

BluePoint Bronze HSA



Regence BlueCross BlueShield of Utah is an Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 1/1/2014

Plan Summary

\$5,000 Ded, 80%/50%, \$6,000 OOP

Benefit:	In Network	Out of Network*
Annual Maximum Benefit	Unlimited	Unlimited
Deductible	\$5,000 Member / \$10,000 Family	\$6,250 Member / \$12,500 Family
Out of Pocket Maximum (Includes deductible, copays, and pharmacy)	\$6,000 Member / \$12,000 Family	\$10,000 Member / \$20,000 Family
Office Visits (Consultation only with co-pay, other services 20% AD)	\$20 PCP / \$30 Specialist AD 20%	50% AD
Urgent Care (Consultation only with co-pay, other services 20% AD)	\$30 Copay AD 20%	50% AD
Coinsurance	20% AD	50% AD
Ambulance Services	20% AD	20% AD
Durable Medical Equipment	20% AD	50% AD
Emergency Room	20% AD	20% AD
Home Health (130 Visits)	20% AD	50% AD
Hospice Care	20% AD	50% AD
Hospital Services	20% AD	50% AD
Maternity	20% AD	50% AD
Mental Health / Chemical Dependency-Inpatient	20% AD	50% AD
Mental Health / Chemical Dependency-Outpatient	20% AD	50% AD
Neurodevelopmental Therapy (40 visits)	20% AD	50% AD
Nutritional Counseling (3 visits)	20% AD	50% AD
Diabetic, Anorexia, Bulimia Counseling	20% AD	50% AD
Orthotics/Prosthesis	20% AD	50% AD
Preventive Services/Immunizations (Deductible waived in-network)	0%	50% AD
Outpatient Radiology & Laboratory	20% AD	50% AD
Rehabilitation- Inpatient (15 days)	20% AD	50% AD
Rehabilitation- Outpatient (40 visits)	20% AD	50% AD
Skilled Nursing Facility (60 days)	20% AD	50% AD
Spinal Manipulations (limit of 10) Performed by a M.D. or D.O. Only	20% AD	50% AD
TMJ	20% AD	50% AD
Transplants	20% AD	50% AD
Vision Exam (Deductible waived) (Age 0-18)	100%	100%
Vision Hardware (Deductible waived) (Age 0-18)	100% of Lenses	100% of Lenses
Dental Exams (Deductible waived, 2 per calendar year for age 0-18)	100%	100%

Pharmacy		
Prescription	Retail	Mail Order
Deductible	Shared with Medical	Shared with Medical
Out of Pocket Maximum	Shared with Medical	Shared with Medical
Preferred Generics (Tier 1)	25%	20%
Less Preferred Generics and Preferred Brand (Tier 2)	35%	30%
Less Preferred Brand (Tier 3)	50%	40%
Specialty (Tier 4)	50%	N/A
Non-Formulary medications are not a benefit unless approved pre-authorization is obtained		

Tier 1— Category 1 generic	Lowest cost Share. Generic drugs are as effective, safe and high-quality as their brand-name counterparts, yet less expensive.
Tier 2— Category 2 generic and Category 1 brand-name	Because of their value and effectiveness, these are considered to be preferred when there is no Category 1 generic.
Tier 3— Category 2 brand-name	These drugs may be more expensive and are less preferred than their alternatives in Tier 1 or Tier 2.
Tier 4— Specialty medications	These are used to treat complex medical conditions and are available through our designated specialty pharmacy. They may require more involvement with your doctor

Optional Riders Available for Purchase (See SBC or Resource CD for Your Groups Benefits):	
Unlimited Chiropractic Services	Base plans covers Osteopathic services only
Adult Vision	\$150 in hardware, 1 exam per person per year
Dental	\$25 or \$50 Ded, \$1,000, \$1,500, or \$2,000 Benefit Maximum
Employee Assistance Program (EAP)	4 visits per person per issue

Available Networks	
Preferred FocalPoint	12 Hospitals/3800 Providers
Preferred ValueCare	42 Hospitals/9500 Providers
Traditional (Participating)	All Hospitals/9600 Providers

PLEASE NOTE: To remain compliant with State and Federal regulations including the Affordable Care Act, these benefits are subject to change. Any errors are unintentional and non-binding. For final benefits, please refer to the group's Benefit Booklet.

*Out of Network payments are based on eligible charges, and are subject to balance billing.