

Medical and Prescription Drugs

Regency Energy Partners provides full-time employees with medical and prescription drug benefits for the plan year of August 1, 2009 – July 31, 2010, and pays the full cost of this coverage. Our PPO plan allows you the freedom to use providers in and out-of-network. The following chart shows a brief side-by-side look at the amounts you will pay when you utilize In-Network versus Out-of-Network providers.

Services	Amount You Pay	
	In-Network	Out-of-Network
Physician Visit	\$15 Copay	Deductible then 30%
Deductible - Individual - Family	\$500 \$1,500	\$750 \$2,250
Hospitalization	Deductible then 10%	\$250 per admission Deductible then 30%
Preventive Care	\$15 Copay	Deductible then 30%
Emergency Room ER Physician Charge	\$50 copay Deductible then 10%	
Out of Pocket Max - Individual - Family	\$1,500 \$4,500	\$3,000 \$9,000
Prescription Drugs	30 Days Supply	
- Generic	\$10 Copay	80% of Allowable Amount minus Copay
- Preferred	\$25 Copay	
- Non-Preferred	\$40 Copay	
- Mail Order (up to 90 days supply)	\$40 / \$60 / \$90 – 30 days supply	Not Applicable
Lifetime Maximum	\$2,000,000	

This guide is a summary only. Please refer to the BlueCross BlueShield certificate booklet for a complete description of BlueCross BlueShield's detailed benefit, exclusions and limitations information.