

# 2012

## Regence MedAdvantage (PPO)

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### Smart choices for the days ahead



Regence  
Medicare Plans



Regence

# Smart choices for the days ahead

Medicare gives you lots of options—and it's smart to shop around for the plan that will fit you best, no matter what stage of life you're in. We're glad that you're taking a look at what we offer.

**Regence MedAdvantage Basic, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced** provide:

- Benefits that are simple to use and easy to understand
- A large provider network, with no referrals, including providers across the country
- Programs to help you get and stay well
- Benefits that address important health issues, such as vision care and preventive dental

- Prescription drug coverage with **Regence MedAdvantage + Rx Classic** and **Regence MedAdvantage + Rx Enhanced**

**Regence MedAdvantage** products are Medicare Advantage plans. Any of the three replaces the coverage you would otherwise get from Medicare Parts A and B and provides services and programs unique to Regence. **Regence MedAdvantage + Rx Classic** and **Regence MedAdvantage + Rx Enhanced** also provide prescription drug coverage (what Medicare calls Part D). You must have Medicare Parts A and B to be eligible.

## Premiums for 2012

Regence MedAdvantage + Rx Enhanced (PPO) monthly premium: \$135

Regence MedAdvantage + Rx Classic (PPO) monthly premium: \$67

Regence MedAdvantage Basic (PPO) monthly premium: \$35

## Get started

- ▶ **READ.** This booklet is designed to help you make a good decision by providing important information you need to evaluate your options. It has easy-to-read charts that compare benefits, highlights such as travel and prescription drug coverage, and finally, directions for how to enroll.
- ▶ **CALL.** If you need help along the way, please call us for additional information at 1-888-REGENCE (1-888-734-3623) between 8 a.m. and 5 p.m., Pacific time, Monday through Friday (TTY users should call 711).
- ▶ **ATTEND.** We offer free informational meetings for you to learn more. Find out more by going online at <http://www.regence.com/medicare>, or calling the phone number above.
- ▶ **GO ONLINE.** Visit <http://www.regence.com/medicare> for more information, including a searchable formulary (list of covered prescription drugs) and a searchable provider network file to see if your provider is on our network or any prescription drugs you're taking are covered.
- ▶ **CALL YOUR INSURANCE PRODUCER OR AGENT.**

Either way, there's plenty of help available if you have questions.

# Compare benefits

The charts below summarize and compare the benefits provided by our Regence MedAdvantage plans.

Medical Coverage	Regence MedAdvantage + Rx <b>ENHANCED</b> In/Out Network	Regence MedAdvantage + Rx <b>CLASSIC</b> In/Out Network	Regence MedAdvantage <b>BASIC†</b> In/Out Network
Annual deductible	\$0	\$50 combined in and out-of-network	\$0
Out-of-pocket maximum	\$2,500	\$3,400	\$3,400

This is the maximum you pay for covered services received from in-network providers. This is also the maximum you pay for covered services received from both in-network and out-of-network providers. You have to meet only one of the out-of-pocket maximums to get 100% coverage with no out-of-pocket costs for covered services for the remainder of the year.

## WELLNESS BENEFITS

Annual wellness exam**	No copay	No copay	No copay
Preventive screenings* **	No copay	No copay	No copay
Immunizations**	No copay	No copay	No copay

## OFFICE AND DIAGNOSTIC CARE BENEFITS

Office visits/ primary care provider	\$10/\$25 copay	\$15/\$35 copay	\$15/\$35 copay
Office visits/specialist	\$25 copay	\$35 copay	\$35 copay
Diagnostic tests/X-rays	No copay/you pay 10%	No copay/you pay 20%	No copay/you pay 20%
Diagnostic tests (MRI, CT, PET, nuclear medicine)	You pay 20%/30%	You pay 20%/30%	You pay 20%/30%
Lab services	No copay	No copay	No copay
Routine eye exams**	\$25 copay/ \$25 copay with \$45 allowed amount	\$35 copay/ \$35 copay with \$45 allowed amount	\$35 copay/ \$35 copay with \$45 allowed amount

You must see a provider within the Vision Service Plan (VSP) network in order to receive in-network benefits. You may find VSP providers by checking the provider directory.

Vision hardware**	We pay \$200 per year	We pay \$100 per year	We pay \$100 per year
Diagnostic hearing exams/specialist	\$25 copay	\$35 copay	\$35 copay
Dental (preventive)**	You pay 20% with \$500 allowed per year	You pay 20% with \$500 allowed per year	You pay 20% with \$500 allowed per year
Podiatry	\$10/\$25 copay	\$15/\$35 copay	\$15/\$35 copay

\*For example: Pap smears and pelvic exams, prostate cancer screenings, colorectal screening exams, bone mass measurement, mammograms. This is not a comprehensive list of covered preventive screenings; see the Summary of Benefits for more information.

\*\*Not subject to the deductible

# Compare benefits (cont.)

Medical Coverage	Regence MedAdvantage + Rx <b>ENHANCED</b> In/Out Network	Regence MedAdvantage + Rx <b>CLASSIC</b> In/Out Network	Regence MedAdvantage <b>BASIC</b> † In/Out Network
<b>URGENT, SURGICAL AND INPATIENT CARE; HOME HEALTH; DURABLE MEDICAL EQUIPMENT BENEFITS</b>			
Urgent care	\$10/\$25 copay	\$15/\$35 copay	\$15/\$35 copay
Ambulance	\$100 copay	\$100 copay	\$100 copay
ER	\$65 copay (waived if admitted within 48 hours)	\$65 copay (waived if admitted within 48 hours)	\$65 copay (waived if admitted within 48 hours)
Hospital	\$150/\$250 per day up to \$750/\$1,250 copay per benefit period	\$200/\$300 per day up to \$1,000/\$1,500 copay per benefit period	\$200/\$300 per day up to \$1,000/\$1,500 copay per benefit period
Outpatient surgery	\$100/\$200 copay	\$175/\$225 copay	\$175/\$225 copay
Skilled nursing facility	Days 1-10: \$0/\$20 copay per day Days 11-25: \$30/\$40 copay per day Days 26-100: \$0 copay per day	Days 1-10: \$10/\$30 copay per day Days 11-25: \$35/\$50 copay per day Days 26-100: \$0 copay per day	Days 1-10: \$10/\$30 copay per day Days 11-25: \$35/\$50 copay per day Days 26-100: \$0 copay per day
Home health care	You pay 0%/10%	You pay 10%/20%	You pay 10%/20%
Durable medical equipment	You pay 10%/20%	You pay 20%/30%	You pay 20%/30%
Medicare-covered drugs (chemo, dialysis, other covered drugs)**	You pay 10%	You pay 20%	You pay 20%
Medicare-covered immunosuppressive drugs for covered transplants**	No copay	You pay 10%	You pay 10%

\*\*Not subject to the deductible.

†Regence MedAdvantage Basic is not available with prescription drug coverage. If you want to purchase Part D prescription drug coverage and have Regence MedAdvantage coverage, you must select the Classic or Enhanced option.

Limitations, copays and restrictions may apply. It may cost more to get care from out-of-network providers, except in an emergency or urgent care situation.

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

# Prescription drug coverage

Read below to see how our Classic and Enhanced options provide comprehensive prescription drug coverage. The Enhanced option provides more coverage through the Coverage Gap.

## Phase I DEDUCTIBLE/INITIAL COVERAGE

REGENCE MEDADVANTAGE + RX ENHANCED	REGENCE MEDADVANTAGE + RX CLASSIC
\$0 deductible Your cost share is: \$5/\$33/\$45/\$90/33%/33% per prescription depending on the tier.	\$160 deductible After your deductible, your cost share is: \$7.50/\$33/\$45/\$90/29%/29% per prescription depending on the tier.

After you've paid your yearly deductible (if you have one) and the yearly drug costs (paid by you and Regence MedAdvantage) reach \$2,930, you enter the Coverage Gap.

## Phase II COVERAGE GAP

REGENCE MEDADVANTAGE + RX ENHANCED	REGENCE MEDADVANTAGE + RX CLASSIC
You pay \$5 copay per prescription for each 30-day supply of Tier 1 preferred generics; 86% coinsurance for all other covered Part D generics during the Coverage Gap; and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program.	You pay 86% coinsurance for all covered Part D generics and 50% for some brand-name drugs discounted through the Coverage Gap Discount Program.

After your out-of-pocket costs (paid by you in all phases and by the drug manufacturer(s) in the Coverage Gap) reach \$4,700, you go to Catastrophic Coverage for the remainder of the year.

## Phase III CATASTROPHIC COVERAGE

REGENCE MEDADVANTAGE + RX ENHANCED	REGENCE MEDADVANTAGE + RX CLASSIC
You pay the greater of \$2.60/\$6.50 copay or 5% coinsurance per prescription depending on the tier.	You pay the greater of \$2.60/\$6.50 copay or 5% coinsurance per prescription depending on the tier.

*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, 2012, through Dec. 31, 2012. You can use any pharmacy in our network. If you have to go to an out-of-network pharmacy due to non routine circumstances, you may have to pay more. Quantity limitations and restrictions may apply. You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-Medicare (1-800-633-4227). TTY users should call 1 (877) 486-2048, 24 hours a day, seven days a week; the Social Security Office at 1 (800) 772-1213 between 7 a.m. and 7 p.m. Monday through Friday. TTY users should call 1 (800) 325-0778; or your State Medicaid Office.*

# Coverage where you live and where you travel

## Whether you're at home in Oregon or traveling across country, we have you covered.

If you live in our service area—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—you can use our large provider network to receive in-network benefits, enjoying access to many local physicians.

If you travel anywhere else in the United States, you receive in-network benefits when you see PPO providers who are contracted

with participating Blue Cross and/or Blue Shield Plan Medicare Advantage plans.

If you travel you can leave home without worrying about access to care if you need

it. The plan covers medical emergencies anywhere in the world, with the exception of prescription drugs. Visits to a hospital emergency room call for just a copay.

For non-urgent or routine care outside the network, you'll pay just the copay or coinsurance specified by the plan.

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

*And, you don't lose in-network coverage when you leave Oregon!*

## Smart tools for better health

Good health is a foundation for a vigorous, active life. That's why we provide the following programs with our Regence MedAdvantage plans. They give you resources, information and savings to support your health and wellness needs.

- **CareEnhance®:** A 24-hour nurse line that answers medical questions and helps you decide whether to go to the ER or urgent care, call the doctor, or treat the problem at home
- **myRegence.com:** An online resource where you can search for providers, check your claims, compare cost and quality, get support and advice, and research health topics
- **Regence Advantages:** A members-only discount program that offers savings on a wide range of health-related goods and services, including hearing aids, eye wear, LASIK surgery, health clubs and alternative medicine. **Regence Advantages is not insurance but is offered in addition to your medical plan to help you stay healthy and live better. The products and services described above 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 (PPO) grievance process.**

# Enrolling is easy

Before you apply, it's important to first **make sure that your doctor is in our network** and, if you're choosing a plan that includes prescription drug coverage, **confirm that any prescriptions you take are on our formulary**. You can find our provider directory and our formulary list at <http://www.regence.com/medicare>.

**In addition, call us for a complete enrollment packet if you don't already have one.** That packet includes detailed benefit grids and enrollment materials. To have one mailed to you or to get additional information, call us at 1-888-REGENCE (1-888-734-3623) between 8 a.m. and 5 p.m., Pacific time, Monday through Friday (TTY users should call 711).

## Once you've done that, it's easy to enroll:

We have several ways for you to enroll, depending on what's easiest for you.

- 1 ONLINE.** Enjoy the convenience of applying online. Simply visit our website, <http://www.regence.com/medicare>, and follow the instructions for applying online.
- 2 PHONE.** You can also enroll over the phone, with assistance from our knowledgeable Medicare Sales representatives. Please call us at 1-888-REGENCE (1-888-734-3623) between 8 a.m. and 5 p.m., Pacific time, Monday through Friday (TTY users should call 711) for more information and to enroll.
- 3 FAX.** Download an application from our website, <http://www.regence.com/medicare>, fill it out and fax it to 1 (888) 335-2988.
- 4 MAIL.** Download an application from our website, <http://www.regence.com/medicare>, fill it out and mail it to: P.O. Box 12625, MS S5B, Salem, OR 97309-0625.

## When you're a member

**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. In most cases, you pay the appropriate copay at the time of service. You also use your member card for other providers, such as dentists or optometrists. It's the only card you'll need.
- **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.

*Regence MedAdvantage is a health plan with a Medicare contract. Anyone who resides in our service area may apply. Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium. Benefits, premiums, and/or copayments/coinsurance may change on Jan. 1, 2013. Formularies and pharmacy and provider networks may change during 2012 and/or on Jan. 1, 2013. Certain eligibility periods and requirements apply. Please contact Customer Service at 1 (800) 541-8981 for more details. TTY users should call 711. Our telephone hours are 8 a.m. to 8 p.m. Monday through Friday. From Oct. 15 through Feb. 14, Customer Service is available from 8 a.m. to 8 p.m. seven days a week.*



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