Compare plans

Individual Health Plans

We'll guide you through the plans available, step-by-step.

Regence

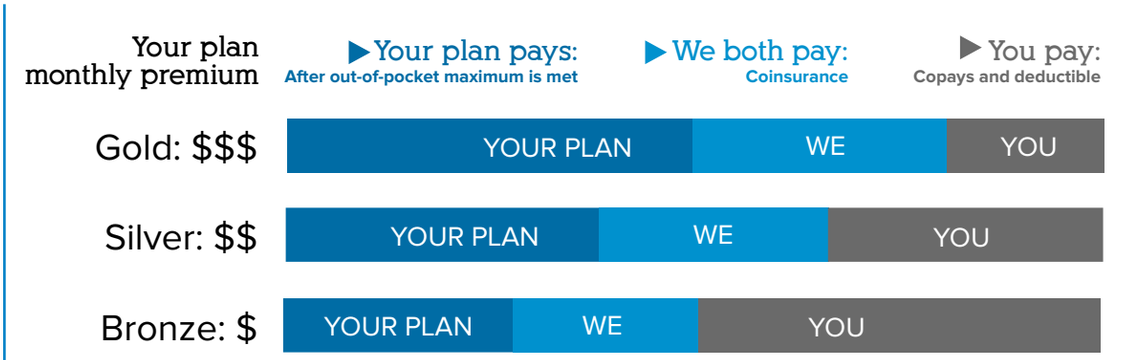
WHY CHOOSE REGENCE?

When you choose Regence, you're getting a health care partner. One that can help with your needs every step of the way, from quick health information to answers about claims, and from online wellness programs to one-on-one help with serious health conditions.

Our team of customer service specialists, case managers and health care professionals are devoted to helping you reach your health care goals.

WHICH PLAN IS RIGHT FOR YOU?

A QUICK GUIDE TO HOW OUR PLANS WORK



This chart shows what you get for your monthly premium. The more you pay per month for the coverage itself, the less you pay for medical costs.

PLAN BENEFITS

All plans cover the same services, including the 10 essential benefits. The plans differ in premium and your out-of-pocket costs (coinsurance, deductibles and copays).

GOLD

Premium: $$$
Out-of-pocket: $

Eligibility
Individuals and families

Good choice if you...
...want to pay very little out of pocket if you need health care services with lower copays, coinsurance, and no deductible on some services and that peace of mind is worth paying a slightly higher monthly premium

SILVER

Premium: $$
Out-of-pocket: $$

Eligibility
Individuals and families

Good choice if you...
...want a balance between your out of pocket costs and monthly premium. This plan also has an HSA option

BRONZE

Premium: $
Out-of-pocket: $$$

Eligibility
Individuals and families

Good choice if you...
...don't expect to need health care services and want a lower monthly premium. This plan also has an HSA option

WHAT IS A PROVIDER NETWORK?

A provider network is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care to the plan's members. These providers are called "network providers" or "in-network providers." A provider that hasn't contracted with the plan is called an "out-of-network provider."

PREVENTIVE CARE:

we put your good health first

Preventive care and early detection are key to long-term health and well-being. That's why we cover:

- Routine well-baby care, physicals, well-woman's care, immunizations and health screenings
- Counseling for tobacco use cessation
- Generic medications for tobacco use cessation

You're covered for these services 100% when you see a network provider. Deductibles and coinsurance may apply when you see out-of-network providers.

HEALTH SAVINGS ACCOUNT (HSA):

control your health care dollars

An HSA is a great way to save money and prepare for medical costs. It also gives you flexibility and ownership over your health care dollars. This coverage is actually made up of two parts: a qualified medical plan and a separate savings account.

The qualified medical plan is provided by a health plan and:

- Meets specific IRS requirements, such as deductible levels
- Usually has a deductible higher than most other plans
- Usually has premiums that are lower than most other plans

A health savings account is established with a qualified financial institution and:

- Allows you to set aside tax-advantaged dollars that you can use to pay for qualified medical expenses, as defined by the IRS (such as your deductible, coinsurance and even your kid's braces)
- Enables you to save and earn tax-free interest on your balance
- Is not a use-it-or-lose-it account; funds accumulate and go with you even if you move or change health plans

Your taxable income is decreased by the amount you choose to set aside in your HSA. And money you spend on qualified medical expenses is tax-free. When you enroll in our HSA plans we will automatically open a Health Equity account for you to fund.

QUESTIONS?

Our customer service specialists are here to help. (TTY: 711)

To find out more about a specific Regence plan, call Customer Service at

1 (888) REGENCE.

Or learn more at
regence.com

PRESCRIPTION DRUGS:
focused on savings and effectiveness

Medications are a vital part of many treatments and preventive services. With more than 65,000 pharmacies in our network, we make it easy to get the medications you need. Using a network pharmacy makes it faster and easier to get your prescription filled and get on your way.

The formulary

Our list of covered prescription medications is selected and regularly reviewed by a committee of doctors and pharmacists. The list includes both brand-name and generic drugs. Formulary medications are chosen for effectiveness, value and safety—not just price.

How we cover medications

We organize all medications into three or four tiers depending on which plan you choose:

- Generics
- Preferred and Non-preferred Brands
- Specialty Medications

All our prescription benefits assign a copay or coinsurance to each tier. What you pay depends on which tier your medication falls into. The plan you choose will identify the coverage for each tier.

10 ESSENTIAL HEALTH BENEFITS

The Affordable Care Act requires all health plans to provide the same set of essential health benefits:

1. **Ambulatory care** – This is care you receive without being admitted to a hospital, such as at a doctor's office, clinic or same-day (outpatient) surgery center. It also includes home health services and hospice.

2. **Emergency services** – This includes trips to the ER and ambulance transportation. An emergency is a condition that could lead to serious disability or death if not treated right away, such as accidents and sudden illnesses. In an emergency, you're covered equally at network and out-of-network facilities, and you don't need prior authorization.

3. **Hospitalization** – This is care you receive as a hospital patient. It includes services provided by doctors, nurses and other hospital staff; lab work and other tests; medications you receive during your stay; and room and board. The benefit also covers surgeries, transplants and care received in a skilled nursing facility, such as a nursing home cares for the elderly.

4. **Laboratory services** – This benefit covers tests that help a doctor diagnose an injury, illness or condition, or those tests that measure a treatment's effectiveness. Some preventive screenings, such as breast cancer screenings, are covered at 100%.

Save with generics

Generics cost a lot less than brand-name medications—and work just as well. So ask your doctor if a generic version of your medication is right for you. Your pharmacist can also work with your doctor to explore your options.

Prior authorization

Some brand-name medications require prior authorization. Generics generally don't require prior authorization, so switching to a generic can eliminate the need for review. If you need to obtain prior authorization, your doctor or pharmacist can call or fax in the request.

Visit regence.com to:

- Find a network pharmacy near you
- Learn about your medication choices
- See if your medication needs prior authorization or has limitations or restrictions

5 **Maternity and newborn care** – This is the care that women receive while pregnant, and during labor, delivery and post-delivery. It includes care for newborns.

6 **Mental health services and addiction treatment** – You're covered for inpatient and outpatient care that evaluates, diagnoses and treats a mental health condition or substance abuse disorder.

7 **Rehabilitative services and devices** – We cover rehabilitative and habilitative services and devices that help you gain or recover mental and physical skills lost due to an injury, disability or chronic condition.

8 **Pediatric services** – Infants and children are covered for their care, including well-child visits and recommended vaccines and immunizations. We cover pediatric vision care on all plans. Pediatric dental care is covered for any dependents under the age of 19.

9 **Prescription drugs** – Our benefits cover prescription medications that treat an illness or condition. For example, antibiotics and medications taken for an ongoing condition, such as high cholesterol.

10 **Preventive and wellness services and chronic disease treatment** – We cover preventive care, such as physicals, immunizations and cancer screenings that prevent or detect certain medical conditions. We also cover care for chronic conditions, such as asthma and diabetes.

STEP-BY-STEP

1. Consider how you use health care.
2. Have needed documents ready.
3. Choose a plan that matches your needs.
4. Enroll.

STEP 1

CONSIDER

Consider how you use health care. Look at the plans offered and find the one that best fits your needs. Gold, Silver, and Bronze tiers are available.

STEP 2

HAVE

Before you start your application, have the following documents in hand:

- Social Security numbers (or document numbers for lawful immigrants) for everyone in your family who needs coverage
- Policy numbers for any current health coverage your family members may have

To see if you're eligible, please call 1 (888) REGENCE, TTY: 711 or visit **regence.com**.

STEP 3

CHOOSE

Choose a plan that matches your needs.

Because all health plans must provide the 10 essential benefits, plans look a lot alike. How do you choose? Look for one that gives you the most value for the kind of care you need. For example, all of our plans include pediatric dental. The plan with the lowest premium may not save you money in the long run. If you need a lot of care, you may want a plan that has a higher premium but lower out-of-pocket costs.

STEP 4

ENROLL

Visit **regence.com** or call us at 1 (888) REGENCE.

Open enrollment: The Affordable Care Act (ACA) lets you sign up for coverage during an open enrollment period each year, regardless of any pre-existing health condition.

Special enrollment: You may sign up outside of open enrollment if you experience certain life events such as marriage, divorce, birth or adoption.

If you don't qualify for special enrollment, you won't be able to buy coverage outside of the open enrollment period.

CONVENIENCE AND SIMPLICITY:

tools and resources for your good health

These programs are not insurance, but they are offered in addition to your medical plan to you get information and support when you need it:

- **Regence Advice24 nurse line:**
  Make a toll-free and confidential call if you can't decide between going to the ER or calling your doctor. Registered nurses are ready 24/7 to answer questions and assess symptoms or injuries.
- **Case Management:**
  We can help if you face a difficult medical situation. Case managers—experienced registered nurses and social workers—will answer questions and work closely with you and your doctor on a personal treatment plan. They also work with disease and behavioral specialists to help with chemical dependency, depression and other chronic conditions.
- **Special Beginnings® Maternity Management:**
  Get support from caring professionals throughout your pregnancy. A registered nurse will reinforce your doctor's care and answer questions 24/7.
- **Disease Management:**
  When you have a challenging chronic condition, you can talk to a health care professional 24/7 for answers and support. You'll also find helpful tips on regence.com.
- **regence.com:**
  You'll find 24-hour access to your coverage and claims, and you can find a doctor near home or work in minutes. We've also made it easy to compare costs and the quality of hospitals and clinics. Our providers are even reviewed by other Regence members. Our library of articles, videos, interactive tools and blogs let you brush up on nutrition, get current information on medications or join a discussion on the hottest health topics.
- **Regence Advantages:**
  This members-only discount program offers savings on leading health-related products and services, including LASIK surgery, hearing aids, dental care products, gym memberships, and much more.

For more information, visit us online at **regence.com**

HELPFUL TERMS

Allowed amount
The lower prices that network providers have agreed to accept as payment in full for the medical services they provide to you.

Coinsurance
An amount you may be required to pay as your share of the cost for services or prescription drugs after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copay
A flat dollar amount you may be required to pay at the time you receive a medical service or supply, like a doctor's visit, hospital outpatient visit or prescription drug. For example, you might pay $20 for a doctor's visit or prescription drug.

Deductible
The amount you must pay out of your own pocket each calendar year before your plan begins to pay. Some services, such as preventive care, are covered by your plan before you meet your deductible.

Durable medical equipment (DME)
Certain medical equipment that is ordered by your doctor for medical reasons. Examples are walkers, wheelchairs or hospital beds.

Explanation of Benefits (EOB)
A statement that explains how your health plan processed your claims, how much the plan paid and how much you owe the provider.

Exclusions
Health plans do not cover all health care services. Exclusions are those services not covered by, or excluded from, the health plan.

Formulary (list of covered drugs)
A list of prescription medications covered by your plan. The drugs on this list are selected by a committee of doctors and pharmacists. The list includes both brand-name and generic drugs.

Generic drugs
A prescription medication that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand-name drug. Generally, a generic drug works the same as a brand-name drug and usually costs less.

Limitations
Some benefits are limited to a set number of days or visits, or even dollar amounts, per calendar year.

List of covered drugs (formulary)
A list of prescription drugs covered by your plan. The drugs on this list are selected by a committee of doctors and pharmacists. The list includes both brand-name and generic drugs.

Network providers
Medical professionals and facilities that have agreed to accept a lower price (called an allowed amount) as payment in full for services that they provide to you.

Nurse line
A dedicated phone line that allows you to speak to a registered nurse about health concerns.

Out-of-network providers
Facilities or health professionals that are not contracted with your plan to deliver covered services to you. Your costs are usually higher when you use out-of-network providers.

Out-of-pocket costs
The costs you pay out of your own pocket for your covered care. Examples are coinsurance, copays and deductible amounts.

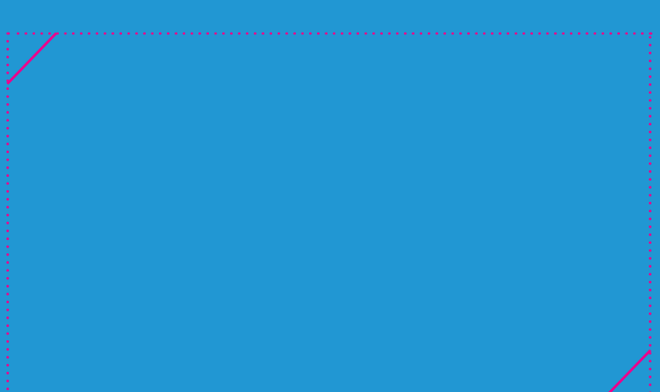
Out-of-pocket maximum
The most you will have to pay out of your own pocket for covered care in a calendar year (in deductible, copays and coinsurance). Once you meet the out-of-pocket maximum, your plan pays 100% for covered care for the rest of the year.

Preventive services
Health care, such as screenings and immunizations, that help keep you well.

Primary care physician (PCP)
The doctor who many people see first for preventive care and general health concerns. He or she makes sure you get the care you need to keep you healthy and can connect you to specialists when needed.

Provider
A facility, doctor or other health professional that provides you with medical care or related services.

Specialist
An expert in a particular area of medicine. For example: dermatologist, allergist or cardiologist.



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