

**Cost Share Details**

		In-Network	Out-of-Network
Annual Medical Deductible	The total deductible You pay per calendar year	\$1,700 Individual \$3,400 Family	Shared with In-Network
Annual Out-of-Pocket Maximum	The combined total for Your deductible(s), coinsurance and copays per calendar year	\$1,700 Individual \$3,400 Family	Shared with In-Network

The In-Network Out-of-Pocket Maximum for any Claimant on Family Coverage is not to exceed \$3,400, including the In-Network Deductible. If a Claimant reaches this maximum amount prior to satisfying the In-Network Family Out-of-Pocket Maximum, including the In-Network Deductible, benefits will be paid at 100% of the Allowed Amount for that Claimant.

Be aware that Your actual costs for Covered Services provided by an Out-of-Network Provider may exceed the Out-of-Pocket Maximum amount. In addition, Out-of-Network Providers can bill You for the difference between the amount charged and Our Allowed Amount and that amount does not count toward any Out-of-Pocket Maximum.

**Medical Benefits (unless stated otherwise, a deductible applies)**

		What You Pay	
		In-Network	Out-of-Network
Primary Care Visits (for Illness or Injury)		0%	0%
Specialist Visits		0%	0%
Urgent Care Visits		0%	0%
Other Professional Services		0%	0%
Preventive Care / Immunizations		0%, Deductible waived	0%
Radiology and Laboratory - Outpatient		0%	0%
Complex Imaging - Outpatient	CT / PET / SPECT scans, MRIs, MRAs, etc.	0%	0%
Acupuncture & Chiropractic Spinal Manipulations	12 combined visits per calendar year	0%	0%
Ambulance Services		0%	0%
Ambulatory Surgical Center		0%	0%
Behavioral Health - Inpatient		0%	0%
Behavioral Health - Outpatient		0%	0%
Emergency Room	Facility and professional services	0%	0%
Hearing Aids & Evaluations	\$4,000 every 4/years	0%	0%
Home Health	180 visits per calendar year	0%	0%
Hospice	14 days of respite care per lifetime	0%	0%
Hospital Care		0%	0%
Maternity Care		0%	0%
Neurodevelopmental Therapy	30 visits per calendar year	0%	0%
Nutritional Counseling		0%	0%
Palliative Care	30 visits per calendar year		
Rehabilitation Services - Inpatient	30 days per calendar year	0%	0%
Rehabilitation Services - Outpatient	30 visits per calendar year	0%	0%
Skilled Nursing Facility	100 days per calendar year	0%	0%
Spinal Manipulations - Osteopathic		0%	0%

Prescription Medication Benefits <i>(unless stated otherwise, a <u>deductible applies</u>)</i>		What You Pay
Annual Deductible	The total deductible you pay per calendar year	Shared with Medical
Annual Out-of-Pocket Maximum	The combined total for your deductible, coinsurance and copays per calendar year	Shared with Medical
Tier 1	90-day supply for retail or home delivery	0% retail prescription / 0% home delivery prescription
Tier 2	90-day supply for retail or home delivery	0% retail prescription / 0% home delivery prescription
Tier 3	90-day supply for retail or home delivery	0% retail prescription / 0% home delivery prescription
Specialty Select	30-day supply for retail or home delivery	0% retail prescription / 0% home delivery prescription

### Value-Added Services

Your Regence coverage includes access to the value-added services detailed here. **THESE VALUE-ADDED SERVICES ARE VOLUNTARY, NOT INSURANCE AND ARE OFFERED IN ADDITION TO THE BENEFITS.** For additional information regarding any of these value-added services, visit Our website or contact Customer Service.

Kidney Health Management	If You are identified to participate, the Kidney Health Management program addresses the medical management needs of chronic kidney disease (CKD) stages 3, 4, 5 and unknown as well as end stage renal disease (ESRD).
Mobile APP	Quick access to: ID card, chat with Customer Service, View Claims, Estimate Treatment Cost, Pharmacy pricing.
Pregnancy Program	Pregnancy is a time of planning and excitement, but it can also be a time of confusion and questions; the Pregnancy Program can help.
Regence Advantages	Regence Advantages is a discount program that gives You access to savings on a variety of health-related products and services.

### Provider Networks

Your enrolled network is Preferred PPO. There are several Provider networks in Your state. Please note that these networks are not interchangeable and support different Providers. To find Providers in Your network, please sign into Your account and use Our Provider search tool: [regence.com](http://regence.com)

### Out-of-Area Services

Outside of the service area, Claimants have In-Network benefits at Blue Cross and / or Blue Shield (Blue Plan) facilities across the country through the BlueCard® Program and worldwide through the Blue Cross Blue Shield Global® Core Program. Any other services will not be covered when processed through any Inter-Plan arrangements. Out-of-Network, You may be balance billed. Call 1-800-810-BLUE (2583) to learn how to get access.

### Frequently Asked Questions

How is my privacy protected?	Regence is committed to the confidentiality and security of Your personal information. We maintain physical, administrative and technical safeguards to protect against unauthorized access, use, or disclosure of Your personal information. You can view Our full privacy practices online at <a href="http://regence.com">regence.com</a> .
Is there a cost for "Covered in full"?	No, if Your benefit is covered in full there is no copay or deductible.
What if I need access to specialty care?	You can receive care from any In-Network Provider without a referral. For some services, prior authorization may be required.
Do I need a referral?	

This benefit summary provides a brief description of Your plan benefits, limitations and / or exclusions under Your plan and is not a guarantee of payment. Once enrolled, You can view Your benefits booklet online at [regence.com](http://regence.com). **PLEASE REFER TO YOUR BENEFITS BOOKLET OR SUMMARY PLAN DESCRIPTION FOR A COMPLETE LIST OF BENEFITS, THE LIMITATIONS AND / OR EXCLUSIONS THAT APPLY, AND A DEFINITION OF MEDICAL NECESSITY.**

Regence is providing this benefit summary for illustrative purposes only. Regence makes no warranties or representations regarding compliance with applicable federal, state, or local laws, or the accuracy of the benefit summary. This document is not the legally required Summary of Benefits and Coverage that an employer is required to provide to employees and Claimants under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and Claimants.

Customer Service: 1-866-240-9580 - TTY: 711 | 200 SW Market Street 11<sup>th</sup> Floor, Portland, OR 97201 | [regence.com](http://regence.com)

## **NONDISCRIMINATION NOTICE**

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

**Regence:**

**Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

**Provides free language assistance services to people whose primary language is not English, which may include:**

- Qualified interpreters
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Civil Rights Coordinator.

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

**Customer Service**

Civil Rights Coordinator  
PO Box 1106  
Lewiston, ID 83501-1106  
Phone: 1-888-344-6347, (TTY: 711)  
Fax: 1-888-309-8784  
Email: [CS@regence.com](mailto:CS@regence.com)

**Medicare Customer Service**

Phone: 1-800-541-8981 (TTY: 711)  
Email: [medicareappeals@regence.com](mailto:medicareappeals@regence.com)

**VSP Customer Service**

Phone: 1-844-299-3041  
TTY: 1-800-428-4833

## Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телефон: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódiílnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فالذك اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-888-344-6347 (TTY: 711) (رقم هاتف الصم والبكم 711)

ប្រយ័ត្ន៖ បើសិនជាមួកទិន្នន័យ ភាសាខ្មែរ, សេវាឌែនុយផ្តុកភាសា នៅយុទ្ធសាស្ត្រ គំនាលមានសំរប់រៀបមួក។ ចូរ ទូរសព្ទ 1-888-344-6347 (TTY: 711)។

ધ્યાન દિઓ: જે તુસીં પંજાબી બોલદે હો, તાં ભાસ્ત્ર વિંચ સહાઇતા સેવા તુહાડે લઈ મુદ્દ ઉપલબ્ધ હો। 1-888-344-6347 (TTY: 711) તે કાલ કરો।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚኖሩት ቁጥራዊ አማርኛ ከዚያ የተርጠዋም አርቶታ የርሃኝቶች፡ በዚያ ለማግኘት ተዘጋጀቷል፤ በሚከተለው ቅጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው፡- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телефон: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्नि भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

โปรดぞ： おまえの言語を話す場合は、料金無料で支援サービスを利用できます。お電話番号 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.