

2025 REGENCE SUMMARY OF PLAN CHANGES

Benefit	Summary of Changes	Reason for Change
<p>Balance Billing: Ground Ambulance</p>	<p>Balance billing applied when services were billed by an Out-of-Network (OON) ground ambulance provider.</p> <p>Balance billing occurs when the member is billed for balances beyond any Deductible, Copayment or Coinsurance for covered services by an OON provider when their billed amount is not fully reimbursed by Regence.</p> <p>Balance billing will no longer apply. These providers will be responsible to write-off the difference between their charge and our payment to them on covered services rendered.</p>	<p>WASHINGTON SSB 5986</p> <p><i>Motion to accept the Balance Billing: Ground Ambulance change due to WASHINGTON SSB 5986.</i></p> <p><i>Motion to decline the Balance Billing: Ground Ambulance change due to WASHINGTON SSB 5986.</i></p>
<p>Pharmacy: HIV Prophylaxis</p>	<p>Medications for HIV Post-Exposure Prophylaxis (PEP) were covered at regular plan cost shares when on Regence Drug List.</p> <p>As mandated, coverage is required for HIV Post-Exposure Prophylaxis (PEP) drugs or therapies following patient’s possible exposure to HIV. Coverage includes a full 28-day course of therapy and repeat exposures, without preauthorization.</p> <p>Non-HSA Eligible plans In-Network medications on the drug list and services will not be subject to deductible, or any other cost shares.</p> <p>HSA Eligible plans In-Network medications on the drug list and services are subject to deductible, and then covered at 0% member cost share.</p> <p>Out-of-Network medications on the drug list and services will remain covered at regular cost shares.</p>	<p>WASHINGTON SSB 6127</p> <p><i>lasmina made a motion to accept the Pharmacy: HIV Prophylaxis change due to WASHINGTON SSB 6127. Antoinette seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</i></p> <p><i>Motion to decline the Pharmacy: HIV Prophylaxis change due to WASHINGTON SSB 6127.</i></p> <p><i>Note: This also applies to Kaiser plans with no option to decline.</i></p>

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<p>Pharmacy: Reducing Cost of Inhalers and Epinephrine Autoinjectors</p>	<p>Medications for corticosteroids and epinephrine autoinjectors were covered at regular plan cost shares when on the drug list.</p> <p>As mandated, the member cost shares for certain corticosteroid inhalers for asthma and certain epinephrine autoinjector products containing at least two autoinjectors on the Drug List are capped according to below.</p> <p>Corticosteroid Inhalers for Asthma:</p> <p><u>Non-HSA Eligible</u> and <u>HSA Eligible plans:</u> Retail and Home Delivery: \$35 copay cap per 30-day supply, Deductible waived. \$105 copay cap up to 90-day supply, Deductible waived.</p> <p>Any cost sharing paid by enrollee must be applied toward Deductible.</p> <p>Epinephrine Autoinjectors Two Pack: <u>Non-HSA Eligible:</u> Retail and Home Delivery: \$35 copay cap (per two pack) per 30-day supply, Deductible waived. \$105 copay cap (per two pack) up to 90-day supply, Deductible waived. Any cost sharing paid by enrollee must be applied toward plan Deductible.</p> <p><u>HSA Eligible Plans:</u> Retail and Home Delivery: Subject to IRS Minimum Deductible (\$1,650 for an Individual and \$3,300 for a Family), then \$35 copay cap (per two pack) per 30-day supply. Subject to IRS Minimum Deductible (\$1,650 for an Individual and \$3,300 for a Family), then \$105 copay cap (per two pack) up to 90-day supply. Any cost sharing paid by enrollee must be applied toward plan Deductible.</p>	<p>WASHINGTON SHB1979</p> <p>Motion to accept the Pharmacy: Reducing Cost of Inhalers and Epinephrine Autoinjectors due to WASHINGTON SHB1979.</p> <p>Motion to decline the Pharmacy: Reducing Cost of Inhalers and Epinephrine Autoinjectors due to WASHINGTON SHB1979.</p>

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<p>Detoxification</p>	<p>This separate benefit category was stated in the member benefit booklet, but administration was applied under the Mental Health and Substance Use Disorder (MHSUD) or Emergency Room benefit categories.</p> <p>Removed this separate benefit category as benefits continue to be covered under the MHSUD or Emergency Room benefit categories.</p> <p>No benefit changes have been made.</p>	<p>Language change only</p> <p>Iasmina made a motion to accept the Detoxification language change to the benefit booklet. Antoinette seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</p> <p>Motion to decline the Detoxification language change to the benefit booklet.</p>
<p>Durable Medical Equipment (DME) / Preventive Care for Chronic Conditions: Continuous Glucose Monitors (CGM)</p>	<p>Non-Therapeutic CGMs and supplies were not covered.</p> <p>Non-Therapeutic CGMs and supplies are covered.</p> <p>Non-HSA Eligible plans: CGMs covered under DME. Regular plan cost shares apply. Also covered under Pharmacy benefits at the applicable tier level, if on the Drug List.</p> <p>HSA Eligible plans: CGMs covered under Preventive Care for Chronic Conditions. Deductible waived, Coinsurance applies. Also covered under Pharmacy benefits at the applicable tier level, if on the Drug List.</p> <p>Both plans: CGM supplies to be covered under DME and Pharmacy benefits at the applicable cost shares listed above.</p>	<p>Natasha Ramras made a motion to accept the Durable Medical Equipment (DME) / Preventive Care for Chronic Conditions: Continuous Glucose Monitors (CGM). Iasmina seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</p> <p>Motion to decline the Durable Medical Equipment (DME) / Preventive Care for Chronic Conditions: Continuous Glucose Monitors (CGM)</p>

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<p>Exclusions: Liposuction for the Treatment of Lipedema</p>	<p>Liposuction for the Treatment of Lipedema was not covered.</p> <p>Treatment will now be covered when medical policy criteria is met.</p>	<p>Motion to accept the Exclusions: Liposuction for the Treatment of Lipedema</p> <p>Motion to decline the Exclusions: Liposuction for the Treatment of Lipedema</p>
<p>Radiology: Diagnostic and Supplemental Breast Examinations</p>	<p><u>Non-HSA Eligible plans:</u> Out-of- Network (OON) services covered at 0%- member cost shares.</p> <p><u>HSA Eligible plans:</u> Deductible applied and then covered at 0%-member Coinsurance.</p> <p>Revised OON cost shares.</p> <p><u>Both plans:</u> OON services subject to the Deductible and Coinsurance.</p>	<p>Antoinette made a motion to accept the Radiology: Diagnostic and Supplemental Breast Examinations. Iasmina seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</p> <p>Motion to decline the Radiology: Diagnostic and Supplemental Breast Examinations</p>