Regence 💩 🕅

2025 Direct & Marketplace plans on the Individual & Family Network (IAFN)

OREGON

WHAT YOU PAY FOR CARE

Plans available statewide

| Family deductible and out-of-pocket maximum (OOPM) is 2x individual | Bronze Essential 8500 With 4 Copay No Deductible Office Visits | Bronze HSA 7000 | Silver 6200 | Direct only Silver 5000 | Gold 2300 | Standard Bronze Plan | Standard Silver Plan | Standard Gold Plan |
|---|---|-----------------------|-------------------------------------|-------------------------------|--------------|---|---|---|
| In-network deductible | \$8,500 | \$7,000 | \$6,200 | \$5,000 | \$2,300 | \$9,200 | \$5,500 | \$1,500 |
| In-network OOPM | \$9,200 | \$8,050 | \$9,200 | \$9,200 | \$9,200 | \$9,200 | \$9,200 | \$7,000 |
| Preventive care | Covered in full | | | | | | | |
| Virtual care | Covered in full | 50% | \$10 | \$10 | \$10 | \$5 for first 3 combined primary, behavioral or virtual visits, | \$5 for first 3 combined primary, behavioral or virtual visits, | \$5 for first 3 combined primary, behavioral or virtual visits, |
| Outpatient behavioral health | 10% | 50% | \$10 | \$20 | \$10 | | | |
| Primary care (in person) | \$60 per visit (4 max); then | 50% | \$10 | \$20 | \$10 | then \$50 copay | then \$40 copay | then \$20 copay |
| Specialist (in person) | deductible & coinsurance; | 50% | \$50 | \$60 | \$60 | \$150 | \$80 | \$40 |
| Urgent care (in person) | primary / spec. / urgent | 50% | \$50 | \$60 | \$60 | \$100 | \$70 | \$60 |
| Emergency room | 10% | 50% | 10% | 10% | 10% | 0% | 30% | 20% |
| Lab & X-ray | 10% | 50% | 10% | 10% | 10% | 0% | 30% | 20% |
| Inpatient hospital | 10% | 50% | 10% | 10% | 10% | 0% | 30% | 20% |
| Acupuncture (12 visits / year) / spinal manipulations (20 visits / year) | 10% | 50% | \$10 | \$20 | \$10 | \$50 | \$40 | \$20 |
| In-network coinsurance for other covered medical care | 10% | 50% | 10% | 10% | 10% | 0% | 30% | 20% |
| Pediatric dental & vision up to age 19 | Vision: 1 routine eye exam and eyewear Dental: 2 exams and cleanings covered 100%, plus coverage for basic and major services | | | | | Vision: 1 routine eye exam and eyewear Dental: Not covered | | |
| Insulin cost cap | \$35 cap on member cost-share per 30-day supply. \$105 cap on member cost-share up to 90-day supply. | | | | | | | |
| Optimum Value Medication List | Deductible waived for specific medications used to treat chronic conditions (cardiovascular, diabetes, mental health, respiratory, osteoporosis) and anticonvulsants. <u>See the list</u> . | | | | | | | |
| Tier 1: Rx generic | \$20 | 20% | \$10 Marketplace / \$9 Direct | \$9 | \$5 | \$25 | \$15 | \$10 |
| Tier 2: Rx preferred brand-name | 30% | 30% | 20% | 30% | 20% | 0% | \$60 | \$30 |
| Tier 3: Rx brand-name | 40% | 40% | 40% | 40% | 40% | 0% | 50% | 50% |
| Tier 4: Rx specialty | 40% | 50% | 50% | 50% | 50% | 0% | 40% | 40% with a \$500 cap per prescription |

= Coinsurance percentage applies after deductible is met

Easier access to care

What you get with Regence

- No referrals needed, including specialists
- Broad network: All counties in Oregon, as well as parts of Idaho, Utah and Washington
- Pediatric dental (on most plans) and vision built in
- 4 counseling visits per incident and life-balance services at no additional cost through the Individual Assistance Program
- Help managing mobility and pain in joints, spine and muscles with a personalized virtual exercise program
- Advice24 guidance to self-care, doctor's office, urgent care, ER or virtual care
- More programs that support a range of wellness needs, an Rx guidance tool, maternity support, and discounts on health-related products and services*

Get in-network virtual care from anywhere, anytime

All plans include Doctor On Demand for access to board-certified clinicians. Go online to get in-network virtual care for urgent care needs 24/7/365 and schedule appointments for mental health care needs.

The Bronze Essential 8500 offers a dedicated primary care provider and integrated care experience with Doctor On Demand's Virtual Primary Care.



Make sure we cover your drugs

<u>Search our covered-drug list</u> or use the QR code.

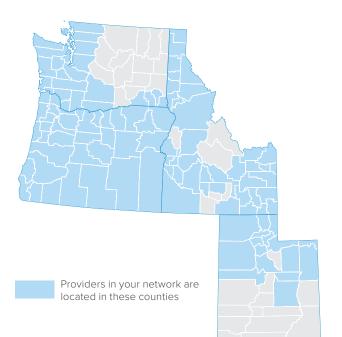
Create a member account

Your account on **<u>regence.com</u>** and the app makes it easy to:

- Review your claims and benefits
- Pay your premium
- Compare medication costs and effectiveness
- Estimate your medical costs
- Chat with Customer Service

Save with the Individual & Family Network

We've contracted with doctors, facilities and practitioners to provide you with care at a discounted price.



The network includes many providers across the state



Please visit **regence.com** or call us at 1-888-REGENCE (734-3623) for current info on in-network doctors and hospitals. Or use the QR code.

Only emergency and urgent care is covered outside the network service area

If you get care outside the service area (see map), you're covered ONLY for urgent and emergency facilities and ambulances, which are covered at the in-network cost-share no matter where you are.

You have no other coverage outside the network

To avoid high out-of-pocket costs and surprise bills, always stay in your network. It's easy to find in-network doctors and hospitals. Just visit <u>regence.com</u> or our app or call Customer Service at 1-888-REGENCE (734-3623).



Doctor On Demand is a separate company that provides telehealth services.

Regence BlueCross BlueShield of Oregon

an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueCross BlueShield of Oregon 200 SW Market Street, 11th Floor | Portland, OR 97201 REG-OR-1330676-24/07-IAFN © 2024 Regence BlueCross BlueShield of Oregon

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711).