



IDAHO

2026 INDIVIDUAL & FAMILY PLANS



**Together
We Health**

Regence BlueShield of Idaho, Inc.

Your guide to choosing a health plan

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Let's make health care easier for you

Regence health plans are designed to complement your life, not complicate it. We'll help you find coverage that makes it easy and affordable to care for your whole self—body and mind. From broad networks of providers to virtual care and easy-to-use digital tools, you'll have the support you need to get the right care, at the right place, at the right time. And you can rest easy knowing our local Customer Service team is there to help every step of the way.

5 reasons to partner with Regence

1. Access to a broad network

2. Whole-person focus for a healthier mind & body

3. Low- or no-cost virtual care for 24/7 convenience

4. Help finding affordable medications & staying on track

5. Local customer service that goes above & beyond



Serving Idaho since 1946

We have seven decades of experience focusing on the unique health care needs of Idahoans. And as a tax-paying nonprofit, we're here to support you—not shareholders.

Here's what you get with Regence

With head-to-toe coverage and assistance programs at no extra cost to you, Regence plans are designed to help simplify your life. Here are some highlights:



Primary care

Visit your primary care provider for checkups and to manage chronic conditions. If you choose a Regence Essential plan, you also have access to Virtual Primary Care to visit your PCP virtually.



Preventive care

You'll pay nothing for preventive care when you see an in-network provider for things like annual wellness visits, vaccinations, women's reproductive health and diagnostic screenings.



Virtual care

Connect virtually with board-certified physicians at a low copay or choose one of our plans that cover virtual medical care in full. Visit with a doctor or mental health provider whenever and wherever it's convenient for you.



Pediatric dental & vision on all plans

Includes one routine eye exam and eye wear for vision, and two dental exams and cleanings covered at 100%. You're also covered for basic (you pay 20%) and major (you pay 50%) dental care. The deductible is waived, and dependents are eligible up to age 19 on both benefits.



Low-cost prescriptions

Get access to affordable prescriptions at any of our 63,000+ participating pharmacies. Plus, many preventive medicines are covered even before you've met your deductible. Our medication support tools also help you understand choices, side effects, effectiveness and costs.



Local customer service

At Regence, our members are also neighbors—so we treat them that way. No scripts. No time limits. Never outsourced. Just caring people who go above and beyond to help you. Whenever you need help, you can talk to a highly skilled representative in seconds.



Virtual care saves a vacation

"We were on vacation in the middle of nowhere. This option saved me a two-hour round trip to the ER. That would have cost me a fortune. So thankful for this option."

—Regence member



Behavioral health support

Mental health matters. That’s why Regence health plans give you a range of options, like virtual therapy, life-balance assistance and personalized care management. We make support simpler and more accessible—so you can get the right level of care at the right time.



Tools to help you manage your health

Find a new doctor, check your deductible and pull up your member ID card on your phone. You can even chat with us when you have a question. Best of all, when you sign in to your member home page on the website or the app, your tools are all personalized to you based on your benefits.



Extra support for life’s challenges

Life doesn’t always go as planned. From relationship issues and anxiety to financial stress, you might need extra support from time to time. The Individual Assistance Program (IAP) puts professional help in your hands, including four counseling sessions per incident, legal guidance, lifestyle support, 24-hour crisis help and more—all at no additional cost to you.



Wellness rewards & benefits

With Regence, it pays to live well. Our plans include a personalized well-being solution, Regence Empower®, which allows you and your eligible spouse or domestic partner to earn up to \$100 in rewards for completing an online Health Assessment and other wellness-related activities like an annual checkup.

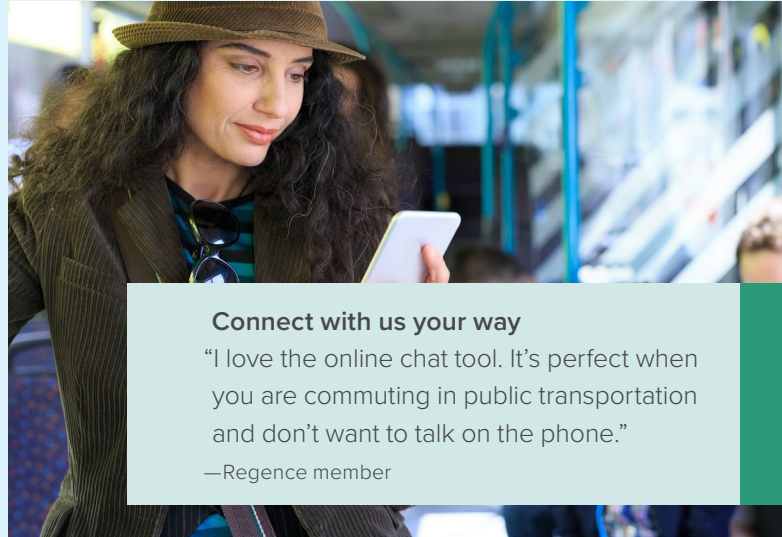
Value-added programs are not insurance but are offered in addition to your medical plan.

*The chat feature in Advice24 is not available on Essential plans.



Virtual muscle & joint support

You can get help managing mobility and pain in joints, spine and muscles. This personalized virtual exercise program improves lifestyles and reduces costs. Based upon specific health conditions, you may have access to a customized care plan, including guided exercise therapy, one-on-one video coaching with a care team, curated health education and behavior change support.



Connect with us your way

“I love the online chat tool. It’s perfect when you are commuting in public transportation and don’t want to talk on the phone.”

—Regence member



Anytime guidance with Advice24

Health questions keeping you up at night? Call or chat* with a registered nurse for guidance on the most appropriate care option, whether it’s self-care, a doctor visit, urgent care, the ER or virtual care. Advice24’s registered nurses are available 24/7 and can help with common issues like vomiting, cold and flu symptoms, back pain or a crying or feverish baby.



Members-only discounts

Get discounts on many health and wellness products, vision care, hearing aids, fitness devices, gym memberships, pet care and more. Plus, enjoy savings on eligible Walgreens over-the-counter health and wellness products.

Let's find a plan that fits your life

Choosing a health plan is a big decision, so we're here to help you find affordable coverage that meets your needs. You can shop for a plan directly with us or on the Health Insurance Marketplace, where you'll find Regence plans. Below is a short description of the different plan types we offer.

Traditional plans

Low-cost access to providers and no referrals needed. All plans include coverage for office visits, specialists, mental health, generic medications and alternative care before you meet your deductible.

POPULAR WITH

Individuals and families who want a low-cost option and like knowing what they'll pay for services.

Essential plans

Lower premiums in exchange for higher out-of-pocket costs. These plans offer potential savings for those who don't need a lot of care. Built around no-cost virtual care for primary, urgent, and mental health care needs. With Virtual Primary Care through Doctor On Demand, you get a dedicated primary care physician and an integrated care experience. Four office visits to a primary care provider, specialist or urgent care clinic are covered before you meet your deductible.

POPULAR WITH

Cost-conscious individuals and families who have low care needs and are most likely to use preventive and virtual care services.

HSA plans

Opportunity to use pre-tax HSA dollars to pay for qualified expenses and help with out-of-pocket costs. Included virtual care and programs described on page 4 provide options for care at a lower cost than in-person visits. There's no deductible for prescriptions on our Optimum Value Medication List.

POPULAR WITH

Individuals and families who like taking control of their health care dollars and want a tax advantage.

Understanding your needs & options

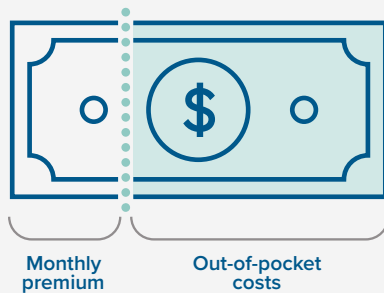
When considering which plan is right for you and your family, it's important to identify how much care you and your family expect to need. Do you take medications regularly or have a chronic condition? What about additional coverage and benefits? Your answers can help you determine how to balance your deductible, premium and out-of-pocket costs to best fit your needs. Learn more about how each plan type may fit your individual health situation on our [site](#).

Which metal level is right for me?

Gold plans are a good option if you expect to need a lot more than preventive care over the course of the year. On the opposite end, Bronze plans are a good fit if you're generally healthy and don't often need care. Silver plans strike a balance between premium and out-of-pocket costs and may qualify for cost-sharing savings if you're eligible.

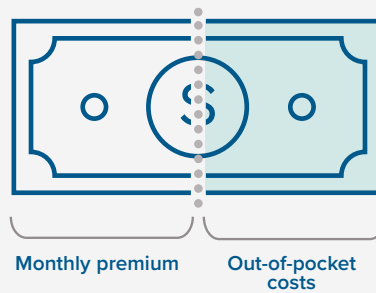
Bronze level

This option offers a lighter premium and heavier out-of-pocket costs.



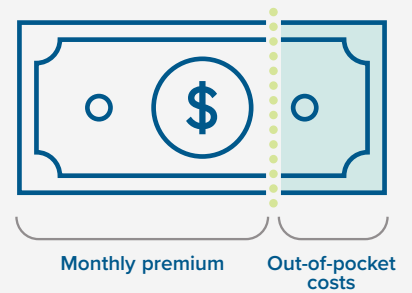
Silver level

This option balances premium and out-of-pocket costs.



Gold level

This option offers a heavier premium and lighter out-of-pocket costs.



Savings & subsidies

You may qualify for lower monthly premiums or extra savings on out-of-pocket costs if you meet certain income eligibility requirements. Here are two different ways to save:

Premium tax credits help you save by lowering your monthly insurance premium and are designed to help eligible individuals and families with low or moderate income afford health insurance.

Cost-sharing reductions provide savings on out-of-pocket costs, such as deductibles, copays and coinsurance. If you qualify, you must pick a plan in the Silver category to get these extra savings.

You can see whether you are eligible through [Your Health Idaho](#). If you don't qualify, it may be more affordable to shop directly with us at [regence.com](https://www.regence.com).

Need help understanding health insurance?

Check out our [Health Insurance 101](#) resources.

Choose the network that works for you

While you're looking at plans, it's good to know a little bit about how our networks differ from each other. Here's a quick snapshot of what we offer.

Regence Individual Connect Network

We've contracted with doctors, facilities and practitioners to provide you with care at a discounted price. Use doctors or hospitals you want across our service area.

The Individual Connect Network gives you a wide choice of primary doctors, specialists, hospitals and clinics in Idaho, as well as providers in Oregon, Utah and Washington.

Check to see if your doctor is in our network [here](#).

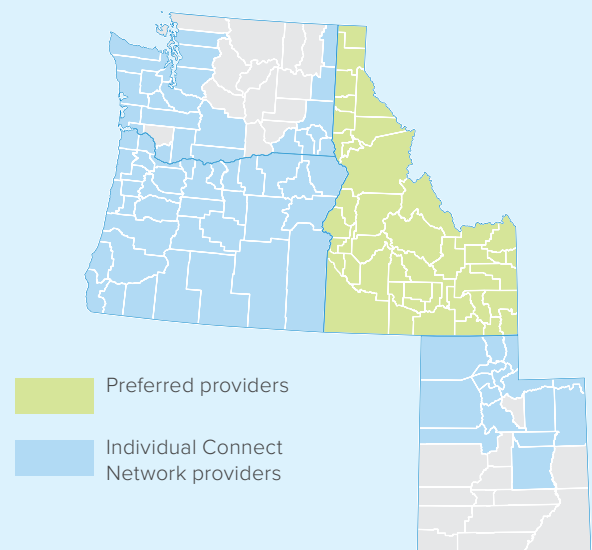
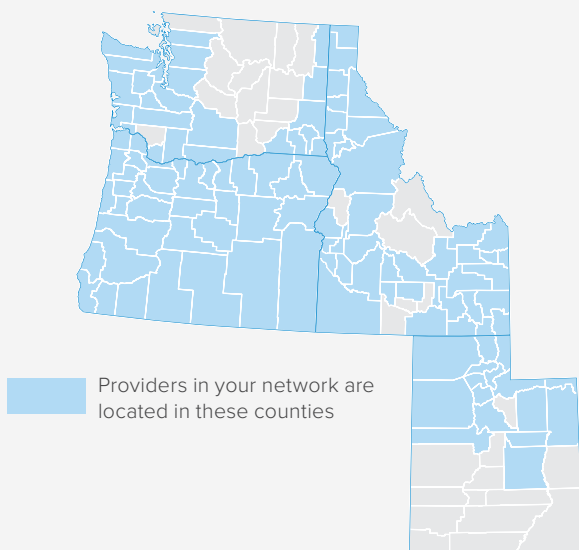
Regence Preferred Network

For residents of Adams, Blaine, Camas, Cassia, Custer, Elmore, Gooding, Jerome, Lemhi, Lincoln, Minidoka and Twin Falls counties, the Preferred Network gives you statewide access to care in Idaho. For care you receive in Oregon, Utah and Washington, you have access to the Individual Connect Network.

Check to see if your doctor is in our network [here](#).

Ease & security with each choice

No matter which network you use, no referrals are needed, including specialists. Feel secure with urgent care, emergency facilities and ambulances covered at in-network cost-shares anywhere in the U.S.



Plans available in Ada, Bannock, Bear Lake, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Elmore, Franklin, Fremont, Gem, Gooding, Idaho, Jefferson, Kootenai, Latah, Lewis, Madison, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Valley and Washington counties

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Bronze HSA 7000 POS	Bronze Essential 9000 With 4 Copay No Deductible Office Visits POS	Bronze 8000 POS	Silver 6500 POS	Silver 5700 Separate Rx Deductible POS	Silver 5000 POS (Direct only)	Gold 2300 POS	Gold 1500 POS
Unless otherwise specified, the out-of-network coinsurance for all benefits is 60% and is subject to the out-of-network deductible and out-of-pocket max.								
In-network deductible / out-of-network deductible	\$7,000 in / \$16,300 out	\$9,000 in / \$16,300 out	\$8,000 in / \$16,300 out	\$6,500 in / \$16,300 out	\$5,700 in / \$16,300 out	\$5,000 in / \$16,300 out	\$2,300 in / \$16,300 out	\$1,500 in / \$16,300 out
In-network OOPM / out-of-network OOPM	\$8,300 in / \$81,500 out	\$10,600 in / \$81,500 out	\$10,600 in / \$81,500 out	\$10,150 in / \$81,500 out	\$10,150 in / \$81,500 out	\$10,600 in / \$81,500 out	\$10,150 in / \$81,500 out	\$10,150 in / \$81,500 out
Rx deductible	Embedded in medical deductible				\$2,500 (family = 2x)	Embedded in medical deductible		
Preventive care	Covered in full for in-network services							
Virtual care	50%	Covered in full; includes primary care	\$10	\$10	\$10	\$10	\$10	\$10
Primary care (in person)	50%	\$60 per visit (4 max); then deductible & coinsurance; primary / spec. / urgent	\$60	\$10	\$20	\$20	\$10	\$10
Specialist (in person)	50%		\$100	\$55	\$75	\$70	\$60	\$70
Urgent care* (in person)	50%		\$100	\$55	\$75	\$70	\$60	\$70
Emergency room*	50%	10%	50%	10%	20%	10%	10%	20%
Lab & X-ray	50%	10%	\$60	10%	20%	10%	10%	20%
Inpatient hospital	50%	10%	50%	10%	20%	10%	10%	20%
Outpatient mental health	50%	10%	\$60	\$10	\$20	\$20	\$10	\$10
Outpatient rehab (20 visits / year)	50%	10%	50%	10%	20%	10%	10%	20%
Spinal manipulations (18 visits / year)	50%	10%	\$60	\$10**	\$20**	\$20**	\$10**	\$10**
In-network coinsurance for other covered medical care	50%	10%	50%	10%	20%	10%	10%	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.							
Insulin cost cap	\$100 cap on member cost-share per 30-day supply. \$300 cap on member cost-share up to 90-day supply. Applies to all insulins on our covered-drug list.							
Optimum Value Medication List	Deductible waived for specific medications used to treat chronic conditions (cardiovascular, diabetes, mental health, respiratory, osteoporosis) and anticonvulsants. See the list.							
Tier 1: Rx generic*	20%	\$15	\$15	\$10	\$10	\$15	\$10	\$12
Tier 2: Rx preferred brand-name*	30%	30%	30%	20%	20%	20%	20%	20%
Tier 3: Rx brand-name*	40%	40%	40%	40%	40%	40%	40%	40%
Tier 4: Rx specialty	50%	50%	50%	50%	50%	50%	50%	50%

* = Deductible waived

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network.

**Includes acupuncture

Plans available in Adams, Blaine, Camas, Cassia, Custer, Elmore, Gooding, Jerome, Lemhi, Lincoln, Minidoka and Twin Falls counties

Family deductible and out-of-pocket maximum (OOPM) is 2x individual	Bronze HSA 7000	Bronze Essential 9000 With 4 Copay No Deductible Office Visits	Bronze 8000	Silver 6500	Silver 5000 (Direct only)	Gold 2300
Unless otherwise specified, the out-of-network coinsurance for all benefits is 50% and is subject to the out-of-network deductible and out-of-pocket max.						
In-network deductible / out-of-network deductible	\$7,000 in / \$16,300 out	\$9,000 in / \$16,300 out	\$8,000 in / \$16,300 out	\$6,500 in / \$16,300 out	\$5,000 in / \$16,300 out	\$2,300 in / \$16,300 out
In-network OOPM / out-of-network OOPM	\$8,300 in / \$81,500 out	\$10,600 in / \$81,500 out	\$10,600 in / \$81,500 out	\$10,150 in / \$81,500 out	\$10,600 in / \$81,500 out	\$10,150 in / \$81,500 out
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Virtual care	50%	Covered in full; includes primary care	\$10	\$10	\$10	\$10
Primary care (in person)	50%	\$60 per visit (4 max); then deductible & coinsurance; primary / spec. / urgent	\$60	\$10	\$20	\$10
Specialist (in person)	50%		\$100	\$55	\$70	\$60
Urgent care* (in person)	50%		\$100	\$55	\$70	\$60
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Inpatient hospital	50%	10%	50%	10%	10%	10%
Outpatient mental health	50%	10%	\$60	\$10	\$20	\$10
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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.					
Insulin cost cap	\$100 cap on member cost-share per 30-day supply. \$300 cap on member cost-share up to 90-day supply. Applies to all insulins on our covered-drug list.					
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Tier 1: Rx generic*	20%	\$15	\$15	\$10	\$15	\$10
Tier 2: Rx preferred brand-name*	30%	30%	30%	20%	20%	20%
Tier 3: Rx brand-name*	40%	40%	40%	40%	40%	40%
Tier 4: Rx specialty	50% in / 60% out	50% in / 60% out	50% in / 60% out	50% in / 60% out	50% in / 60% out	50% in / 60% out

 = Deductible waived

*In-network cost-share, deductible (when applicable) and out-of-pocket maximum apply for care you receive either in or out of the network.

**Includes acupuncture

Limitations & exclusions

MEDICAL EXCLUSIONS

The following are the general exclusions from coverage, other exclusions may apply as described elsewhere in this Policy.

SPECIFIC EXCLUSIONS

The following conditions, treatments, services, supplies or accommodations, **including any direct complications or consequences that arise from them**, are not covered. However, these exclusions will not apply with regard to a Covered Service for:

- a preventive service as specified in the Preventive Care and Immunizations benefit and/or in the Prescription Medications Section.

Activity Therapy

The following activity therapy services are not covered:

- creative arts;
- play;
- dance;
- aroma;
- music;
- equine or other animal-assisted;
- recreational or similar therapy; and
- sensory movement groups.

Acupuncture

(exclusion applies to Bronze POS plans)

Adventure, Outdoor, or Wilderness Interventions and Camps

Outward Bound, outdoor youth or outdoor behavioral programs, or courses or camps that primarily utilize an outdoor or similar non-traditional setting to provide services that are primarily supportive in nature and rendered by individuals who are not Providers, are not covered, including, but not limited to, interventions or camps focused on:

- building self-esteem or leadership skills;
- losing weight;
- managing diabetes;
- contending with cancer or a terminal diagnosis; or
- living with, controlling or overcoming:
 - blindness;
 - deafness/hardness of hearing;
 - a Mental Health Condition; or
 - a Substance Use Disorder.

Services by Physicians or Practitioners in adventure, outdoor or wilderness settings may be covered if they are billed independently and would otherwise be a Covered Service in this Policy.

Assisted Reproductive Technologies

Assisted reproductive technologies, regardless of underlying condition or circumstance, are not covered, including, but not limited to:

- cryogenic or other preservation, storage and thawing (or comparable preparation) of egg, sperm or embryo;
- in vitro fertilization;
- artificial insemination;
- embryo transfer;
- other artificial means of conception; or
- any associated surgery, medications, testing or supplies.

Aviation

Except for an injured Insured that is a passenger on a scheduled commercial airline flight or air ambulance, services in connection with Injuries sustained in aviation accidents (including accidents occurring in flight or in the course of take-off or landing) are not covered.

Breast Reduction

Except when following a Medically Necessary mastectomy, to the extent required by law, breast reductions are not covered. For more information on breast reconstruction, see the Women's Health and Cancer Rights notice.

Certain Therapy, Counseling and Training

Except as provided in the Individual Assistance Program (IAP), the following therapies, counseling and training services are not covered:

- educational;
- vocational;
- social;
- image;
- self-esteem;
- milieu or marathon group therapy;
- premarital or marital counseling; and
- job skills or sensitivity training.

Conditions Caused by Active Participation in a War or Insurrection

The treatment of any condition caused by or arising out of an Insured's active participation in a war or insurrection.

Conditions Incurred in or Aggravated During Performances in the Uniformed Services

The treatment of any Insured's condition that the Secretary of Veterans Affairs determines to have been incurred in, or aggravated during, performance of service in the uniformed services of the United States.

Cosmetic/Reconstructive Services and Supplies

Except for treatment of the following, Cosmetic and/or reconstructive services and supplies are not covered:

- a Congenital Anomaly;
- to restore a physical bodily function lost as a result of Illness or Injury; or
- related to breast reconstruction following a Medically Necessary mastectomy, to the extent required by law. For more information on breast reconstruction, see the Women's Health and Cancer Rights notice.

"Reconstructive" means services, procedures or surgery performed on abnormal structures of the body, caused by Congenital Anomalies, developmental abnormalities, trauma, infection, tumors or disease. It is performed to restore function, but, in the case of significant malformation, is also done to approximate a normal appearance.

Counseling in the Absence of Illness

Except as required by law, counseling in the absence of Illness is not covered.

Custodial Care

(exclusion applies to all plans except Bronze POS plans)

Except as provided in the Palliative Care benefit, non-skilled care and helping with activities of daily living is not covered

Custodial Care

(exclusion applies to Bronze POS plans)

Non-skilled care and helping with activities of daily living.

Dental Services

Except as provided in the Pediatric Dental Services or the Repair of Teeth benefits, Dental Services provided to prevent, diagnose or treat diseases or conditions of the teeth and adjacent supporting soft tissues are not covered, including treatment that restores the function of teeth.

Elective Abortions

Elective abortions are not covered.

"Elective abortion" means an abortion for any reason other than to preserve the life of the Insured upon whom the abortion is performed. Coverage for non-elective abortions is provided in the Termination of Pregnancy benefit.

"Elective abortion" means an abortion for any reason other than when:

- an abortion is necessary to save the life of the pregnant Insured per the recommendation of one consulting Physician; or
- the Insured is pregnant as a result of rape (as defined in Idaho Code §18-6101) or incest as determined by the courts.

Coverage for non-elective abortions is provided in the Termination of Pregnancy benefit.

Expenses Before Coverage Begins or After Coverage Ends

Services and supplies incurred before Your Effective Date under this Policy or after Your termination with this Policy.

Facilities Without a Provider Legally Required to be on Duty

Admission and treatment in a setting where neither a Physician nor licensed nurse is legally required to be on duty at all times that a patient is admitted.

Family Counseling

Except when provided as part of the treatment for a child or adolescent with a covered diagnosis, family counseling is not covered.

Fees, Taxes, Interest

Except as required by law, the following fees, taxes and interest are not covered:

- charges for shipping and handling, postage, interest or finance charges that a Provider might bill;
- excise, sales or other taxes;
- surcharges;
- tariffs;
- duties;
- assessments; or
- other similar charges whether made by federal, state or local government or by another entity.

Government Programs

Except as required by law (such as cases of medical emergency or coverage provided by Medicaid) or for facilities that contract with Us, benefits that are covered (or would be covered in the absence of this Policy) by any federal, state or government program are not covered.

Additionally, except as listed below, government facilities or government facilities outside the Service Area are not covered:

- facilities contracting with the local Blue Cross and/or Blue Shield plan; or
- as required by law for emergency services.

Hearing Aids and Other Devices

Except for cochlear implants or as provided in the Hearing Loss benefit, hearing aids (externally worn or surgically implanted) or other hearing devices are not covered.

Hypnotherapy and Hypnosis Services

Hypnotherapy and hypnosis services and associated expenses are not covered, including, but not limited to:

- treatment of painful physical conditions;

- Mental Health Conditions;
- Substance Use Disorders; or
- for anesthesia purposes.

Illegal Activity

Services and supplies are not covered for treatment of an Illness, Injury or condition caused or sustained by an Insured's **voluntary participation in** an activity where the Insured is found guilty of an illegal activity in a criminal proceeding or is found liable for the activity in a civil proceeding. A guilty finding includes a plea of guilty or a no contest plea. If benefits already have been paid before the finding of guilt or liability is reached, We may recover the payment from the person We paid or anyone else who has benefited from it.

Illegal Services, Substances and Supplies

Services, substances and supplies that are illegal as defined by state or federal law.

Individualized Education Program (IEP)

Services or supplies, including, but not limited to, supplementary aids and supports as provided in an IEP developed and adopted pursuant to the Individuals with Disabilities Education Act.

Infertility

Except to the extent Covered Services are required to diagnose such condition, treatment of infertility is not covered, including, but not limited to:

- surgery;
- uterine transplants;
- fertility medications; and
- other medications associated with fertility treatment.

Investigational Services

Except as provided in the Approved Clinical Trials benefit, Investigational services are not covered, including, but not limited to:

- services, supplies and accommodations provided in connection with Investigational treatments or procedures (Health Interventions); and
- any services or supplies provided by an Investigational protocol.

Motor Vehicle Coverage and Other Available Insurance

When motor vehicle coverage, other available insurance or contract is either issued to, or makes benefits available to an Insured (whether or not the Insured makes a claim with such coverage), expenses are not covered for services and supplies that are payable by any:

- automobile medical;
- personal injury protection (PIP);
- automobile no-fault coverage (unless the automobile contract contains a coordination of benefits provision, in which case, Our Coordination of Benefits provision shall apply);
- underinsured or uninsured motorist coverage;
- homeowner's coverage;

- commercial premises coverage;
- excess coverage; or
- similar contract or insurance.

Further, the Insured is responsible for any cost-sharing required by the other insurance coverage, unless applicable state law requires otherwise. Once benefits in such contract or insurance are exhausted or considered to no longer be Injury-related by the no-fault provisions of the contract, benefits will be provided accordingly.

Non-Direct Patient Care

Except as provided in the Virtual Care benefit, non-direct patient care services are not covered, including, but not limited to:

- appointments scheduled and not kept (missed appointments);
- charges for preparing or duplicating medical reports and chart notes;
- itemized bills or claim forms (even at Our request); and
- visits or consultations that are not in person (including telephone consultations and e-mail exchanges).

Obesity or Weight Reduction/Control

Except as provided in the Nutritional Counseling benefit, as required by law or for treatment of obesity-related comorbid medical conditions (for example, diabetes, high blood pressure and heart disease), services or supplies that are intended to result in or relate to weight reduction (regardless of diagnosis or psychological conditions) are not covered, including, but not limited to:

- medical treatment;
- medications;
- surgical treatment (including treatment of complications, revisions and reversals); or
- programs.

Orthognathic Surgery

Except for treatment of the following, orthognathic surgery is not covered:

- orthognathic surgery due to an Injury;
- sleep apnea (specifically, telegnathic surgery);
- developmental anomalies; (exclusion applies to all plans except Bronze POS plans) or
- Congenital Anomaly.

"Orthognathic surgery" means surgery to manipulate facial bones, including the jaw, in patients with facial bone abnormalities resulting from abnormal development performed to restore the proper anatomic and functional relationship of the facial bones.

"Telegnathic surgery" means skeletal (maxillary, mandibular and hyoid) advancement to anatomically enlarge and physiologically stabilize the pharyngeal airway to treat obstructive sleep apnea.

Over-the-Counter Contraceptives

Except as provided in the Prescription Medications Section or as required by law, over-the-counter contraceptive supplies are not covered.

Personal Items

Items that are primarily for comfort, convenience, Cosmetics, contentment, hygiene, environmental control, education or general physical fitness are not covered, including, but not limited to:

- telephones;
- televisions;
- air conditioners, air filters or humidifiers;
- whirlpools;
- heat lamps;
- light boxes;
- weightlifting equipment; and
- therapy or service animals, including the cost of training and maintenance.

Physical Exercise Programs and Equipment

Physical exercise programs or equipment are not covered (even if recommended or prescribed by Your Provider), including, but not limited to:

- hot tubs; or
- membership fees to spas, health clubs or other such facilities.

Private-Duty Nursing

Private-duty nursing, including ongoing shift care in the home.

Provider-Administered Specialty Drugs

Provider-Administered Specialty Drugs that are not obtained through the designated Specialty Pharmacy for Provider-Administered Specialty Drugs are not covered.

Reversals of Sterilizations

Services and supplies related to reversals of sterilization.

Routine Foot Care

Routine Hearing Examinations

Self-Help, Self-Care, Training or Instructional Programs

Except as provided in the Medical Benefits Section or for services provided without a separate charge in connection with Covered Services that train or educate an Insured, self-help, non-medical self-care, and training or instructional programs are not covered, including, but not limited to:

- childbirth-related classes including infant care; and
- instructional programs that:
 - teach a person how to use Durable Medical Equipment;
 - teach a person how to care for a family member; or
 - provide a supportive environment focusing on the Insured's long-term social needs when rendered by individuals who are not Providers.

Services and Supplies Provided by a Member of Your Family

Services and supplies provided to You by a member of Your immediate family are not covered. "Immediate family" means:

- You and Your parents, parents' spouses or domestic partners, spouse or domestic partner, children, stepchildren, siblings and half-siblings;
- Your spouse's or domestic partner's parents, parents' spouses or domestic partners, siblings and half-siblings;
- Your child's or stepchild's spouse or domestic partner; and
- any other of Your relatives by blood or marriage who shares a residence with You.

Services and Supplies That Are Not Medically Necessary

Services and supplies that are not Medically Necessary for the treatment of an Illness or Injury.

Services Required by an Employer or for Administrative or Qualification Purposes

Physical or mental examinations and associated services (laboratory or similar tests) required by an employer or primarily for administrative or qualification purposes are not covered.

Administrative or qualification purposes include, but are not limited to:

- admission to or remaining in:
 - school;
 - a camp;
 - a sports team;
 - the military; or
 - any other institution.
- athletic training evaluation;
- legal proceedings (establishing paternity or custody);
- qualification for:
 - employment or return to work;
 - marriage;
 - insurance;
 - occupational injury benefits;
 - licensure; or
 - certification.
- travel, immigration or emigration.

Sexual Dysfunction

Except as provided in the Mental Health Services benefit, treatment, services and supplies are not covered for or in connection with sexual dysfunction regardless of cause.

Subscription, Membership and Access-Related Fees

Fees for accessing care, treatment, or advice are not covered, whether the access is for virtual or in-person care. Excluded fees include, but are not limited to:

- concierge fees;
- subscription fees;
- membership fees;
- retainer fees;
- VIP or priority access fees; and
- any other access-related fees.

Temporomandibular Joint (TMJ) Disorder Treatment

Services and supplies provided for TMJ disorder treatment.

Third-Party Liability

Services and supplies for treatment of Illness, Injury or health condition for which a third-party is or may be responsible.

Travel and Transportation Expenses

Except as provided in the Ambulance benefit or as otherwise provided in the Medical Benefits Section, travel and transportation expenses are not covered.

Travel Immunizations (exclusion applies to Bronze POS plans)

Immunizations for travel, occupation or residency in a foreign country.

Varicose Vein Treatment

Except as provided in the Other Professional Services benefit, treatment of varicose veins is not covered:

Vision Care

Except as provided in the Pediatric Vision Services Section, vision care services are not covered, including, but not limited to:

- routine eye examinations;
- vision hardware;
- visual therapy;
- training and eye exercises;
- vision orthoptics;
- surgical procedures to correct refractive errors/astigmatism; and
- reversals or revisions of surgical procedures which alter the refractive character of the eye.

Wigs

Wigs or other hair replacements regardless of the reason for hair loss or absence.

Work-Related Conditions

Except when an Insured is exempt from state or federal workers' compensation law, expenses for services or supplies incurred as a result of any work-related Illness or Injury (even if the service or supply is not covered by workers' compensation benefits) are not covered. This includes any claims resolved as a result of a disputed claim settlement.

If an Illness or Injury could be considered work-related, an Insured will be required to file a claim for workers' compensation benefits before We will consider providing any coverage.

PHARMACY EXCLUSIONS

The following exclusions apply to this Prescription Medications Section and are not covered:

Biological Sera, Blood or Blood Plasma

Bulk Powders

Except as included on Our Drug List and presented with a Prescription Order, bulk powders are not covered.

Cosmetic Purposes

Prescription Medications used for Cosmetic purposes, including, but not limited to:

- removal, inhibition or stimulation of hair growth, except as related to a covered medical condition;
- anti-aging; or
- repair of sun-damaged skin.

Devices or Appliances

Except as provided in the Medical Benefits Section, devices or appliances of any type, even if they require a Prescription Order are not covered.

Diagnostic Agents

Except as provided in the Medical Benefits Section, diagnostic agents used to aid in diagnosis rather than treatment are not covered.

Digital Therapeutics

Except as included on Our Drug List and presented with a Prescription Order, digital therapeutics are not covered.

Foreign Prescription Medications

Except for the following, foreign Prescription Medications are not covered:

- Prescription Medications associated with an Emergency Medical Condition while You are traveling outside the United States; or
- Prescription Medications You purchase while residing outside the United States.

These exceptions apply only to medications with an equivalent FDA-approved Prescription Medication that would be covered in this section if obtained in the United States.

General Anesthetics

Except as provided in the Medical Benefits Section, general anesthetics are not covered.

Medical Foods

Except as provided in the Medical Benefits Section, medical foods are not covered.

Medications that are Not Considered Self-Adminstrable

Except as provided in the Medical Benefits Section or as specifically indicated in this Prescription Medications Section, medications that are not considered self-adminstrable are not covered.

Nonprescription Medications

Except for the following, nonprescription medications that by law do not require a Prescription Order are not covered:

- medications included on Our Drug List;
- medications approved by the FDA; or
- a Prescription Order by a Physician or Practitioner.

Nonprescription medications include, but are not limited to:

- over-the-counter medications;
- vitamins;
- minerals;
- food supplements;
- homeopathic medicines;
- nutritional supplements; and
- any medications listed as over-the-counter in standard drug references, regardless of state law prescription requirements, such as pseudoephedrine and cough syrup products.

Prescription Medications Dispensed in a Facility

Prescription Medications dispensed to You while You are a patient in a Hospital, Skilled Nursing Facility, nursing home or other health care institution. Medications dispensed upon discharge should be processed by this benefit if obtained from a Pharmacy.

Prescription Medications Found to be Less than Effective under Drug Efficacy Safety Implementation (DESI)

Prescription Medications Not Approved by the FDA

Prescription Medications Not Dispensed by a Pharmacy Pursuant to a Prescription Order

Prescription Medications Not on the Drug List
Except as provided through the Drug List Exception Process provision, Prescription Medications that are not on the Drug List are not covered.

Prescription Medications Not within a Provider's License

Prescription Medications prescribed by Providers who are not licensed to prescribe medications (or that particular medication) or who have a restricted professional practice license.

Prescription Medications with Therapeutic Alternatives

Prescription Medications for which there are covered therapeutically equivalent (similar safety and efficacy) alternatives or over-the-counter (nonprescription) alternatives.

Prescription Medications without Examination

Except as provided in the Virtual Care benefit, whether the Prescription Order is provided by mail, telephone, internet or some other means, Prescription Medications without a recent and relevant in-person examination by a Provider, are not covered. Additionally, this exclusion does not apply to a Provider or Pharmacist who may prescribe:

- an opioid antagonist to an Insured who is at risk of experiencing an opiate-related overdose; or
- an epinephrine auto-injector to an Insured who is at risk of experiencing anaphylaxis.

An examination is "recent" if it occurred within 12 months of the date of the Prescription Order and is "relevant" if it involved the diagnosis, treatment or evaluation of the same or a related condition for which the Prescription Medication is being prescribed.

Professional Charges for Administration of Any Medication

Repackaged Medications, Institutional Packs and Clinic Packs

PEDIATRIC DENTAL EXCLUSIONS

The following exclusions apply to this Pediatric Dental Services Section and are not covered:

Adjustments

Adjustment of a denture or bridgework which is done within six months after insertion by the same Dentist who installed the denture or bridgework.

Aesthetic Dental Procedures

Services and supplies provided in connection with dental procedures that are primarily aesthetic, including bleaching of teeth.

Bone Grafts

Bone grafts done in connection with extractions, apicoectomies or non-covered/ineligible implants.

Cosmetic/Reconstructive Services and Supplies

Except for the following, Cosmetic and/or reconstructive services and supplies are not covered:

- Dentally Appropriate services and supplies to treat a Congenital Anomaly; or
- to restore a physical bodily function lost as a result of Illness or Injury.

"Reconstructive" means services, procedures or surgery performed on abnormal structures of the body, caused by Congenital Anomalies, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to restore function, but, in the case of significant malformation, is also done to approximate a normal appearance.

Decay Prevention

Supplies and materials to prevent decay are not covered, including, but not limited to:

- toothpaste;
- fluoride gels;
- dental floss; and
- teeth whiteners.

Duplicate Services

Services submitted by a Dentist which are for the same services performed on the same date for the same Insured by another Dentist.

Experimental or Investigational Services

Fabrication of Athletic Mouth Guard

Facility Expenses

Services and supplies related to facility expenses are not covered, including, but not limited to:

- those performed by a Dentist who is compensated by a facility for similar Covered Services performed for an Insured; and
- costs or any additional fees that the Dentist or Hospital charges for treatment at the Hospital (inpatient or outpatient).

Failure to Comply

Services and supplies resulting from Your failure to comply with professionally prescribed treatment.

Gold-Foil Restorations

Nitrous Oxide

Oral Hygiene and Dietary Instructions

Except for services provided without a separate charge in connection with Covered Services that train or educate an Insured, oral hygiene and dietary instructions are not covered.

Oral Sedation

Orthodontic Dental Services

Except when Medically Necessary, orthodontic services and supplies are not covered, including, but not limited to:

- correction of malocclusion;
- craniomandibular orthopedic treatment;
- other orthodontic treatment;
- preventive orthodontic procedures;
- procedures for tooth movement, regardless of purpose; and
- repair of damaged orthodontic appliances.

Plaque Control Programs

Precision Attachments, Personalization, Precious Metal Bases and Other Specialized Techniques

Provisional, Temporary and Duplicate Devices or Appliances

Replacements

Replacement of any lost, stolen or broken dental appliance, including, but not limited to, dentures or retainers.

Separate Charges

Services and supplies that may be billed as separate charges (services that should be included in the billed procedure) are not covered, including, but not limited to:

- any supplies;
- local anesthesia; and
- sterilization (office infection control charges).

Services and Supplies to Alter Vertical Dimension and/or Restore or Maintain the Occlusion

Services and supplies to alter vertical dimension and/or restore or maintain the occlusion are not covered, including, but not limited to:

- equilibration;
- periodontal splinting;
- full mouth rehabilitation; and
- restoration for misalignment of teeth.

Services and Supplies Which the Insured Would Have No Legal Obligation to Pay in the Absence of this Coverage

Services and Treatment Not Prescribed By or Under the Direct Supervision of a Dentist

Services Provided by Certain Entities

Services and treatment are not covered when received from a dental or medical department maintained by or on behalf of:

- an employer;
- mutual benefit association;
- labor union;
- trust;
- Veterans Administration Hospital; or
- similar person or group.

Specialized Procedures and Techniques

Temporomandibular Joint (TMJ) Disorder Treatment

Services and supplies provided in connection with TMJ disorder treatment.

Topical Medicament Center

PEDIATRIC VISION EXCLUSIONS

The following exclusions apply to this Pediatric Vision Services Section and are not covered:

Certain Contact Lens Expenses

- artistically-painted or non-prescription contact lenses;
- contact lens modification, polishing or cleaning;
- refitting of contact lenses after the initial (90-day) fitting period;
- additional office visits associated with contact lens pathology; and
- contact lens insurance policies or service agreements.

Corneal Refractive Therapy (CRT)

Reversals or revisions of surgical procedures which alter the refractive character of the eye, including orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia).

Corrective Vision Treatment of an Experimental Nature

Costs for Services and/or Supplies Exceeding Benefit Allowances

Lens Enhancements

Except as provided in the Vision Hardware benefit, lens enhancements are not covered, including, but not limited to:

- anti-reflective coating;
- color coating;
- mirror coating;
- blended lenses;
- Cosmetic lenses;
- laminated lenses;
- oversize lenses; or
- standard, premium and custom progressive multifocal lenses.

Medical or Surgical Treatment of the Eyes

Medical or surgical treatment of the eyes, including reversals or revisions of surgical procedures of the eye.

Orthoptics or Vision Training

Except as provided in the Low Vision benefits, orthoptics, vision training and any associated supplemental testing are not covered.

Plano Lenses (Less Than a \pm .50 Diopter Power)

Replacements

Replacement of any lost, stolen or broken lenses and/or frames.

Two Pair of Glasses in Lieu of Bifocals

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