


	Deductible (family = deductible x 2)		Out-of-pocket maximum (family = maximum x 2)		In-network diagnostic & lab	In-network copay/unlimited office visits		ER copay	Coinsurance		Rx tiers					
	In	Out	In	Out		Primary	Specialist		In	Out	T1	T2	T3	T4	T5	T6
Platinum 250	\$250	\$3,000	\$4,000	\$10,000	\$0 Unlimited	\$20	\$30	\$250 + deductible + coinsurance	10%	50%	\$8	25%	\$30	50%	20%	50%
Platinum 500	\$500	\$3,000	\$5,000	\$10,000	\$0 Unlimited	\$20	\$30	\$250 + deductible + coinsurance	20%	50%	\$8	25%	\$30	50%	20%	50%
Gold 500	\$500	\$5,000	\$7,900	\$10,000	\$0 Unlimited	\$30	\$50	\$300 + deductible + coinsurance	30%	50%	\$10	25%	\$50	50%	20%	50%
Gold 1000	\$1,000	\$5,000	\$6,750	\$10,000	\$0 Unlimited	\$30	\$50	\$300 + deductible + coinsurance	30%	50%	\$10	25%	\$50	50%	20%	50%
NEW Gold 1500	\$1,500	\$5,000	\$6,000	\$10,000	20%	\$30	\$50	\$300 + deductible + coinsurance	20%	50%	\$15	25%	\$50	50%	20%	50%
Gold 2000	\$2,000	\$5,000	\$5,750	\$10,000	25%	\$30	\$50	\$300 + deductible + coinsurance	25%	50%	\$10	25%	\$50	50%	20%	50%
Gold 2500	\$2,500	\$5,000	\$7,350	\$10,000	30%	\$30	\$50	\$300 + deductible + coinsurance	30%	50%	\$10	25%	\$50	50%	20%	50%
ENHANCED Silver Essential 2500	\$2,500	\$5,000	\$8,150	\$10,000	20%	First 10 visits to primary/ specialist/urgent care: \$40, deductible waived After 10: Coinsurance & deductible apply		Coinsurance	20%	50%	\$15	25%	25%	50%	20%	50%
Silver 3000	\$3,000	\$5,000	\$8,150	\$10,000	30%	\$40	\$60	\$400 + deductible + coinsurance	30%	50%	\$15	25%	\$60	50%	20%	50%
Silver 5500	\$5,500	\$7,500	\$7,350	\$10,000	50%	\$40	\$60	\$400 + deductible + coinsurance	50%	50%	\$15	25%	\$60	50%	20%	50%
ENHANCED Silver Essential 4000	\$4,000	\$5,000	\$8,150	\$10,000	20%	First 4 visits to primary/ specialist/urgent care: \$40, deductible waived After 4: Coinsurance & deductible apply		Coinsurance	20%	50%	\$10	25%	25%	50%	20%	50%
ENHANCED Bronze Essential 5500	\$5,500	\$10,000	\$8,150	\$15,000	30%			Coinsurance	30%	50%	\$10	25%	25%	50%	20%	50%
Bronze 8150	\$8,150	\$10,000	\$8,150	\$15,000	0%	0%		Coinsurance	0%	50%	0%	0%	0%	0%	0%	0%

 Blue box =deductible waived

Six-tier drug list — metallic plans: Tier 1: Preferred generics Tier 2: Generics Tier 3: Preferred brand Tier 4: Brand Tier 5: Preferred specialty Tier 6: Specialty

2020 Regence Employee Choice HSA plans

	Deductible (family = deductible x 2)		Out-of-pocket maximum (family = maximum x 2)		Coinsurance (after deductible)		Rx tiers (after deductible)					
	In	Out	In	Out	In	Out	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 4250	\$4,250	\$5,000	\$4,250	\$10,000	0%	50%	0%	0%	0%	0%	0%	0%
Silver HSA 3500	\$3,500	\$5,000	\$6,900	\$10,000	20%	50%	10%	25%	35%	50%	20%	50%
Bronze HSA 5000	\$5,000	\$10,000	\$6,900	\$15,000	50%	50%	50%	50%	50%	50%	20%	50%

Deductible is waived for medications on the Optimum Value Medication list.

2020 Regence Accountable Health plans

	Deductible (family = deductible x 2)		Out-of-pocket maximum (family = maximum x 2)		In-network diagnostic & lab	In-network copay/unlimited office visits		ER copay	Coinsurance		Rx tiers					
	In	Out	In	Out		Primary	Specialist		In	Out	T1	T2	T3	T4	T5	T6
NEW Platinum Accountable Health 500	\$500	No out-of-network coverage	\$5,000	No out-of-network coverage	\$0 Unlimited	\$20	\$30	\$250 + deductible + coinsurance	20%	No out-of-network coverage	\$8	25%	\$30	50%	20%	50%
NEW Gold Accountable Health 1000	\$1,000		\$6,750		\$0 Unlimited	\$30	\$50	\$300 + deductible + coinsurance	30%		\$10	25%	\$50	50%	20%	50%
NEW Silver Accountable Health 3000	\$3,000		\$8,150		30%	\$40	\$60	\$400 + deductible + coinsurance	30%		\$15	25%	\$60	50%	20%	50%
NEW Silver Accountable Health HSA 3500	\$3,500		\$6,900		Deductible + coinsurance				20%		10%	25%	35%	50%	20%	50%
NEW Bronze Accountable Health 5500	\$5,500		\$8,150		30%	First 4 visits to primary/specialist/urgent care: \$40, deductible waived After 4: Coinsurance & deductible apply		Deductible + coinsurance	30%		\$10	25%	25%	50%	20%	50%

Blue box = deductible waived

Six-tier drug list — metallic plans: Tier 1: Preferred generics Tier 2: Generics Tier 3: Preferred brand Tier 4: Brand Tier 5: Preferred specialty Tier 6: Specialty