Vigilant Group Benefits Trust
Regence Preferred Plan C $7,000

Effective January 1, 2023 through December 31, 2023

Regence

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

Cost Share Details		
Annual Medical Deductible	The total deductible you pay per calendar year	$7,000 Individual $14,000 Family
Annual Prescription Deductible	The total deductible you pay per calendar year for prescription medications	Not applicable
Annual Out-of-Pocket Maximum	The combined total for your deductible(s), coinsurance and copays per calendar year. Ambulance, blood bank, emergency room services, and Prescription Medications apply towards the In-Network amount	$8,150 Individual $16,300 Family

Be aware that your actual costs for Covered Services provided by a Nonparticipating Network provider may exceed the Out-of-Pocket Maximum amount. In addition, Nonparticipating 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		
		Preferred Network	Participating Network	Nonparticipating Network
Primary Care Visits (for Illness or Injury)		$35 copay per visit, deductible waived	$35 copay per visit, deductible waived	50%
Specialist Visits		$45 copay per visit, deductible waived	$45 copay per visit, deductible waived	50%
Urgent Care Visits		Covered the same as if you visit a health care provider's office or clinic (Primary Care Visit or Specialist Visit) or if you have a test (Radiology and Laboratory or Complex Imaging).		
Other Professional Services		30%	50%	50%
Preventive Care / Immunizations	Preventive Employee Wellness Incentives available	Covered in full	Covered in full	50%
Radiology and Laboratory - Outpatient	No charge for the first $500 (combined Radiology and Laboratory and Complex Imaging). Once the limit is met, the deductible and coinsurance applies.	30%	50%	50%
Complex Imaging - Outpatient	CT / PET / SPECT scans, MRIs, MRAs, etc. No charge for the first $500 (combined Radiology and Laboratory and Complex Imaging). Once the limit is met, the deductible and coinsurance applies.	30%	50%	50%
Acupuncture	12 visits per calendar year		20%, deductible waived	
Ambulance Services	Air and Ground: services provided to the nearest hospital equipped to render the necessary treatment		30%	
Ambulatory Surgical Center		20%	50%	50%
Emergency Room	Facility and professional services	$250 copay per visit, then deductible and 30% coinsurance		
Hearing Aids and Evaluations	Limitations apply Excludes routine hearing examinations, television caption decoder or cords	30%	50%	50%
Hospital Care	See Ambulatory Surgical Center for cost reduction option	30%	50%	50%
Maternity Care		30%	50%	50%
Mental Health / Substance Use Disorder - Inpatient		30%	30%	50%
Mental Health / Substance Use Disorder - Outpatient		$35 copay per visit, deductible waived	$35 copay per visit, deductible waived	50%, deductible waived
Neurodevelopmental Therapy	25 visits per calendar year Available only for children under age 18	30%	50%	50%
Newborn Home Visits	Within 6 months of age, at least one visit during first 3 months, with up to 3 more available	Covered in full	Not covered	Not covered
Rehabilitation Services - Inpatient	30 days per calendar year	30%	50%	50%
Rehabilitation Services - Outpatient	25 visits per calendar year	30%	50%	50%
Skilled Nursing Facility	60 days per calendar year	30%	50%	50%

Medical Benefits (*unless stated otherwise, a deductible applies*)		What You Pay		
Spinal Manipulations	12 spinal manipulations per calendar year	20%, deductible waived		
Virtual Care - Telehealth	Doctor visits via phone or video chat when not in a healthcare facility (includes Mental Health visits)	**Vendor: MDLive** Covered in full	N/A	N/A
		In-Network non-Vendor Provider: $10 copay per visit, deductible waived	$35 copay per visit, deductible waived	Not covered
Virtual Care - Telemedicine	Doctor visits via phone or video chat when in a healthcare facility	30%	50%	50%

Prescription Medication Benefits		What You Pay
Tier 1	90-day supply for retail or home delivery (mail-order)	$4 retail prescription* / $8 home delivery (mail-order) prescription / $10 for each self-administrable Cancer Chemotherapy medication
Tier 2	90-day supply for retail or home delivery (mail-order)	25% retail prescription / 25% home delivery (mail-order) prescription / $10 for each self-administrable Cancer Chemotherapy medication
Tier 3	90-day supply for retail or home delivery (mail-order)	$25 retail prescription* / $50 home delivery (mail-order) prescription / $50 for each self-administrable Cancer Chemotherapy medication
Tier 4	90-day supply for retail or home delivery (mail-order)	50% retail prescription / 50% home delivery (mail-order) prescription / $50 for each self-administrable Cancer Chemotherapy medication
Tier 5	30-day supply for retail	20% participating pharmacy retail prescription / $100 for each self-administrable Cancer Chemotherapy medication
Tier 6	30-day supply for retail	50% participating pharmacy retail prescription / $100 for each self-administrable Cancer Chemotherapy medication

**1 copay per 30-day supply*

Insulin Cost Share Cap: *Retail or home delivery (mail-order): $80 cap on member cost share per 30-day supply; $240 cap on member cost share up to 90-day supply*

You are responsible for the difference in cost between a dispensed brand drug and the equivalent generic drug, in addition to the copayment and / or coinsurance
More information about prescription drug coverage is available at https://regence.com/go/2023/OR/6tierLG

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 Web site 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
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, call 1 (888) JOY-BABY (569-2229)
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

Out-of-Area Services
Outside of the service area, members 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 BlueCross BlueShield 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.
What if I need access to specialty care? Do I need a referral?	You can receive care from any in-network provider without a referral. For some services, prior authorization may be required.
Is there a cost for "Covered in full"?	No, if your benefit is covered in full there is no copay or deductible.

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. **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 members under Federal law, and the group must provide a legally compliant Summary of Benefits and Coverage to its employees and members.

Customer Service: 1 (888) 367-2116 - TTY: 711 | 100 SW Market Street, Portland, OR 97201 | 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 differently because of race, color, national origin, age, disability, or sex.

Regence:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

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

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service
1-800-541-8981 (TTY: 711)

Customer Service for all other plans
1-888-344-6347 (TTY: 711)

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 with our civil rights coordinator below:

Medicare Customer Service
Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

Customer Service for all other plans
Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

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 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, DC 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 nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 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 ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ 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 እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፤ 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)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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 TTY: 711)