

Salt Lake Community College

Regence BluePoint - \$300 Deductible

Effective July 1, 2025 through June 30, 2026



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

Cost Share Details		In-Network	Out-of-Network
Annual Medical Deductible	The total deductible You pay per plan year	\$300 Individual \$600 Family	\$1,000 Individual \$2,000 Family
Annual Prescription* Deductible	The total deductible You pay per plan year for prescription medications		\$75 Individual \$225 Family
Annual Out-of-Pocket Maximum	The combined total for Your deductible(s), coinsurance and copays per plan year. Ambulance, blood bank, emergency room services, and Prescription Medications apply towards the In-Network amount.	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family

Be aware that Your actual costs for Covered Services provided by an Out-of-Network provider may exceed the Out-of-Network 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 <i>(unless stated otherwise, a deductible applies)</i>		What You Pay	
		In-Network	Out-of-Network
Primary Care Visits (for Illness or Injury)	Expanded Office Services (medical, surgical and therapeutic injections) are covered when provided by a professional provider and received in the provider's office and billed as such.	\$12 copay per visit, deductible waived	40%
Specialist Visits		\$17 copay per visit, deductible waived	40%
Urgent Care Visits		\$17 copay per visit, deductible waived	40%
Other Professional Services		0%	40%
Preventive Care / Immunizations	Wellness Rewards available	Covered in full	After upfront benefits exhausted, 40%
Radiology and Laboratory - Outpatient		0%	40%
Complex Imaging - Outpatient	CT / PET / SPECT scans, MRIs, MRAs, etc.	\$25 copay per visit	\$25 copay per visit + 40% coinsurance
Ambulance Services	Air and Ground: services provided to the nearest hospital equipped to render the necessary treatment	0%, In-Network deductible applies	
Ambulatory Surgical Center		0%	40%
Emergency Room	Facility and professional services	0% coinsurance	
Hearing Aids and Evaluations	\$2,500 limit per plan year Excludes: routine hearing exams, assistive hearing technology systems, batteries or cords	0%	40%
Hearing Examinations	1 exam per plan year Routine hearing examination	\$12 copay, deductible waived	40%
Home Health Care		\$12 copay per visit, deductible waived	40%
Home Infusion Therapy	\$50,000 limit per plan year for Parenteral Nutrition	\$12 copay per visit, deductible waived	40%
Hospice Care		0%, deductible waived	40%
Hospital Care		0%	40%
Infertility (diagnosis and treatment)	\$5,000 limit per lifetime	\$12 copay per visit, deductible waived	40%
Injury to Teeth	\$1,000 limit per plan year	0%	40%
Maternity Care		0%	40%
Mental Health / Substance Use Disorder - Inpatient		0%	40%
Mental Health / Substance Use Disorder - Outpatient	In addition to this benefit, see Employee Assistance Program (EAP) option	\$12 copay per outpatient office / psychotherapy visit, deductible waived	40%
Neurodevelopmental Therapy	30 visits per plan year combined with Outpatient Rehabilitation	\$12 copay per visit, deductible waived	40%

Medical Benefits <i>(unless stated otherwise, a deductible applies)</i>		What You Pay	
		In-Network	Out-of-Network
Nutritional Counseling	Diabetic Nutritional Counseling Only	0%	40%
Orthotics	\$200 limit per plan year	0%	40%
Rehabilitation Services - Inpatient	60 days per plan year	0%	40%
Rehabilitation Services - Outpatient	30 visits per plan year combined with Neurodevelopmental Therapy	\$12 copay per visit, deductible waived	40%
Skilled Nursing Facility	60 days per plan year	0%	40%
Spinal Manipulations	20 spinal manipulations per plan year	\$12 copay per visit, deductible waived	40%
Temporomandibular Joint (TMJ) Disorders	\$500 limit per lifetime	0%	40%
Virtual Care - Telehealth	Doctor visits via phone or video chat when <u>not</u> in a healthcare facility (includes Mental Health visits)	Vendor: \$5 copay per visit, deductible waived In-Network non-Vendor Provider: \$5 copay per visit, deductible waived	Not covered 40%

Prescription* Medication Benefits <i>(unless stated otherwise, a deductible applies)</i>		What You Pay
Tier 1	Deductible waived 90-day supply for retail or home delivery	\$3.50 retail prescription / \$3.50 home delivery prescription
Tier 2	90-day supply for retail or home delivery	12.5% up to \$75 maximum retail prescription 12.5% up to \$150 maximum home delivery prescription, deductible waived
Tier 3	90-day supply for retail or home delivery	15% up to \$87.50 maximum retail prescription 15% up to \$175.00 maximum home delivery prescription, deductible waived
Tier 4	30-day supply for retail	5% up to \$125 maximum participating pharmacy retail prescription

**Your prescription drug coverage is administered through RealRx. RealRx does not provide Blue Cross Blue Shield services and is a separate company solely responsible for its products and services. Regence BlueCross BlueShield of Utah assumes no liability for the accuracy of your prescription drug benefits information.*

Please contact RealRx for more information: 855-433-2206; <https://web1.realrxsites.com/tsavohighway/>

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.

Employee Assistance Program (EAP)	EAP is short-term, confidential counseling with no out-of-pocket expense (8 mental health counseling visits per issue).
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.
Nurse Advice	You have access to registered nurses to answer Your health-related questions or concerns and to help You make informed decisions on seeking the appropriate level of care 24 / 7. However, if You are experiencing a medical emergency, immediately call 911 instead.
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.
Regence Empower	Regence Empower is a well-being program that offers a range of tools, information and support for a healthy lifestyle. Wellness Rewards available.

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 regence.com .
Is there a cost for "Covered in full"?	No, if Your benefit is covered in full there is no copay or deductible.

Frequently Asked Questions

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](https://www.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 | 2890 East Cottonwood Parkway, Salt Lake City, UT 84121 | [regence.com](https://www.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.

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

Medicare Customer Service

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

VSP Customer Service

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

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>.

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 (телетайп: 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 nínizin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíilnih 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)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អ្មល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਪਿਆਰ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ

ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

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

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር 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 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति 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)

ប្រែកប្រែ: តើអ្នក ព្រមទៅជាភាសា ខ្មែរ, ការបំប្លែងការជួយជូនដំណឹងភាសា, ដោយឥតគិតថ្លៃ, យើងនឹងជួយអ្នក។ តេឡេ 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.

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