
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,300

High Deductible Plan

Mia's Simple Fracture (in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$2,000
- **Specialist coinsurance** 20%
- **Hospital (facility) coinsurance** 20%
- **Other coinsurance** 20%

This EXAMPLE event includes services like:

Emergency room care (including medical supplies)
Diagnostic test (x-ray)
Durable medical equipment (crutches)
Rehabilitation services (physical therapy)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$2,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,200