

Selected Current Benefits - Regence - 2016

		JLMIC Regence			ATU Regence		
		Gold	Silver	Bronze	Gold	Silver	Bronze
Annual deductible							
	Person	\$300	\$600	\$800	\$350	\$650	\$850
	Family	\$900	\$1,800	\$2,400	\$1,050	\$1,950	\$2,550
Copays		None*	None*	None*	None*	None*	None*
Coinsurance							
	Network	15%	25%	25%	15%	25%	25%
	Out-of-network	35%	45%	45%	35%	45%	45%
Annual out-of-pocket max - excl. prescrip. drugs							
	Person						
	Network	\$1,100	\$1,600	\$2,000	\$1,350	\$1,850	\$2,350
	Out-of-network	\$1,900	\$2,400	\$2,800	\$2,350	\$2,850	\$3,350
	Family						
	Network	\$2,500	\$3,800	\$4,800	\$3,050	\$4,350	\$5,550
	Out-of-network	\$4,100	\$5,400	\$6,400	\$5,050	\$6,350	\$7,550
Lifetime max		No limit	No limit	No limit	No limit	No limit	No limit

*Except for emergency room care and prescription drugs.