

# BluePoint Silver+



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

**Effective Date: 1/1/2014**

## Plan Summary

**\$1,500 Ded, 70%/50%, \$6,250 OOP**

Benefit:	In Network	Out of Network*
Annual Maximum Benefit	Unlimited	Unlimited
Deductible	\$1,500 Member / \$3,000 Family	\$4,000 Member / \$8,000 Family
Out of Pocket Maximum (Includes deductible, copays, and pharmacy)	\$6,250 Member / \$12,500 Family	\$7,500 Member / \$15,000 Family
Office Visits (Consultation only with co-pay, other services 30% AD)	\$30 PCP / \$45 Specialist (Deductible waived)	50% AD
Urgent Care	\$45 Copay (Deductible Waived)	50% AD
Coinsurance	30% AD	50% AD
Ambulance Services	30% AD	30% AD
Durable Medical Equipment	30% AD	50% AD
Emergency Room	\$250 copay, 30% AD	\$250 copay, 30% AD
Home Health (130 Visits)	30% AD	50% AD
Hospice Care	30% AD	50% AD
Hospital Services	30% AD	50% AD
Maternity	30% AD	50% AD
Mental Health / Chemical Dependency-Inpatient	30% AD	50% AD
Mental Health / Chemical Dependency-Outpatient	30% AD	50% AD
Neurodevelopmental Therapy (40 visits)	30% AD	50% AD
Nutritional Counseling (3 visits)	30% AD	50% AD
Diabetic, Anorexia, Bulimia Counseling	30% AD	50% AD
Orthotics/Prosthesis	30% AD	50% AD
Preventive Services/Immunizations (Deductible waived in-network)	0%	50% AD
Outpatient Radiology & Laboratory	30% AD	50% AD
Rehabilitation- Inpatient (15 days)	30% AD	50% AD
Rehabilitation- Outpatient (40 visits)	30% AD	50% AD
Skilled Nursing Facility (60 days)	30% AD	50% AD
Spinal Manipulations (limit of 10) Performed by a M.D. or D.O. Only	30% AD	50% AD
TMJ	30% AD	50% AD
Transplants	30% 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)	\$10 (Deductible Waived)	\$20 (Deductible Waived)
Less Preferred Generics and Preferred Brand (Tier 2)	\$40 (Deductible Waived)	\$80 (Deductible Waived)
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.