


	Deductible		Out-of-pocket maximum		Coinsurance		Prescriptions						Common types of care					
	Individual amounts shown; family amounts = 2x												Amounts shown are for in-network providers					
	In network	Out of network	In network	Out of network	In network	Out of network	Generic		Brand		Specialty		Diagnostic and lab	Office visit		Telehealth		Emergency room copay (Coinsurance applies)
						T1	T2	T3	T4	T5	T6	Primary		Specialist	Virtual visit	Secure messaging		
Platinum 250	\$250	\$3,000	\$4,000	\$10,000	10%	50%	\$8	\$30	\$30	50%	20%	50%	\$0	\$20	\$30	\$10	Free	\$250
Platinum 500	\$500	\$3,000	\$5,000	\$10,000	20%	50%	\$8	\$35	\$30	50%	20%	50%	\$0	\$20	\$30	\$10	Free	\$250
Gold 500	\$500	\$5,000	\$8,550	\$10,000	30%	50%	\$10	\$35	\$50	50%	20%	50%	30%	\$30	\$50	\$10	Free	\$300
Gold 1000	\$1,000	\$5,000	\$8,550	\$10,000	30%	50%	\$10	\$35	\$50	50%	20%	50%	\$0	\$30	\$50	\$10	Free	\$300
Gold 1500	\$1,500	\$5,000	\$8,550	\$10,000	20%	50%	\$15	\$35	\$50	50%	20%	50%	20%	\$30	\$50	\$10	Free	\$300
Gold 2000	\$2,000	\$5,000	\$5,750	\$10,000	25%	50%	\$10	\$35	\$50	50%	20%	50%	25%	\$30	\$50	\$10	Free	\$300
Gold 2500	\$2,500	\$5,000	\$7,350	\$10,000	30%	50%	\$10	\$35	\$50	50%	20%	50%	30%	\$30	\$50	\$10	Free	\$300
Silver 3000	\$3,000	\$5,000	\$8,150	\$10,000	30%	50%	\$15	\$35	\$60	50%	20%	50%	30%	\$40	\$60	\$10	Free	\$400
Silver 5500	\$5,500	\$7,500	\$7,350	\$10,000	50%	50%	\$15	\$35	\$60	50%	20%	50%	50%	\$40	\$60	\$10	Free	\$400
Bronze 8550	\$8,550	\$10,000	\$8,550	\$15,000	0%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$10	Free	0%

All Regence plans feature:


- Embedded Wellness Incentive Program
- Easy-access care: At the doctor's office, online, via secure messaging and even house calls for urgent care (available in select areas)
- Mental health visits covered at same cost-share as primary care

 Blue box = deductible waived

Essential plans	Deductible		Out-of-pocket maximum		Coinsurance		Prescriptions						Common types of care				
	Individual amounts shown; family amounts = 2x												Amounts shown are for in-network providers				
	In network	Out of network	In network	Out of network	In network	Out of network	Generic		Brand		Specialty		Office visit		Telehealth		Emergency room coinsurance
							T1	T2	T3	T4	T5	T6	Primary, specialist, or urgent care		Virtual visit	Secure messaging	
Silver Essential 2500	\$2,500	\$5,000	\$8,150	\$10,000	20%	50%	\$15	\$35	25%	50%	20%	50%	First 10 visits: \$40 copay	After 10 visits: 20%	Free	Free	20%
Silver Essential 4000	\$4,000	\$5,000	\$8,150	\$10,000	20%	50%	\$10	\$35	25%	50%	20%	50%	First 4 visits: \$40 copay	After 4 visits: 20%	Free	Free	20%
Bronze Essential 7500	\$7,500	\$10,000	\$8,550	\$15,000	30%	50%	\$10	\$35	25%	50%	20%	50%	First 4 visits: \$40 copay	After 4 visits: 30%	Free	Free	30%

All Regence plans feature:


- Embedded Wellness Incentive Program
- Easy-access care: At the doctor's office, online, via secure messaging and even house calls for urgent care (available in select areas)
- Mental health visits covered at same cost-share as primary care

 Blue box = deductible waived

HSA plans	Deductible		Out-of-pocket maximum		Coinsurance		Prescriptions					
	Individual amounts shown; family amounts = 2x						On HSA plans, deductible is waived for medications on the Optimum Value Medication List					
	In network	Out of network	In network	Out of network	In network	Out of network	Generic		Brand		Specialty	
							T1	T2	T3	T4	T5	T6
Gold HSA 1500	\$1,500	\$5,000	\$4,500	\$10,000	20%	50%	10%	25%	25%	50%	20%	50%
Silver HSA 2000	\$2,000	\$5,000	\$6,900	\$10,000	30%	50%	10%	25%	35%	50%	20%	50%
Silver HSA Embedded 3000	\$3,000	\$5,000	\$5,500	\$10,000	20%	50%	10%	25%	35%	50%	20%	50%
Silver HSA 3500	\$3,500	\$5,000	\$6,900	\$10,000	20%	50%	10%	25%	35%	50%	20%	50%
Silver HSA 4250	\$4,250	\$5,000	\$4,250	\$10,000	0%	50%	0%	0%	0%	0%	0%	0%
Bronze HSA 5500	\$5,500	\$10,000	\$7,000	\$15,000	50%	50%	50%	50%	50%	50%	20%	50%

All Regence plans feature:

- Embedded Wellness Incentive Program
- Easy-access care: At the doctor's office, online, via secure messaging and even house calls for urgent care (available in select areas)
- Mental health visits covered at same cost-share as primary care

 Blue box = deductible waived