

Silver HSA 2500 | 2017 Regence Clark County

| Individual cost shares details | Benefit descriptions | In network | Out of network |
|---|--|-----------------------|-----------------|
| Annual deductible | The total deductible you pay per calendar year | \$2,500 | \$6,000 |
| Coinsurance | The amount you pay after you meet your deductible | 20% | 50% |
| Out-of-pocket maximum | The combined total for your deductible, coinsurance and copays per calendar year | \$6,200 | Unlimited |
| 10 essential benefits | | Member responsibility | |
| 1. Ambulatory care | Primary care visit | 20% | 50% |
| | Specialist office visit | 20% | 50% |
| | Same-day outpatient surgery | 20% | 50% |
| | Urgent care | 20% | 50% |
| | Spinal manipulations: 10 spinal manipulations per year | 20% | 50% |
| | Acupuncture: 12 visits per year | 20% | 50% |
| 2. Emergency services | Emergency room care | 20% | 20% |
| | Ambulance | 20% | 20% |
| 3. Hospitalization | Inpatient services | 20% | 50% |
| | Supplies | 20% | 50% |
| 4. Labs and radiology | Outpatient laboratory/radiology | 20% | 50% |
| | Inpatient laboratory/radiology | 20% | 50% |
| 5. Maternity and newborn care | Pregnancy care | 20% | 50% |
| 6. Mental health services and substance use disorder services | Inpatient services | 20% | 50% |
| | Outpatient services | 20% | 50% |
| 7. Rehabilitative/ habilitative services and devices | Outpatient rehabilitative: 25 visits per calendar year outpatient habilitative: 25 visits per calendar year | 20% | 50% |
| | Inpatient rehabilitative: 30 days per calendar year Inpatient habilitative: 30 days per calendar year | 20% | 50% |
| 8. Pediatric services (up to age 19) | Vision care | Covered in full | Covered in full |
| | Preventive dental care | Covered in full | Covered in full |
| 9. Prescription medications | Tier 1: preferred generics | 10% | Not covered |
| | Tier 2: non-preferred generics | 25% | Not covered |
| | Tier 3: preferred brands | 35% | Not covered |
| | Tier 4: non-preferred brands | 50% | Not covered |
| | Tier 5: preferred specialty | 40% | Not covered |
| | Tier 6: non-preferred specialty | 50% | Not covered |
| 10. Preventive services | Annual physical exams | Covered in full | 50% |
| | Immunizations | Covered in full | 50% |
| | Preventive screenings | Covered in full | 50% |
| Telehealth | Doctor visits via phone or video chat | 20% | Not covered |

Definitions

Allowed amount: The lower price an in-network provider has agreed to accept as payment in full for the care provided to you.

Coinsurance: Your share of the cost for care after you pay any deductible. It's usually a percentage of the total cost of care (for example, 20%).

Copay: A flat dollar amount you pay for care, like a doctor's visit, hospital outpatient visit or prescription. You'll usually pay it when you go in for care.

Deductible: The amount you pay out of your own pocket each calendar year before your plan begins to pay. Some services, such as preventive care, are sometimes covered at 100% before you've met your deductible.

Explanation of benefits (EOB): A statement that explains how much Regence paid toward a claim and how much you owe the provider for care.

Formulary (list of covered drugs): A list of prescription medications that your plan covers. It includes brand-name, generic and specialty drugs.

Generic drugs: A prescription medication approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand-name version. Generally, a generic drug works the same as a brand-name drug and usually costs less.

[Please add the 1557 disclaimer to the definitions page.]

In-network provider: A facility or health professional contracted with your plan. You usually pay less when you use in-network providers.

Out-of-network provider: A facility or health professional not contracted with your plan. You usually pay more when you use out-of-network providers.

Out-of-pocket maximum: The most you'll have to pay in deductible, coinsurance and copays per calendar year. Once you've met this maximum, Regence pays 100% of your covered care for the rest of the calendar year.

Primary care provider (PCP): A doctor or other health professional you see as the first point of contact for medical care.

Specialist: An expert in a particular area of medicine, for example, a dermatologist, allergist or cardiologist.

Telehealth: Care that you receive from a doctor over the phone or computer for routine needs and ailments.

Exclusions

Exclusions apply.

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