Your Benefits At A Glance
2023-2024

Blitz Holdings

Below is a snapshot that provides you with a basic summary of each of the benefits Blitz Holdings offers.

Disclaimer: *This is a brief summary of the benefits available and is used for illustration purposes only. This is not a guarantee of benefits. For more specific information regarding coverage details, including limitations, exclusions and other plan requirements, please see the Certificate of Coverage or Summary of Benefits & Coverage provided by the carrier. NFP makes no guarantees and cannot be held responsible for incomplete or missing information.*

Benefit	**Description** (In-network Benefits)
Regence BlueShield www.regence.com Policy #: 9529486 Network: Heritage Network	**Heritage Plus $1,000 80%/50%** • $30/$30/$30 office visit copay (Primary/Specialist/Virtual Visits) • $1,000 Deductible (Individual)/$2,000 Deductible (Family) • You pay 20% coinsurance after the deductible • $4,500 Out of Pocket Max (Individual)/$9,000 OOP Max (Family) • RX: $10/$40/$70/Preferred Specialty $150
Dental Delta Dental of Washington www.dimarinc.com/our-marketplace Network: PPO	**Delta Dental PPO 4 Plan:** • $25 Deductible (Individual) / $75 Deductible (Family) • You pay: 0%/20%/50% (Preventive/Basic/Major services) • $1,500 Annual Maximum • Orthodontia not included
VSP Vision VSP www.dimarinc.com/our-marketplace Network: VSP	• $10 copay for Exams • $60 copay for Contacts (Instead of Glasses) • $150 allowance for frames/$150 allowance for contact lenses (Contacts are in-lieu of glasses) • Frequency: 12/24/12 (Exams/Frames/Lenses or Contacts)
Group Life/ AD&D LifeMap	• $10,000 Death Benefit • $10,000 Accidental Death & Dismemberment

Questions?

Regence Customer Service
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