

Regence MedAdvantage + Rx Enhanced (PPO)  
Regence MedAdvantage + Rx Classic (PPO)  
Regence MedAdvantage (PPO)

## 2011 Information Brochure

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

Y0062\_036741 CMS Approved 09082010



Regence

## Benefits designed for you and your health

Good coverage means you can feel good about being able to manage your costs and meet your health care needs. Our plans feature out-of-pocket maximums to help protect against catastrophic medical costs, and our cost sharing has been designed so that you'll know what you'll need to spend when you receive care.

In addition, we give you the benefits you need to stay healthy, including annual check-ups and screenings with no deductible or cost-sharing. And you can use our special member website to keep track of your claims, learn about health issues and treatments, find a doctor, identify medications and learn about potential drug interactions. Finally, the CareEnhance® Nurse Advice Line provides you with toll-free access to registered nurses who can give you a confidential answer to any health question.

## Assured access to care

Our **Regence MedAdvantage** plans have a large provider network, giving you access to nearly all local physicians. So, chances are you won't have to change doctors. Plus, you have in-network benefits available with participating Blue Plan providers nationwide. Of course, you're always covered for emergencies when you travel.

**This coverage is backed by those qualities you've come to expect from a Regence plan.**

## A plan you can trust

You wouldn't entrust your health care to just anyone. Health care coverage shouldn't be any different.

Regence BlueCross BlueShield of Oregon has served your community for many years. We're local, nonprofit and committed to being here for the long run. Our history includes rich experience providing all types of Medicare coverage and giving people like you plans and prices that meet a variety of needs.

## Support when you need it

Our caring, knowledgeable customer service team excels in providing you with the information you need, whether it's general education about Medicare or answers to specific questions about your benefits and charges. Our phone staff is trained for and devoted exclusively to serving our Medicare members.

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Because the health of our community is a high priority, we faithfully support and invest in programs that promote good health and well-being.

We're committed to serving you and your neighbors for years to come. That's why we're proud to offer three Medicare Advantage plans for you to choose from:

**Regence MedAdvantage + Rx Enhanced (PPO) monthly premium: \$127**

**Regence MedAdvantage + Rx Classic (PPO) monthly premium: \$80**

**Regence MedAdvantage (PPO) monthly premium: \$45**

## We're happy to answer your questions!

Whether you want to talk to someone or do the research yourself, there are many resources available.

### Regence

We have friendly, well-trained experts who are easy to reach and talk to. For more information, please call us weekdays between 8 a.m. and 5 p.m., Pacific time.

**Toll-free:** 1-888-REGENCE (1-888-734-3623)

TTY users should call 711.

Many resources, including product details and forms, are also available on our website: [www.regence.com/medicare](http://www.regence.com/medicare).

### Medicare

You can reach Medicare experts 24 hours a day, seven days a week at:

**Toll-free:** 1-800-MEDICARE (1-800-633-4227)

TTY/TDD users should call 1 (877) 486-2048.

Or visit the Medicare website, [www.medicare.gov](http://www.medicare.gov), for general information or to download the helpful *Medicare & You* booklet.

## Our three Regence MedAdvantage options

### Our three plans have many features in common:

- Large, stable provider network with assured access to providers
- Benefits available nationwide with in-network cost-sharing where participating Blue Cross and/or Blue Shield Plans have contracted Medicare Advantage PPO providers
- Benefits beyond what Medicare provides, including preventive dental care, routine eye exams and vision hardware
- Preventive coverage, including routine physical exams, prostate cancer screenings for men over 50, colorectal cancer screenings, Pap smears, mammograms and routine Medicare-covered immunizations—all without a copay *(Preventive services are covered prior to the medical deductible, if your plan has one.)*
- 80% coverage for routine dental preventive services up to \$500 per year
- Moderate copays for office visits, including lower out-of-pocket expenses when you see primary care providers
- Value-added services that include discounts on fitness programs, hearing aids and corrective eye surgery *(These products and services are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the **Regence MedAdvantage** grievance process.)*

Below is a quick guide to your **Regence MedAdvantage** choices. A more detailed comparison with premiums follows.

### Need the highest coverage, including prescription drugs? Choose Regence MedAdvantage + Rx Enhanced.

- No deductibles
- Out-of-pocket maximums of \$2,500 *(All covered services count toward the maximum except Part D prescription drugs.)*
- Lowest cost-sharing
- Part D prescription drug coverage, including through the Coverage Gap *(Coverage Gap benefit includes preferred generics in Tier 1 covered after a \$5 copay, and all other covered Part D generics covered after 93% coinsurance; some brand-name drugs are discounted by 50% through the Coverage Gap Discount Program.)*

Need a less expensive option that includes Part D prescription drug coverage?

### Choose **Regence MedAdvantage + Rx Classic**.

- A combined \$50 deductible for both in-network and out-of-network services
- A separate \$100 deductible for prescription drugs
- Out-of-pocket maximums of \$3,400
- Lower monthly premium than **Regence MedAdvantage + Rx Enhanced**
- Preventive care coverage, including dental, available before you meet the deductible; most services covered at 100%
- Part D prescription drug coverage, including through the Coverage Gap (*During the Coverage Gap, covered Part D generic drugs are covered after 93% coinsurance; plus, some brand-name drugs are discounted by 50% through the Coverage Gap Discount Program.*)

Need a good health plan, but not looking for a Part D prescription drug plan?\*

### Choose **Regence MedAdvantage**.

- \$0 deductible
- Out-of-pocket maximums of \$2,500
- Prescription drug coverage limited to that provided by Medicare Parts A and B

*\*Enrollment penalties may apply if you don't enroll in a Part D prescription drug plan when you're first eligible. If you have Part D prescription drug coverage now and want to enroll in one of our Medicare Advantage options, you must choose either **Regence MedAdvantage + Rx Enhanced** or **Regence MedAdvantage + Rx Classic** (unless you have Part D creditable coverage from another, non-Medicare plan).*

## Regence MedAdvantage benefits at a glance

Here's a snapshot of benefits in an easy-to-read table. This is only a summary. For a full description of benefits, please see the Summary of Benefits booklet or Evidence of Coverage. Both are available online at [www.regence.com/medicare](http://www.regence.com/medicare). "In-network" refers to our large Preferred Provider Organization (PPO) network. See the provider directory or visit [www.regence.com/medicare](http://www.regence.com/medicare) to see if your doctor is in the network. You receive the highest coverage when you receive care from in-network providers. For more information, please call us at 1-888-REGENCE (1-888-734-3623). TTY users should call 711.

	Enhanced	Classic	MedAdvantage only	Considerations
<b>Monthly premium</b>	<b>\$127</b>	<b>\$80</b>	<b>\$45</b>	
<b>Benefit description</b>	In/out-of-network cost-sharing	In/out-of-network cost-sharing	In/out-of-network cost-sharing	
<b>Annual deductible</b>	\$0	\$50 combined in/out of network	\$0 deductible	Deductible applies to all services except preventive services, preventive dental, routine vision exam and hardware, and Medicare-covered drugs
<b>Out-of-pocket maximum</b>	\$2,500 (all covered services accumulate)	\$3,400 (all covered services accumulate)	\$2,500 (all covered services accumulate)	This is the total amount you will pay out of pocket per calendar year for covered medical services
<b>Professional Services</b>				
<b>Office visits</b>	Primary care: \$10/\$25 copay Specialist care: \$25 copay	Primary care: \$15/\$35 copay Specialist care: \$35 copay	Primary care: \$15/\$35 copay Specialist care: \$35 copay	Covered after your copay
<b>Routine physical exams*</b>	No copay	No copay	No copay	Medicare coverage limits may apply
<b>Urgent care</b>	\$10/\$25 copay	\$15/\$35 copay	\$15/\$35 copay	Copay applies to urgent care facility only
<b>Pap smears*</b>	No copay	No copay	No copay	Medicare coverage limits may apply
<b>Prostate cancer screenings*</b>	No copay	No copay	No copay	Medicare coverage limits may apply

<b>Immunizations* (Medicare-covered)</b>	No copay	No copay	No copay	Medicare coverage limits may apply
<b>Hospital Services</b>				
<b>Hospital stay</b>	\$150/\$250 copay per day up to \$750/\$1,250 per benefit period	\$200/\$300 copay per day up to \$1,000/\$1,500 per benefit period	\$200/\$300 copay per day up to \$1,000/\$1,500 per benefit period	Covered for Medicare-covered services for unlimited days after your copay per benefit period
<b>Skilled nursing facility</b>	Days 1-5: \$0/\$20 copay per day Days 6-25: \$30/\$40 copay per day Days 26-100: \$0 copay per day	Days 1-5: \$10/\$30 copay per day Days 6-25: \$35/\$50 copay per day Days 26-100: \$0 copay per day	Days 1-5: \$10/\$30 copay per day Days 6-25: \$35/\$50 copay per day Days 26-100: \$0 copay per day	No three-day hospital stay requirement; no benefits after 100-day maximum
<b>Inpatient mental health treatment</b>	\$150/\$250 copay per day up to \$750/\$1,250 per benefit period	\$200/\$300 copay per day up to \$1,000/\$1,500 per benefit period	\$200/\$300 copay per day up to \$1,000/\$1,500 per benefit period	190-day lifetime maximum
<b>Emergency room services</b>	\$50 copay	\$50 copay	\$50 copay	Worldwide coverage, copay waived if admitted to a hospital within 48 hours
<b>Other Services and Benefits</b>				
<b>Eye examinations* (routine, not covered by Medicare)</b>	\$25 copay	\$35 copay	\$35 copay	Covered after copay
<b>Routine vision hardware* (not covered by Medicare)</b>	\$200/year	\$100/year	\$100/year	Covered up to specified dollar limit
<b>Diagnostic hearing exams (Medicare-covered)</b>	Primary care: \$10/\$25 copay Specialist care: \$25 copay	Primary care: \$15/\$35 copay Specialist care: \$35 copay	Primary care: \$15/\$35 copay Specialist care: \$35 copay	Benefit applies to Medicare-covered services only
<b>Dental services (preventive)*^</b>	20% coinsurance up to \$500 per year	20% coinsurance up to \$500 per year	20% coinsurance up to \$500 per year	Up to \$500 after coinsurance for routine preventive care; full-mouth debridement not covered
<b>Podiatry services</b>	Primary care: \$10/\$25 copay Specialist care: \$25 copay	Primary care: \$15/\$35 copay Specialist care: \$35 copay	Primary care: \$15/\$35 copay Specialist care: \$35 copay	Medicare-covered services covered after your copay

\*Not subject to a deductible.

^In-network dentist contracted charges may be lower than out-of-network dentist billed charges. Please see our dental provider directory for a list of participating dentists, or go online at [www.regence.com/medicare](http://www.regence.com/medicare).

Regence MedAdvantage benefits at a glance (continued)

	Enhanced	Classic	MedAdvantage only	Considerations
<b>Other Services and Benefits</b> (continued)				
<b>Ambulance</b>	\$100 copay	\$100 copay	\$100 copay	Worldwide coverage
<b>Laboratory services</b>	\$0 copay	\$0 copay	\$0 copay	Covered for Medicare-covered services
<b>Diagnostic tests/radiology services (X-rays)</b>	You pay 0%/10%	You pay 0%/20%	You pay 0%/20%	Covered after you pay applicable coinsurance amount
<b>Diagnostic tests (MRI, CT, PET and nuclear medicine)</b>	You pay 20%/30%	You pay 20%/30%	You pay 20%/30%	Covered after you pay applicable coinsurance amount
<b>Outpatient surgery</b>	\$100/\$200 copay	\$175/\$225 copay	\$175/\$225 copay	Covered after you pay applicable copay amount
<b>Outpatient services</b>	\$0 copay	\$0 copay	\$0 copay	Covered for Medicare-covered services
<b>Durable medical equipment</b>	You pay 10%/20%	You pay 20%/30%	You pay 20%/30%	Benefit applies only to Medicare-covered equipment
<b>Diabetes self-monitoring and training supplies*</b>	\$0 copay	\$0 copay	\$0 copay	We pay 100% for lancets, test strips and glucometer supplies. (For insulin and syringes, see Part D coverage on page 11.)
<b>Home health care</b>	You pay 0%/10%	You pay 10%/20%	You pay 10%/20%	Covered for Medicare-covered services after you pay applicable coinsurance amount
<b>Medicare-covered drugs (chemotherapy, dialysis drugs, other covered drugs)*</b>	You pay 10%	You pay 20%	You pay 20%	Covered for Medicare-covered services after you pay applicable coinsurance amount
<b>Medicare-covered immunosuppressive drugs for covered transplants*</b>	You pay 0%	You pay 10%	You pay 10%	Covered for Medicare-covered services after you pay applicable coinsurance amount
<b>Prescription drug coverage (Part D)</b>	See page 9			

\*Not subject to a deductible.

## If you need prescription drug coverage

### Regence MedAdvantage + Rx Enhanced

### Regence MedAdvantage + Rx Classic

Our prescription drug options help you save money on prescription drugs and protect you from potentially catastrophic drug costs. When you choose a **Regence MedAdvantage + Rx** plan, you get both medical and prescription drug coverage in one convenient plan.

These options provide you with convenient coverage for your prescription needs—including access to pharmacies in your area and mail-order service. They have a tier design, meaning that all covered prescription drugs are grouped into one of six categories, or “tiers.”

Part D prescription drug coverage isn't available with the **Regence MedAdvantage** plan.

## How does Part D work?

All **Regence MedAdvantage + Rx** prescription drug benefits work in three phases:

1. **Deductible/Initial Coverage:** **Regence MedAdvantage + Rx Classic** has a \$100 deductible for prescription drugs. **Regence MedAdvantage + Rx Enhanced** has no prescription drug deductible. Once you've met your prescription drug deductible (if you have one), Initial Coverage is in effect until your medication costs reach \$2,840. Both the money your plan pays and the money you pay in deductible, copays and coinsurance count toward that \$2,840 limit.
2. **Coverage Gap:** Once your total prescription drug costs for the year have reached \$2,840, you enter the Coverage Gap. With **Regence MedAdvantage + Rx Classic**, you pay 93% coinsurance for all covered Part D generics, and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program. With **Regence MedAdvantage + Rx Enhanced**, you pay a \$5 copay for Tier 1 preferred generics; 93% coinsurance for all other covered Part D generics; and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program. Once your out-of-pocket costs (including what you've paid in all phases and what the drug manufacturers have paid for covered brand-name drugs during the Coverage Gap) reach \$4,550, Regence covers your medications as shown on page 10. (What Regence pays during this phase doesn't count toward the \$4,550.)
 

**Coverage Gap Discount Program:** Both **Regence MedAdvantage + Rx** plans will provide you a discount on some brand-name drugs through the Coverage Gap if you aren't receiving extra help through the Low Income Subsidy Program. A 50% discount is available on the negotiated price (excluding the dispensing fee) for brand-name drugs from manufacturers that have agreed to pay the discount. The 50% discount paid by the drug manufacturer counts toward your out-of-pocket expenses and helps you to reach your \$4,550 before moving to the Catastrophic Coverage phase.
3. **Catastrophic Coverage:** Once your out-of-pocket costs reach \$4,550, (including what you've paid in all phases and what the drug manufacturers have paid for covered brand-name drugs during the Coverage Gap), you reach the end of the Coverage Gap and the beginning of Catastrophic Coverage. This phase covers your medications for the rest of the year. During this phase you pay the greater of a \$2.50/\$6.30 copay or 5% per prescription, depending on the tier your medication is in. The Deductible/Initial Coverage phase starts over on Jan. 1.

**The important thing to remember:** Your share of the cost changes as your prescription drug expenses add up over a calendar year.

## Coverage to match your needs

If you want the most predictability and protection for prescription drug costs, **Regence MedAdvantage + Rx Enhanced** would be the plan for you.

**Regence MedAdvantage + Rx Classic** is the better choice if you want basic coverage for low-to-moderate prescription drug needs.



## Tiers = choice

Your tiered prescription drug benefit helps you balance your choice of prescription drugs with the costs.

You have coverage for most Medicare Part D-covered prescription medications. What you pay—your copay or coinsurance—depends on which medication you choose and which plan you have. No matter which plan you’re on, Tier 1 preferred generics offer the greatest value.

	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Classic
<b>Deductible</b>	<b>\$0</b>	<b>\$100</b>
<b>Tier 1:</b> Copay for preferred generics	\$5	\$5
<b>Tier 2*:</b> Copay for non-preferred generics	\$35	\$35
<b>Tier 3:</b> Copay for preferred brand-name drugs	\$35	\$35
<b>Tier 4:</b> Copay for non-preferred brand-name drugs	\$75	\$75
<b>Tier 5**:</b> Coinsurance for injectable drugs	33%	30%
<b>Tier 6**:</b> Coinsurance for specialty tier drugs	33%	30%
Coverage during the “Coverage Gap” (To learn more about the Coverage Gap, see page 9.)	You pay \$5 copay per prescription for each 30-day supply for Tier 1 preferred generics; 93% coinsurance for all other covered Part D generics; and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program. Once your out-of-pocket costs (including what you’ve paid in all phases and what the drug manufacturers have paid for covered brand-name drugs during the Coverage Gap) reach \$4,550, you go to Catastrophic Coverage	You pay 93% coinsurance for covered Part D generics; and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program. Once your out-of-pocket costs (including what you’ve paid in all phases and what the drug manufacturers have paid for covered brand-name drugs during the Coverage Gap) reach \$4,550, you go to Catastrophic Coverage

*\*Tier 2 contains non-preferred generics, a limited list of generic medications with less expensive equivalents. Please see our formulary for more information.*

*\*\*Tiers 5 and 6 are limited to a 30-day supply and may contain generics.*

Deductibles, copays and coinsurance amounts are based on a 30-day supply of medication (31-day supply for long-term care) and are effective Jan. 1, 2011, through Dec. 31, 2011. You must go to a network pharmacy to receive coverage except under non-routine circumstances. Quantity limitations and restrictions may apply.

## A few important things to know about Regence MedAdvantage

If you're considering any of the **Regence MedAdvantage** plans, it's important to understand the following features:

### 1. All plans have annual out-of-pocket maximums.

**Regence MedAdvantage + Rx Enhanced: \$2,500**

**Regence MedAdvantage + Rx Classic: \$3,400**

**Regence MedAdvantage: \$2,500**

The total amount you pay in coinsurance or copays in a calendar year before the plan picks up the full cost of covered medical expenses is your out-of-pocket maximum. With **Regence MedAdvantage**, your cost-sharing amounts contribute to that maximum. For 2011, there are two maximum out-of-pocket (OOP) amounts. The in-network OOP maximum is \$2,500 or \$3,400 depending on what plan you have. This is the maximum you pay for covered services received from in-network providers. The catastrophic OOP maximum is also \$2,500 or \$3,400. This is the maximum you pay for covered services received from both in-network and out-of-network providers. You only have to meet **one of the OOP maximums to get 100% coverage and no out-of-pocket costs for covered services for the remainder of the year**. Once you've reached the maximum, benefits will be paid as specified. If you choose a plan with a deductible, your out-of-pocket expenses will start accumulating toward the maximum once you've met the deductible.

### 2. Out-of-pocket expenses for both in-network and out-of-network services accumulate toward a single deductible (if your plan has one).

All medical deductibles are combined deductibles—which means charges you pay both inside and outside the network accumulate toward the same medical deductible. Once you've met your deductible, your plan begins to cover your care. (Some benefits are provided before you meet your deductible—see below.)

Note that Part D prescription drug coverage may have a separate deductible. See page 10 for more information.

### 3. Some benefits aren't subject to the deductible (if your plan has one).

If your plan has a medical deductible, the following benefits are available before you meet it:

- Bone mass measurement (Medicare coverage limits may apply)
- Colorectal screening exams (Medicare coverage limits may apply)
- Preventive dental services
- Diabetes training, self-monitoring and supplies, except items covered under Part D prescription drug coverage (Medicare coverage limits may apply)
- Drugs (Medicare-covered chemotherapy, dialysis drugs, Medicare-covered immunosuppressive drugs for covered transplants, other covered drugs)
- Kidney disease education (Medicare coverage limits may apply)
- Mammograms (Medicare coverage limits may apply)

- Medical nutritional (enteral) therapy (Medicare coverage limits may apply)
- Pap smears/pelvic exams (Medicare coverage limits may apply)
- Preventive care—services billed with a preventive diagnosis, including immunizations (Medicare coverage limits may apply)
- Prostate cancer screening exams (Medicare coverage limits may apply)
- HIV screening exam (one per every 12 months or three times during a pregnancy)
- Routine physical exam (Medicare coverage limits may apply)
- Annual wellness visit—one exam per year (Medicare coverage limits may apply)
- Routine vision exams
- Smoking cessation (Medicare coverage limits may apply)
- Routine vision hardware

#### **4. How much you pay for care may depend on whether you see a primary care provider or a specialist.**

Some benefits differentiate between primary and specialty care. In other words, you pay less when you see a primary care provider. The following provider types are considered “primary care”:

- General practice
- Family practice
- Internal medicine
- Geriatric medicine
- Gynecology
- Nurse practitioner
- Physician assistant

Other provider types are considered specialists. You’ll pay the specialty care coinsurance for care you receive from those providers.

#### **5. You’re covered at 80% for up to \$500 in preventive dental care each year.**

You can see any dentist\* to receive the following preventive services at 80% coverage, not subject to a deductible:

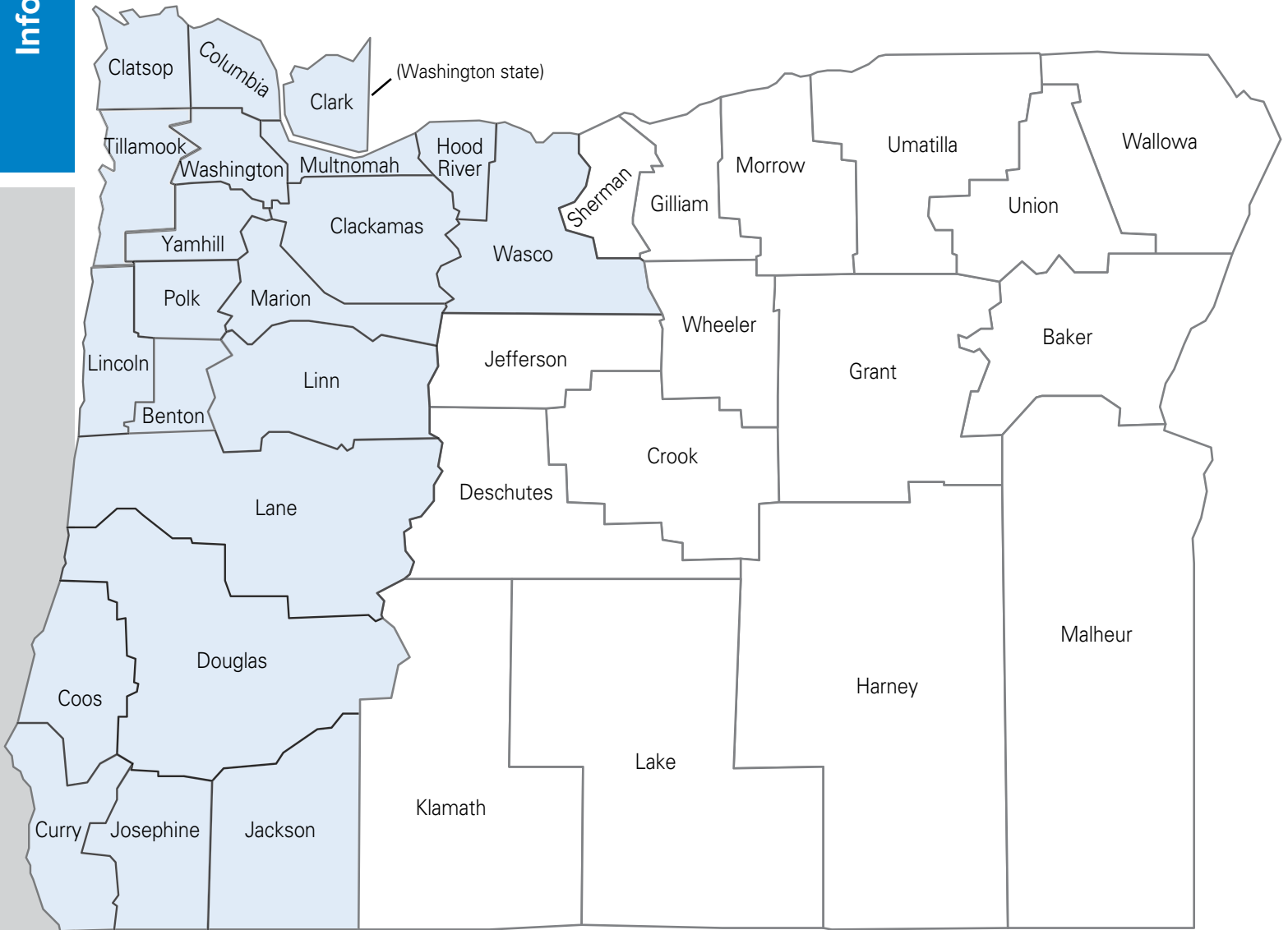
- Cleanings – 2 per year
- Bitewing X-rays—2 per year (whatever combination)
- Panoramic film—once every three years
- Exams—2 per year (whatever combination)

*\*Regence-contracted dentists have agreed to certain charges for services. You may be able to receive more services under the \$500-per-year benefit if you see Regence-contracted dentists. Visit our website for the list of contracted dentists, or call us at 1-888-REGENCE (1-888-734-3623) for more information or to ask for a directory.*

## Where is Regence MedAdvantage available?

Our **Regence MedAdvantage** plans are available to Medicare beneficiaries who reside in Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill counties in Oregon and Clark County in Washington.

**This is not a map of where you can receive services.**



Please see page 16 for more information on how to obtain care.

## Enrolling is easy!

If you're considering your Medicare options, we can help.

If you need more information, see the Summary of Benefits, talk to your Regence-certified broker or agent, call us at 1-888-REGENCE (1-888-734-3623) for more information or go online at [www.regence.com/medicare](http://www.regence.com/medicare).

Fill out the enrollment form and mail it to us. You can choose to pay monthly or every three months by mail, or have your premium automatically withdrawn from your bank account. You can also choose to have your plan premium taken out of your monthly Social Security check. Call our Customer Service department to find out more.

If you're on a Medicare Advantage plan with another company, enrolling in a **Regence MedAdvantage** plan will automatically disenroll you from the other plan.

- **If you're already on Medicare**, the Annual Election Period (AEP) is in the fall. That's when you can enroll in a **Regence MedAdvantage** plan and have your coverage start Jan. 1. If you're on a Medicare Advantage PPO, HMO or PFFS plan, or Medigap plan, you can switch to a **Regence MedAdvantage** plan during this period.
- There is another, more limited enrollment period from Jan. 1 through Feb. 14. During this period, called the Medicare Advantage Annual Disenrollment Period (MAADP), you can disenroll from your Medicare Advantage plan and enroll in Original Medicare. You can also select a separate Part D prescription drug plan at this time.
- If you're not on Medicare yet, you'll have a seven-month period to enroll in a Medicare Advantage plan once you become eligible. That period consists of the month you become eligible, the three months before, and the three months after. This is called your Initial Coverage Election Period (ICEP). You can enroll in a **Regence MedAdvantage** plan during this time.

Medicare beneficiaries may also enroll in a **Regence MedAdvantage** plan through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center at [www.medicare.gov](http://www.medicare.gov).

You must continue to pay your Medicare Part B premium.

Benefits, formularies, pharmacy lists, provider networks, premiums and/or copays and coinsurance may change on Jan. 1, 2012. Please call us for details.

## Your member card is your key to coverage

To start using your **Regence MedAdvantage** coverage, just show your member card.

- **Health care providers:** Tell your doctors about your new plan. The next time you visit, show your member card. If your doctor is in our large network, you'll pay a copay. If your doctor is outside the network, you'll have a higher copay. It's that simple. You can go anywhere in the world and be covered.
- **Dental providers:** With **Regence MedAdvantage** plans, you're covered at 80% for preventive dental services (up to \$500 per year), such as routine cleanings (the kind that are recommended twice a year), X-rays and exams. Just go to your dentist and show your member card—that's the only card you'll need. Remember that if your dentist is outside the network, you may have a higher coinsurance amount.
- **Participating pharmacies:** Your member card gives you access to more than 50,000 participating pharmacies nationwide.
- **Part D prescription drug coverage with Regence MedAdvantage + Rx Enhanced and Regence MedAdvantage + Rx Classic:** Show your member card at any participating pharmacy. There's virtually no paperwork—the pharmacy will take care of the claim. You just pay any cost-sharing amount. You must go to a network pharmacy to receive coverage except under non-routine circumstances.

## Frequently asked questions

### Who is eligible?

Anyone with Medicare Parts A and B who lives in the service area can enroll, regardless of age—except those with End-Stage Renal Disease (ESRD).

### How do I enroll?

Complete one application form for each person and return it to us in the envelope provided in the packet. You can also fax it to 1 (888) 335-2988. Please don't send payment when you apply.

It can take up to a couple of weeks for us to process your application. So, the sooner you send it in, the sooner we can process it.

For more information, please call us at 1-888-REGENCE (1-888-734-3623). TTY users should call 711.

### What are my payment options?

You can choose to be billed monthly or every three months. You can pay by check when we bill you, or pay monthly by automatic withdrawal from your bank account. Instructions for automatic withdrawal are in your packet and at [www.regence.com/medicare](http://www.regence.com/medicare). (Please see the brochure titled "Surepay Authorization.")

You can also choose to have your plan premium taken out of your monthly Social Security check. Call our Customer Service department to find out more.

### I have limited income. Can I get help with my Medicare prescription drug costs?

You may be able to get help paying for your prescription drug premiums and costs. To see if you qualify, call any of the following:

- Medicare—1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1 (877) 486-2048. Offices are open 24 hours a day, seven days a week.
- Social Security—1 (800) 772-1213. TTY or TDD users should call 1 (800) 325-0778. Offices are open from 7 a.m. to 7 p.m., Monday through Friday.
- Your State Medicaid Office.

### When will my coverage be effective?

As soon as Medicare verifies your eligibility, we'll notify you of your effective date. If you're newly eligible for Medicare, you may submit your enrollment form up to three months before your effective date.

### How do I get care under my new plan?

Simply show your member card to your health care providers so they know who to bill. That's it! In most cases, there's virtually no paperwork. You'll receive a new-member "welcome" packet. You can also give us a call if you have any questions. Contact information is on page 3 and in your member materials.

### **Do you have any programs to help me maintain or improve my health?**

We offer a number of programs that help promote healthy living. These include:

- A 24-hour nurse phone line
- Members-only discounts on health-related products and services *(These products and services are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Regence MedAdvantage grievance process.)*
- Reminders for women about breast and cervical cancer screenings
- Informative care programs on asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease and diabetes
- Newsletters
- Online tools

You also have access to our members-only website, **myRegence.com**, which provides a number of wellness resources. You will also find a health encyclopedia, information about prescription drugs, a Personal Health Record tool and a history of your claims.

### **What happens if I travel outside the service area for an extended period of time?**

**Regence MedAdvantage** plans will cover you for medical emergencies anywhere in the world. If you have to go to a hospital emergency room, you'll pay a copay. For non-urgent or routine care outside the network, you'll pay the copay or coinsurance specified by your plan.

Nationwide, in-network coverage is available in areas where other Blue Cross and/or Blue Shield Plans have a Medicare Advantage PPO plan, have contracted Medicare Advantage providers and are participating with the Blue Cross and Blue Shield Association in this travel program. You may also see an out-of-network provider, but you may pay more.

Part D prescription drug coverage is not available outside the United States and its territories.

### **What happens if I move out of the service area?**

**Regence MedAdvantage** plans are available only if you live within the plan's service area. If you move, please call us to explore other options.

You may be able to enroll in a **Regence MedAdvantage** plan that's offered in another Regence service area, or you could take advantage of Blue Cross and/or Blue Shield Plan state transfer options. You could also return to Medicare Parts A and B.

### **How often will my rates go up?**

Any rate increases are effective in January. After that, your monthly premium is guaranteed not to change until January of the following year. We'll notify you each fall about any rate or benefit changes for the coming year.

**Does it cost more to buy coverage through an agent?**

No. There's never an extra cost or obligation if you use an appointed agent. Agents who are appointed to represent Regence BlueCross BlueShield of Oregon provide a valuable service and often can help you decide which of our Medicare plans is best for you.

**What if I don't want the prescription drug coverage?**

Choose the **Regence MedAdvantage** plan. Keep in mind that if you don't have other creditable drug coverage and don't choose a Medicare Part D prescription drug plan when you're eligible, there will be a penalty for every month you could have enrolled but didn't. So, you'll pay more for prescription drug coverage if you enroll later and can't prove you had other, creditable prescription drug coverage.

If you're not on Medicare yet, you'll have a seven-month enrollment period for Medicare Part D when you become eligible for Medicare. This seven-month enrollment period includes the month you become eligible, the three months before and the three months after. If you enroll for Medicare Part D during this period, you won't have to pay a penalty for late enrollment in the future.

**What's the advantage of choosing a Regence MedAdvantage + Rx plan?**

It gives you the convenience of having prescription drug coverage and your medical coverage in a single plan. Plus, you don't have to worry about choosing another Medicare Part D prescription drug plan or incurring a penalty if you don't enroll during your enrollment period. If you do choose another Medicare Part D plan, you'll automatically be disenrolled from your **Regence MedAdvantage** health plan.

**How are eye exams covered?**

Medicare covers the diagnosis and treatment of eye conditions. Members with diabetes can get a dilated eye exam every calendar year. In addition, **Regence MedAdvantage** covers one routine vision eye exam every year.

**Once I join, can I disenroll if I want to?**

Your membership in a **Regence MedAdvantage** plan is optional. If you change your mind and meet the eligibility requirements, you can disenroll during your Annual Election Period or the Medicare Advantage Annual Disenrollment Period (MAADP). Just send us a written request. If you move out of the service area, you qualify for a Special Election Period, during which you can enroll in a plan that's offered in your new area.

If you want to disenroll, make sure you have other coverage in place before you do so.

**Regence MedAdvantage Customer Service****1 (800) 541-8981 TTY: 711****FROM Nov. 15 through March 1: HOURS** 8 a.m. to 8 p.m., seven days a week**AFTER March 1: HOURS** 8 a.m. to 8 p.m., Monday through Friday

Please leave a message on Saturdays, Sundays and holidays, and we'll return your call the next business day.

**On what basis could my Regence MedAdvantage coverage be canceled?**

Here are some reasons why your **Regence MedAdvantage** coverage would be canceled:

- If you don't retain Medicare Parts A and B.
- If you fail to pay the monthly premium, subject to a 60-day grace period.
- If you commit fraud or allow someone else to use your member card to obtain services.
- If you're fraudulent or make misrepresentations on your individual enrollment form that affect your eligibility to enroll in this plan.
- If you're disruptive, abusive, unruly or uncooperative to the extent that your behavior seriously impairs our ability to provide services to you. Involuntary disenrollment is subject to prior approval by the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare and helps protect your rights.
- If you permanently move out of our service area and don't voluntarily disenroll.
- If CMS were to no longer allow Regence BlueCross BlueShield of Oregon to provide **Regence MedAdvantage** coverage to Medicare beneficiaries.
- If Regence chooses to no longer offer **Regence MedAdvantage** plans.

**What are the differences between HMO, PPO, PFFS and Medigap plans?**

- **Health Maintenance Organizations (HMO)** are managed care plans that require you to use only contracted doctors and hospitals to receive benefits; typically, you need a referral to see a specialist.
- **Preferred Provider Organizations (PPO)** also have a provider network. You're covered if you go outside the network, but you pay less when you stay inside it. Many don't require referrals. HMOs and PPOs may have more benefits than Medicare, such as physicals and vision care. HMOs and PPOs roll Medicare Parts A and B benefits and new benefits into one. (**Regence MedAdvantage** is a PPO.)
- **Private-fee-for-service plans (PFFS)** also combine Medicare Parts A and B with new benefits, but they don't have a provider network. You may go to any provider, but the provider can refuse to provide services to plan members.
- **Medigap** plans are secondary to Medicare. They don't have a network of providers, and they usually cost more than HMOs and PPOs. Most Medigap plans don't cover dental or vision exams.

## How can I learn more?

Attend a meeting. If you're interested in one of our Medicare seminars, call us to get the schedule for your area.

All meeting locations are wheelchair-accessible. Plus, sign language interpreters are available with advance request. For accommodation of persons with special needs at sales meetings, please call us at the number below at least 48 hours in advance.

A licensed, authorized representative will be present with information and applications.

For more information, call us at **1-888-REGENCE (1-888-734-3623)**.

We're here between 8 a.m. and 5 p.m., Pacific time, Monday through Friday. TTY users should call 711.

You can also get more information at **[www.regence.com/medicare](http://www.regence.com/medicare)**.

## Grievances and appeals

You have several options for expressing dissatisfaction with our services or with those of a pharmacy or other provider.

### Grievances

A grievance is any complaint you make about our service or one of our plan providers. Coverage disputes and complaints about payments are not considered grievances.

Examples of grievances are:

- Dissatisfaction with our customer service
- Dissatisfaction with the length of time you spent waiting on the phone or in the pharmacy
- Dissatisfaction with how long it took to fill a prescription or the accuracy of filling a prescription

You must file a grievance within 60 days of the event or incident. Send it to us in writing or give us a call.

We'll respond to your grievance within 30 calendar days.

### Part D prescription coverage decisions and appeals

Coverage decisions pertain to the prescription drug and the amount you paid for a medication. You or your prescribing physician can submit requests for coverage decisions.

Examples of coverage decisions are:

- Formulary exceptions\*
- Exceptions to the required tier copay\*

We'll respond to standard requests within 72 hours; expedited requests can be done in 24 hours.\*\*

*\*If you're asking for a formulary or tier exception, your **prescribing physician** must provide a statement to support your request. You can't ask for a tier exception for a drug in our Specialty Tier or obtain a brand-name drug at a generic copay.*

*\*\*If you or your prescribing physician believes that waiting for a standard, 72-hour decision could seriously harm your life, health or ability to regain maximum function, you can ask for an expedited (faster) decision. If your prescribing physician asks for an expedited decision or supports you in asking for one by stating (in writing or in a telephone call to us) that he or she agrees that waiting 72 hours could seriously harm your life, health or ability to regain maximum function, we'll give you a decision within 24 hours. If you don't obtain your physician's support, we'll determine if your health condition requires an expedited decision.*

## Appeals

An appeal occurs when you ask us to reconsider a decision about your Part D prescription drug benefits.

Examples of appeals are:

- Our decision not to cover a drug, vaccine or other Part D benefit
- Our decision not to reimburse you for a Part D drug that you paid for
- Our denial of a coverage determination

You must file an appeal in writing within 60 days of the payment or coverage denial. We'll notify you of our decision within seven calendar days.

## Glossary

### **Annual Election Period (AEP)**

The period in the fall when eligible individuals can enroll, disenroll or switch their Medicare Advantage plan with Part D coverage or stand-alone Part D prescription drug plan.

### **Brand-name prescription medication**

A prescription medication that's patented and produced by only one manufacturer.

### **Centers for Medicare and Medicaid Services (CMS)**

The component of the federal government's Department of Health and Human Services that oversees Medicare and Medicaid. It has oversight of Medicare Advantage plans.

### **Coinsurance**

Sharing the costs of health care, which helps us keep rates affordable. For example, when we pay 80%, you pay 20%.

### **Copay**

A flat amount that you pay for a service, such as \$10 to visit a doctor. Also called a "copayment."

### **Coverage Gap Discount Program**

The Medicare Coverage Gap Discount Program will provide manufacturer discounts on some brand-name drugs to Part D enrollees who have reached the Coverage Gap and are not already receiving extra help under the Low Income Subsidy program. A 50% discount on the negotiated price (excluding the dispensing fee) will be available for brand-name drugs from manufacturers that have agreed to pay the discount.

### **Deductible**

A specified dollar amount you may be required to pay in a calendar year before services are covered.

### **Durable medical equipment**

Equipment needed for medical reasons that is sturdy enough to be used many times without wearing out. You normally need this kind of equipment only when ill or injured and when it can be used in the home. Examples include wheelchairs, hospital beds or equipment that supplies a person with oxygen.

### **Emergency**

A sudden, serious and unexpected illness, injury or condition (including sudden and unexpected severe pain) that you believe endangers your health if medical treatment is not received immediately.

**Emergency care**

Covered services that are: 1) furnished by a provider qualified to furnish emergency services; and 2) needed to evaluate or stabilize an emergency medical condition.

**Exclusions**

Health plans don't cover all health care services. Exclusions are those services not covered by—or excluded from—the health plan.

**Formulary**

List of prescription medications that are recommended by a plan based on the scientific evaluation of their safety, effectiveness, value and impact on health outcomes.

**Generic medication**

A medication whose patent has expired, allowing other manufacturers to produce and sell it. The generic is known by its chemical name, as opposed to a brand name. Generic and brand-name medications have the same active ingredients, but generics can cost from 20% to 60% less and may be a different color, shape and size. The FDA requires generic medications to have the same quality, strength, purity and stability as brand-name medications.

**In-network provider**

A doctor, specialist, hospital, facility, health care professional, home health care agency, or home infusion therapy agency that's contracted with us through your plan's PPO network.

**Inpatient services**

Services provided to you when you're admitted to a qualifying facility, such as a hospital or skilled nursing facility.

**Limitations**

A plan may pay part of a service but limit full coverage. For instance, skilled nursing facility benefits are limited to 100 days.

**Long-term care (LTC)**

Usually refers to nursing home care plans; the term can also be used to include all forms of services, both institutional and non-institutional, that are required by people with chronic health conditions.

**Mail-order medications**

A program that allows you to purchase and receive prescription medications through the mail.

**Medicare Advantage Annual Disenrollment Period (MAADP)**

The period from Jan. 1 through Feb. 14 during which you can cancel your Medicare Advantage enrollment and switch to Original Medicare. If you switch to Original Medicare, you may also choose a separate Medicare prescription drug plan at the same time.

**Medicare-covered benefits**

Coverage under Medicare Parts A and B as specified by the federal government.

**Member**

The person who is the policyholder of the health plan coverage.

**Out-of-network provider**

A doctor, specialist, hospital, facility, professional provider, home health care agency or home infusion therapy agency not contracted through your plan's PPO network.

**Out-of-pocket maximum**

The total amount you pay in coinsurance or copays in a calendar year before the plan picks up the full cost of covered medical expenses. For example, with **Regence MedAdvantage + Rx Classic**, if the total you pay on covered in-network medical expenses reaches \$3,400 in a calendar year, the plan will pay 100% of covered expenses for the rest of the year.

**Outpatient services**

Services you receive in a hospital outpatient department or other outpatient facility settings.

**PPO**

Preferred Provider Organization (PPO) refers to a plan with a network of providers, including doctors, specialists, hospitals and other health care professionals, who have contracted to supply services to members. **Regence MedAdvantage** refers to our Preferred Provider Organization network. Unlike an HMO plan, with a PPO you can see any provider who accepts Medicare and still receive coverage. However, your services will be paid at a higher level if you stay in the network. In addition, with the PPO you don't need a referral to see a specialist.

**Preventive care**

Health care that emphasizes prevention and early detection for early treatment of conditions, such as routine women's exams, immunizations and colorectal exams.

**Primary care services**

Providers in the following provider types are considered primary care practitioners:

- General practice
- Family medicine
- Internal medicine
- Geriatric medicine
- Gynecology
- Nurse practitioner
- Physician assistant

Other provider types are considered specialists.

## Benefit considerations

**Regence MedAdvantage** is a health plan with a Medicare contract. As a member of a PPO, you have increased benefits versus Medicare Parts A and B or an HMO network. For instance, you can see any provider, without a referral, and still receive coverage. But your coverage is higher when you stay inside the network.

As with any health care coverage, there are some services that aren't covered or are limited with **Regence MedAdvantage**, **Regence MedAdvantage + Rx Classic** and **Regence MedAdvantage + Rx Enhanced**.

We believe in full disclosure and in providing the information you need to completely understand your benefits. That's why we're providing this summary of exclusions. It shows you some items that your **Regence MedAdvantage** plan doesn't cover. For the complete list, please see your Evidence of Coverage.

- Experimental or investigational medical and surgical procedures, equipment and medications, unless covered by Medicare Parts A and B
- Private room in a hospital, unless medically necessary
- Private duty nurses
- Personal convenience items, such as a telephone or television in your hospital room
- Nursing care on a full-time basis in your home
- Homemaker services
- Charges imposed by immediate relatives or members of your household
- Meals delivered to your home
- Reversal of sterilization procedures, sex change operations, and non-prescription contraceptive supplies and devices (*Medically necessary services for infertility are covered according to Medicare Parts A and B guidelines.*)
- Acupuncture
- Naturopathic services

**Regence MedAdvantage** is a health plan with a Medicare contract. **Regence MedAdvantage** plans are available to residents in Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill counties in Oregon and Clark County in Washington. Medicare renews this contract annually. Your Medicare Advantage (PPO) plan may not be available next year because by law, CMS may refuse to renew our contract, or Regence can choose not to renew our contract with CMS, or Regence can choose to reduce its service area, which would result in your plan's termination or nonrenewal. Anyone who resides in our service area and has Medicare Parts A and B may apply. You must continue to pay your Part B premiums. Applicable eligibility and enrollment periods apply. Benefits, formularies, premiums, coinsurance/copay amounts and provider or pharmacy networks may change in the upcoming contract year.

This brochure is only a summary. It's important to read the Evidence of Coverage for complete descriptions of enrollment periods, benefits, limitations and exclusions. Or, call our Customer Service department at:

**Regence MedAdvantage Customer Service**  
**1 (800) 541-8981**  
**TTY: 711**

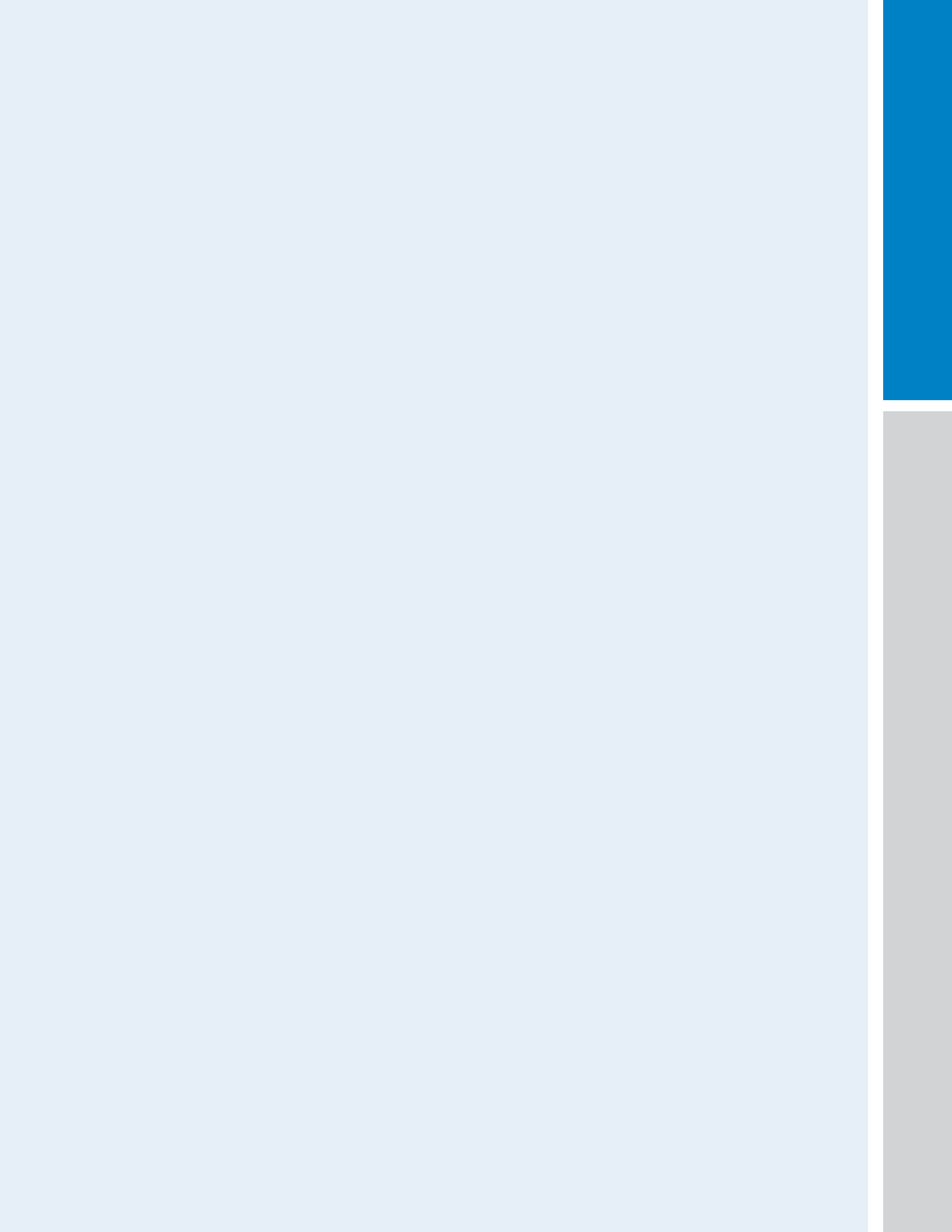
**FROM Nov. 15 through March 1:**  
**HOURS 8 a.m. to 8 p.m., seven days a week**

**AFTER March 1:**  
**HOURS 8 a.m. to 8 p.m., Monday through Friday**

Please leave a message on Saturdays, Sundays and holidays, and we will return your call the next business day.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

This document is available in other formats. Please call 1 (800) 541-8981 for more information.



**Regence MedAdvantage + Rx Enhanced  
Regence MedAdvantage + Rx Classic  
Regence MedAdvantage**

Regence BlueCross BlueShield of Oregon  
P.O. Box 1271  
Portland, OR 97207-1271

**Send completed applications to:  
P.O. Box 12625, S5B  
Salem, OR 97309-0625**

**Or, fax them to:  
1 (888) 335-2988**

(This number is for enrollment applications only.)

For more information, call us from 8 a.m. to 5 p.m.,  
Monday through Friday, Pacific time

at 1-888-REGENCE (1-888-734-3623)

TTY users should call 711

**[www.regence.com/medicare](http://www.regence.com/medicare)**

For a detailed explanation of our grievance and appeals  
procedures, please refer to your Evidence of Coverage.

