

Regence



Subscriber Name

SAMPLE CARD

ID NO **UUK 901234567**

Group No. **10002211**

RxBIN 028181 RxPCN REALRX

Rx Ded \$55/\$110

Rx OOP Max \$2625/\$5250

Member Name

00 **DEPENDENT CARD**

Office Visit Copay U of U \$25
Other In-Network \$40

Med Ded \$275/\$550

Med Out-Net Ded \$500/\$1000

Med OOP Max \$2625/\$5250

Med Out-Net OOP Max \$5000/\$10000

Dental Ded \$0

HMHI- BEHAVIORAL HEALTH NETWORK (HMHI BHN)
In-net Mental Health: Copay \$20 OOPM \$2625/\$5250*





Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

To add or remove dependents or to change your address, contact University Human Resources at (801) 581-7447.

Hospitals or Physicians:

File claims with local Blue Cross and/or Blue Shield Plan.

Regence BlueCross BlueShield of Utah provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims for medical or dental services.

REALRx

www.regence.com

Members Call 1-800-262-9712
Outside of Area 1-800-810 BLUE (2583)

www.regence.com/provider/home

Providers Call 1-866-227-0913
MH/EAP* 1-888-881-5462
MH Claims/HMHIBHN* 1-833-981-0213 x3
RX Customer Service 1-855-413-6399

***Contracts separately with group**

MH Claims*
HMHI BHN
PO Box 45180, Salt Lake City, UT 84145

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

