



2018 DECISION GUIDE

# Regence Medicare Advantage PPO Plans

for Columbia, Cowlitz, Island, King, Kitsap, Lewis, Pierce, Snohomish,  
Thurston, Wahkiakum, Walla Walla and Yakima counties

**Regence BlueShield** serves select counties in the state of Washington  
and is an Independent Licensee of the Blue Cross and Blue Shield Association

Y0062\_MADG2018 ACCEPTED

WA-PPO-2018



\$6.9M

we invested in local communities



Regence is passionate about making a difference in the communities we serve. We're part of a family of health plans that's been serving members for over 100 years.

As a locally owned nonprofit, we listen to you and work as your advocate to get you the answers and care you need.



Regence



7,147

hours employees volunteered



2,074

organizations benefited

# Coverage you can count on.

Having the flexibility to get care when and where you need it is one of the many advantages of being a Regence MedAdvantage PPO member. You have the freedom to see any doctor or specialist you want, in or out of network, without a referral.

Choose any Regence Medicare Advantage PPO plan and get more benefits than Original Medicare. Plus, you can count on getting quick answers, friendly service and the reliability you expect from a trusted, local Blue Plan.

## Regence MedAdvantage + Rx **Primary** (PPO)

Good choice if you want a budget-friendly plan that includes medical and prescription drug benefits.

### Monthly premium **\$116**

- \$0 medical deductible
- \$0 fitness membership
- \$0 annual physical exam
- \$0 copay on select prescription drugs

## Regence MedAdvantage + Rx **Classic** (PPO)

Our most popular plan. Good choice if you want lower out-of-pocket costs and extra benefits.

### Monthly premium **\$162**

- \$0 medical deductible
- \$0 fitness membership
- \$0 annual physical exam
- Low primary care copay
- \$0 preventive dental
- \$0 routine vision exam
- Routine vision hardware
- \$0 copay on select prescription drugs

## Regence MedAdvantage **Basic** (no Rx) (PPO)

Good choice if you want the convenience of a Medicare Advantage plan but don't need prescription drug coverage.

### Monthly premium **\$99**

- \$0 medical deductible
- \$0 fitness membership
- \$0 annual physical exam
- Low primary care copay
- \$0 preventive dental
- \$0 routine vision exam
- Routine vision hardware

## Need extra dental, vision and hearing benefits?

Low-cost optional supplemental benefit plans are available with all of our Medicare Advantage plans.



## The Silver&Fit® Program.

Did you know that as a Silver&Fit member you can go to participating fitness centers and not pay a thing? It's true! Some also have dance classes, yoga studios and/or swimming pools that can add fun and variety to your exercise program (services that call for an added fee are not part of the Silver&Fit program).

Don't want to go to a fitness center? No problem! You can enroll in the Home Fitness program and choose up to two Home Fitness Kits each calendar year. These kits may include DVDs, guides and other items to help you get fit on your own terms.

## Regence Advice24 nurse line.

Make a toll-free and confidential call to get the medical advice you need. Licensed nurses are ready 24/7 to answer questions and assess symptoms or injuries.



## Mobile app and members-only website.

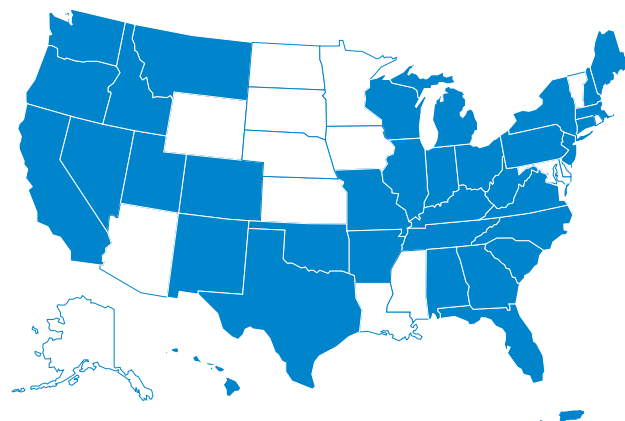
Get 24-hour access to your coverage and claims or find a doctor near you in minutes. There's even a health library where you can find wellness articles and get current information on medications and nutrition.





## Get care while traveling.

We can help you arrange cashless access to urgent and emergency care in 190+ countries and territories around the world, ensuring you pay only the out-of-pocket expenses you would at home.



## National provider network.

PPO plan members have access to thousands of network providers in 35 states and one territory through the Blue Medicare Advantage PPO Network Sharing Program. In-network providers may be available only in some portions of the state. Find a Blue Medicare Advantage PPO provider at [bcbs.com/find-a-doctor](https://bcbs.com/find-a-doctor).



## Prescription drug savings.

Our preferred network pharmacies can save you money on your prescription drugs. There are over 55,000 pharmacy locations in our preferred network, including regional chains such as Rite Aid and Walgreens, so there's sure to be one near you.

Fill a three-month supply and save even more! Depending on which tier your medication falls into, you may pay only two times your monthly copay or two-and-a-half times your monthly copay. And with Select Care drugs, you pay nothing at a preferred network pharmacy.

## PPO medical benefits.

<b>In-Network</b>	<b>Regence MedAdvantage + Rx Primary</b>	<b>Regence MedAdvantage + Rx Classic</b>	<b>Regence MedAdvantage Basic (no Rx)</b>
<b>Service area</b>	King, Kitsap, Pierce, Snohomish and Thurston	Columbia, Cowlitz, Island, King, Kitsap, Lewis, Pierce, Snohomish, Thurston, Wahkiakum, Walla Walla and Yakima	
<b>Monthly premium</b>	\$116	\$162	\$99
<b>Annual medical deductible</b>	\$0	\$0	\$0
<b>Out-of-pocket maximum</b>	\$6,700 in-network; \$10,000 combined in- and out-of-network	\$5,700 in-network; \$10,000 combined in- and out-of-network	\$6,700 in-network; \$10,000 combined in- and out-of-network
<b>Primary care office visit</b>	\$25	\$20	\$20
<b>Specialist office visit</b>	\$50	\$40	\$40
<b>Chiropractic services</b>	\$20	\$20	\$20
<b>Physical therapy</b>	\$40	\$40	\$40
<b>X-rays—doctor’s office or independent imaging center</b>	\$30	\$20	\$20
<b>X-rays—ambulatory surgical center/hospital</b>	\$45	\$35	\$35
<b>Lab services—doctor’s office or independent lab</b>	\$30	\$20	\$20
<b>Lab services—ambulatory surgical center/hospital</b>	\$45	\$35	\$35
<b>Inpatient hospital</b>	Days 1–4: \$450 per day	Days 1–4: \$390 per day	Days 1–4: \$390 per day
<b>Outpatient surgery—ambulatory surgical center</b>	15%	15%	15%
<b>Outpatient surgery—hospital</b>	20%	20%	20%
<b>Emergency room (waived if admitted within 48 hours)</b>	\$80	\$75	\$75
<b>Urgent care</b>	\$50	\$40	\$40
<b>Ambulance</b>	\$275	\$275	\$275
<b>Durable medical equipment</b>	20%	20%	20%
<b>Medicare-covered preventive services</b>	\$0	\$0	\$0
<b>Annual physical exam</b>	\$0	\$0	\$0

## PPO medical benefits.

In-Network	Regence MedAdvantage + Rx <b>Primary</b>	Regence MedAdvantage + Rx <b>Classic</b>	Regence MedAdvantage <b>Basic</b> (no Rx)
Preventive dental	See optional benefits	\$0	\$0
Routine vision exam	See optional benefits	\$0	\$0
Routine vision hardware	See optional benefits	Lenses covered 100%, up to \$100 allowed for frames or contact lenses	Lenses covered 100%, up to \$100 allowed for frames or contact lenses
The Silver&Fit Program	Included at no additional charge		

## Optional benefits.

In-Network	DVH Option for Regence MedAdvantage + Rx <b>Primary</b>	DH Option for Regence MedAdvantage + Rx <b>Classic</b> and Regence MedAdvantage <b>Basic</b> (no Rx)
Additional monthly premium	\$20	\$28
Preventive dental	\$0	Included in standard medical benefits
Comprehensive dental	No coverage	50% coinsurance, maximum benefit of \$1,000 per calendar year
Routine vision exam	\$0	Included in standard medical benefits
Routine vision hardware	Lenses covered 100%, up to \$100 allowed for frames or contact lenses	Included in standard medical benefits
Routine hearing exam	\$45	\$45
Hearing aids	\$699 (per aid)—TruHearing Flyte Advanced \$999 (per aid)—TruHearing Flyte Premium	

Your out-of-pocket costs may be higher when using out-of-network providers for anything other than urgent and emergency care. Premiums do not apply to the medical in-network or combined out-of-pocket maximums. All cost-sharing amounts for covered medical services accumulate toward the out-of-pocket maximum except for preventive and comprehensive dental services, routine vision services, routine hearing services and prescription drugs.

Routine vision exam and hardware must be received from a Vision Service Plan (VSP) provider to be eligible for in-network coverage. Only one pair of lenses and eyeglass frames or one purchase of contact lenses allowed per year. Lenses and frames must be purchased at the same visit. Routine hearing exam and hearing aids must be obtained from a TruHearing provider to be eligible for in-network coverage. See Summary of Benefits for additional benefit details.

## Prescription drug benefits.

Preferred pharmacy network	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic
Annual Rx deductible	\$405	\$295

### Stage 1: Initial coverage stage (until prescription costs reach \$3,750) 1-month supply

Tier 1: Preferred generics	\$2	\$5
Tier 2: Generics	\$4	\$13
Tier 3: Preferred brands	\$40	\$40
Tier 4: Non-preferred drugs	40%	40%
Tier 5: Specialty drugs	25%	27%
Tier 6: Select Care drugs (deductible does not apply)	\$0	\$0

### 3-month supply

Tier 1: Preferred generics	\$4	\$10
Tier 2: Generics	\$8	\$26
Tier 3: Preferred brands	\$100	\$100
Tier 4: Non-preferred drugs	40%	40%
Tier 5: Specialty drugs	Not applicable; limited to a 30-day supply	
Tier 6: Select Care drugs (deductible does not apply)	\$0	\$0

### Stage 2: Coverage gap stage (after prescription costs reach \$3,750)




Generic drugs	You pay 44%
Brand-name drugs	You pay 35%

### Stage 3: Catastrophic coverage stage (after you have paid \$5,000 out of pocket)

Generic drugs	You pay the greater of \$3.35 or 5%
Brand-name drugs	You pay the greater of \$8.35 or 5%



## How your drug coverage works.

<b>Stage 1: Initial coverage</b>  You pay a little      Plan pays most 	<b>Stage 2: Coverage gap</b>  You pay some      Plan pays some 	<b>Stage 3: Catastrophic coverage</b>  You pay a little      Plan pays most 
<p>You pay <b>all costs up to your annual prescription drug deductible</b> amount (if your plan has one) before your plan begins to pay for covered prescription drugs.</p> <p>After the deductible, you pay a copay or coinsurance for each prescription you fill. Your plan pays the rest.</p> <p>You enter the coverage gap when the total amount you and your plan pay for covered drugs reaches <b>\$3,750</b>.</p>	<p>After you and your plan spend <b>\$3,750</b>, you pay 44% of the plan's price for generic prescription drugs and 35% of the plan's price for brand-name prescription drugs.</p> <p>You enter catastrophic coverage when your total out-of-pocket cost reaches <b>\$5,000</b>. Only the amount you've paid in Stages 1 and 2 and the brand-name drug discount paid by the drug company count toward the total out-of-pocket.</p>	<p>After your total out-of-pocket reaches <b>\$5,000</b>, you pay the greater of 5% coinsurance or <b>\$3.35</b> copay for generic drugs, and the greater of 5% coinsurance or <b>\$8.35</b> copay for brand-name drugs.</p> <p>Your plan pays the rest of the cost of your prescription drugs for the rest of the calendar year (until Dec. 31).</p>

### How we cover medications

We organize covered prescription medications into six tiers, and a copay or coinsurance is assigned to each tier. What you pay depends on which tier your medication falls into. Before you fill your prescription, check to see if your medication needs prior authorization or has limitations or restrictions.

### The formulary

Our list of covered brand-name and generic prescription medications is selected and regularly reviewed by a committee of doctors and pharmacists. Formulary medications are chosen for effectiveness, value and safety—not just price.

### Use a preferred pharmacy

You'll pay the lowest amount for prescription drugs by using a preferred network pharmacy. You may pay more if you use a non-preferred pharmacy. Call **1-844-REGENCE (734-3623)** (TTY: 711) or visit [regence.com/medicare](https://www.regence.com/medicare) to find a preferred pharmacy near you.

### Save with generics

Generics typically cost a lot less than brand-name medications—and work just as well. So ask your doctor if a generic version of your medication is right for you.

### Need extra help with prescription drug costs?

To determine if you qualify for extra help from Medicare to pay for your prescription drug premiums and costs, call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday – Friday (TTY users call 1-800-325-0778); or your State Medicaid Office.

## Additional plan information.

### Out-of-network providers

Out-of-network/non-contracted providers are under no obligation to treat Regence members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

We negotiate prices with the medical providers in our network to help you save money. We refer to these as “in-network” providers. An out-of-network doctor is not bound to our contracted pricing. When you see a provider that is not in our network, your out-of-pocket costs may be higher. You will always get the highest level of benefits when you see an in-network provider.

### Prior authorization

Some medical services and procedures require prior authorization from Regence before you receive treatment. This process helps you:

- Understand your treatment options and any related risks
- Ensure coverage of a specific procedure, treatment or service that is supported by best available evidence
- Avoid inappropriate or unnecessary medical treatment and costs

Some brand-name medications require prior authorization. Generics typically don't require prior authorization, so switching to a generic can eliminate the need for review.

If you need to obtain prior authorization, your doctor or pharmacist can call or fax in the request. For questions or additional information about prior authorization, please contact us at **1-800-541-8981** (TTY: 711), from 8 a.m. to 8 p.m. Monday – Friday (from October 1 – February 14, our telephone hours are 8 a.m. to 8 p.m., seven days a week) or visit [regence.com/medicare](https://www.regence.com/medicare).

### Medical case management

We can help if you face a difficult medical situation. Case managers—experienced licensed nurses and social workers—will answer questions and work closely with you and your doctor on a personal treatment plan. They also work with disease and behavioral specialists to help with chemical dependency, depression and other chronic conditions.

### Disease management

If you're dealing with a chronic illness, like diabetes or heart disease, managing your condition is a good way to maintain or improve your quality of life. Our licensed nurses help you understand your condition, create a personalized care plan and communicate with your doctor as a part of your health care team.

### Mail-order pharmacy

You can get prescription drugs shipped to your home through our network mail-order delivery service. To refill your mail-order prescriptions, please contact us 14 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. Typically, you should expect to receive your prescription drugs within 14 days from the time that the mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at **1-800-541-8981** (TTY: 711), from 8 a.m. to 8 p.m. Monday – Friday (from October 1 – February 14, our telephone hours are 8 a.m. to 8 p.m., seven days a week) or visit [regence.com/medicare](https://www.regence.com/medicare).

## Need answers? Call us.

Speak to one of our Medicare plan advisors.

Toll-free: **1-844-REGENCE** (734-3623) (TTY: 711)

8 a.m. to 5 p.m. Monday–Friday

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-541-8981 (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 1-800-541-8981 (TTY: 711).

Privacy policy: View the annual notice of member rights regarding privacy practices and how we protect your information at [regence.com/medicare](https://www.regence.com/medicare).

Regence BlueShield is a Medicare Advantage plan with a Medicare contract. Enrollment in Regence BlueShield depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium. The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. © 2017 Regence BlueShield.

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