

The Regence BlueShield Gold 2000 plan offers coverage for individuals and eligible families from January 1, 2025, to December 31, 2025, structured as an Exclusive Provider Organization (EPO). The plan features an overall deductible of \$2,000 for individuals and \$4,000 for families, which must be satisfied before most services are covered, although certain preventive services are available without cost sharing. The out-of-pocket limit is \$9,200 for individuals and \$18,400 for families, excluding premiums, balance-billing charges, and non-covered healthcare expenses. Utilizing in-network providers results in lower costs, while out-of-network services are not covered, and balance billing may apply. No referrals are necessary to consult specialists. For common medical events, in-network primary care visits require a \$20 copayment, while specialist visits incur a \$50 copayment. Preventive care is provided at no charge, and diagnostic tests and imaging are subject to a 10% coinsurance after the deductible is met. Prescription drug coverage includes a \$10 copayment for generic drugs and 20% coinsurance for preferred brand drugs, with specific provisions for insulin and preventive medications. Outpatient surgery and emergency services also have a 10% coinsurance, while inpatient services are similarly subject to a 10% coinsurance.

Certain services are excluded from coverage, including bariatric surgery, cosmetic surgery (except for congenital anomalies), adult dental care, hearing aids, infertility treatment, long-term care, and routine adult eye care. Other covered services, such as abortion and acupuncture, have specific limitations. The plan provides minimum essential coverage but does not meet minimum value standards. Policyholders have the right to continue coverage and to file grievances or appeals for denied claims, with resources available through the U.S. Department of Labor and the plan itself. For additional information, policyholders can access the full terms of coverage online or contact customer service.

The policy also illustrates coverage details and cost-sharing examples for two individuals, Joe and Mia. Joe, managing Type 2 Diabetes, incurs a total example cost of \$5,600, with his responsibility totaling \$2,000 after deductibles of \$900, copayments of \$300, and coinsurance of \$600. Mia's

treatment for a simple fracture results in a total example cost of \$2,800, with her paying \$2,250, which includes the full deductible of \$2,000, copayments of \$200, and coinsurance of \$50. The plan covers the remaining costs for these services. Additionally, the policy includes a nondiscrimination notice affirming compliance with federal and state civil rights laws, ensuring no discrimination based on race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Regence provides reasonable modifications and auxiliary aids for individuals with disabilities and offers free language assistance services for non-English speakers. Contact information for the Civil Rights Coordinator and customer service is provided for assistance with grievances or language support, along with various language assistance notices to ensure accessibility to services.