

Regence HSA Healthplan 3.0 (Standard)

Plan Highlights

For Groups 51+

1/1/2022



Plan Features

- HSA Healthplan 3.0 combines a comprehensive medical plan with a separate tax-free savings account. You and your employees will enjoy the extensive benefits you've come to expect from a Regence health plan. The plan has two categories of providers for your employees to choose from: in-network and out-of-network. Plus, it's an easy way to save pre-tax dollars to pay for life's medical expenses.
- Ambulatory Surgical Center: While many surgical procedures are best performed in a hospital setting, many can be safely and effectively performed in an Ambulatory Surgery Center (ASC) at a lower cost. A member may pay less out-of-pocket if a surgical procedure is performed at an In-Network ASC. For more information, or a list of services that can be performed at an ASC, contact Regence customer service.
- Telehealth visits are available, and some are covered at a lower out-of-pocket expense.

Calendar Year Deductible

- Applies to all covered expenses except where noted
- In-Network and Out-of-Network Deductible is combined

Deductible Options:

Individual Deductible / Out-of-Pocket Maximum Options

- \$1,500 / \$3,000 or \$5,000
- \$2,500 / \$4,000 or \$5,000
- \$3,500 / \$5,000

Calendar Year Out-of-Pocket Maximums

- Out-of-pocket maximum amount per calendar year, including deductible, applies to all covered expenses.
- When the out-of-pocket maximum is reached, this plan provides benefits at 100% of the allowed amount for the remainder of the calendar year.

Family Deductible / Out-of-Pocket Maximum Options

- \$3,000 / \$6,000 or \$10,000
- \$5,000 / \$8,000 or \$10,000
- \$7,000 / \$10,000

Family coverage: An individual family member will not exceed the single amount for out-of-pocket expenses within the calendar year.

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Covered Services	MEMBER RESPONSIBILITY	
	In-Network	Out-of-Network*
Professional Services Office and inpatient services and supplies	20%	40%
Ambulatory Surgical Center	10%	40%
Hospital Services Inpatient and outpatient services and supplies	20%	40%
Maternity	20%	40%
Preventive Care and Immunizations Not subject to deductible	0%	40%
Emergency Room Services	20%	20%
Rehabilitation Services Inpatient: 30 days per calendar year Outpatient: 25 visits per calendar year	20%	40%
Acupuncture 12 visits per calendar year	20%	40%
Spinal Manipulations 12 spinal manipulations per calendar year	20%	40%
Home Health 130 visits per calendar year	20%	40%
Hospice Respite care limited to 14 days inpatient/outpatient per lifetime	20%	40%
Mental Health/Substance Use Disorder Services No benefit maximums	20%	40%
Skilled Nursing Facility 60 inpatient days per calendar year	20%	40%

* Member may be responsible for any provider costs above the Out-of-Network allowed amount

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Prescription Medication Coverage

- Subject to medical deductible.
- Retail or Mail Order: Up to 90-day supply for covered prescription medications, including covered self-administrable injectable medications.
- Specialty medications covered at participating retail pharmacies for first fill only. After first fill members use specialty pharmacies. Up to 30-day supply per fill.
- Member may be balance billed when a nonparticipating pharmacy is used.

Three Tier Option		Six Tier Option	
Tier 1: Generic	20%	Tier 1: Preferred Generic	20%
Tier 2: Preferred Brand			
Tier 3: Brand			
Tier 4: Brand	50%		
Tier 5: Preferred Specialty			
Tier 6: Specialty			

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Optional Benefits Available	MEMBER RESPONSIBILITY	
	In-Network	Out-of-Network*
Prescription Medication Coverage (in addition to the standard prescription medication benefits) Select Generic and Brand preventive medications for specific conditions on the Optimum Value Medication List are covered prior to deductible being met.	In-Network Coinsurance Applies	In-Network Coinsurance Applies
Spinal Manipulations No benefit maximum	20%	40%

Optional Separate Cost Share Accumulations	In-Network	Out-of-Network
In-Network		
Deductible / Out-of-Pocket Maximum options		
\$1,500 / \$5,000	20%	40%
\$2,500 / \$5,000	20%	40%
\$3,500 / \$5,000	20%	40%
\$4,500 / \$4,500	0%	50%
\$5,000 / \$7,000	20%	50%
Family deductible and family out-of-pocket maximum is two times the individual amount		
Out-of-Network		
In-Network Individual Deductible options	Out-of-Network Deductible / Out-of-Pocket Maximum	
	Individual	Family
\$1,500	\$3,000 / \$6,000	\$6,000 / \$12,000
\$2,500	\$5,000 / \$10,000	\$10,000 / \$20,000
\$3,500	\$5,000 / \$10,000	\$10,000 / \$20,000
\$4,500	\$5,000 / \$10,000	\$10,000 / \$20,000
\$5,000	\$10,000 / \$15,000	\$20,000 / \$30,000

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Optional Program Available

Employee Assistance Program (EAP)

No cost to the member for:

- Up to four face-to-face sessions per incident to manage stress or work-life balance situations
- Legal and financial assistance
- 24/7 crisis line

Additional Information

Outside the Service Area

Members have the security of knowing they can access Blue Cross and/or Blue Shield (Blue Plan) providers across the country through the BlueCard® Program and worldwide through the BlueCross BlueShield Global™ Core Program. Plan benefits apply as described above, and members may receive discounts on their services.

This is a brief summary of benefits; it is not a certificate of coverage. All benefits must be medically necessary. For full coverage provisions, refer to the contract.