



**Regence BlueShield of Idaho
Regence HSA / Regence Select Dual Option Matrix
Effective January 1, 2008
2 to 99 Employees**

	Allowed Dual Option Pairings				
	HSA			HSA Embedded	
	\$1,500	\$2,500	\$3,500	\$3,000	\$3,000
Individual					
Family	\$3,000	\$5,000	\$7,000	\$5,000	\$7,000

Regence Essentials

\$500 Deductible 50/50 Coinsurance \$3,000 OOPM	No	Yes	Yes	Yes	Yes
\$1,000 Deductible 50/50 Coinsurance \$3,000 OOPM	No	Yes	Yes	No	Yes
\$2,000 Deductible 50/50 Coinsurance \$3,000 OOPM	No	No	Yes	No	No
\$500 Deductible 50/50 Coinsurance \$50,000 Annual Benefit Maximum	No	No	Yes	No	Yes

Regence Preferred

\$300 Deductible 70/30 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	No
\$500 Deductible 70/30 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	Yes
\$750 Deductible 70/30 Coinsurance \$2,000 OOPM	No	Yes	No	Yes	Yes
\$1,000 Deductible 70/30 Coinsurance \$2,000 OOPM	No	Yes	Yes	Yes	Yes
\$1,500 Deductible 70/30 Coinsurance \$3,000 OOPM	No	Yes	Yes	No	Yes
\$2,000 Deductible 70/30 Coinsurance \$3,000 OOPM	No	No	Yes	No	Yes
\$2,500 Deductible 70/30 Coinsurance \$3,000 OOPM	No	No	Yes	No	No
\$3,000 Deductible 70/30 Coinsurance \$4,000 OOPM	No	No	No	No	No
\$20 Copay \$300 Ded (Physician & Hospital) 70/30 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	Yes
\$25 Copay \$500 Ded (Physician & Hospital) 70/30 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	Yes
\$30 Copay \$750 Ded (Physician & Hospital) 70/30 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	Yes
\$30 Copay \$1,000 Ded (Physician & Hospital) 70/30 Coinsurance \$2,000 OOPM	No	Yes	Yes	Yes	Yes
\$30 Copay \$1,500 Ded (Physician & Hospital) 70/30 Coinsurance \$3,000 OOPM	No	Yes	Yes	No	Yes
\$30 Copay \$2,000 Ded (Physician & Hospital) 70/30 Coinsurance \$3,000 OOPM	No	Yes	Yes	No	Yes
\$500 Deductible 70/30 Coinsurance \$50,000 Annual Benefit Maximum	No	Yes	Yes	No	Yes

Regence Classic

\$300 Deductible 80/20 Coinsurance \$2,000 OOPM	Yes	No	No	Yes	No
\$500 Deductible 80/20 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	No
\$1,000 Deductible 80/20 Coinsurance \$2,000 OOPM	No	Yes	No	Yes	Yes
\$1,500 Deductible 80/20 Coinsurance \$3,000 OOPM	No	Yes	Yes	Yes	Yes
\$2,000 Deductible 80/20 Coinsurance \$3,000 OOPM	No	Yes	Yes	No	Yes
\$2,500 Deductible 80/20 Coinsurance \$3,000 OOPM	No	No	Yes	No	Yes
\$3,000 Deductible 80/20 Coinsurance \$4,000 OOPM	No	No	Yes	No	No
\$5,000 Deductible 80/20 Coinsurance \$2,000 OOPM	No	No	No	No	No
\$20 Copay \$300 Ded (Physician & Hospital) 80/20 Coinsurance \$2,000 OOPM	Yes	No	No	Yes	No
\$25 Copay \$500 Ded (Physician & Hospital) 80/20 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	No
\$30 Copay \$1,000 Ded (Physician & Hospital) 80/20 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	Yes
\$30 Copay \$2,000 Ded (Physician & Hospital) 80/20 Coinsurance \$3,000 OOPM	No	Yes	Yes	No	Yes
\$30 Copay \$3,000 Ded (Physician & Hospital) 80/20 Coinsurance \$3,000 OOPM	No	No	Yes	No	Yes
\$500 Deductible 80/20 Coinsurance \$50,000 Annual Benefit Maximum	Yes	Yes	Yes	Yes	Yes

Regence Classic Plus

\$20 Copay \$250 Deductible 80/20 Coinsurance \$2,000 OOPM	Yes	No	No	Yes	No
\$25 Copay \$500 Deductible 80/20 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	No
\$30 Copay \$1,000 Deductible 80/20 Coinsurance \$2,000 OOPM	Yes	Yes	No	Yes	Yes
\$30 Copay \$2,000 Deductible 80/20 Coinsurance \$3,000 OOPM	Yes	Yes	Yes	Yes	Yes

- Pharmacy benefits are required on both Regence Select and HSA.
- 2-14 enrolled employee groups are age banded, 15+ enrolled employee groups follow a rate tier of: Employee, Employee/Spouse, Employee/Child, Employee/Children, Family.
- Benefit riders must match, including maternity, dental and vision.
- No Accidental Injury benefit is allowed.
- Regence PPO network is required for both Regence Select and HSA benefit options.