



Regence

2019 DECISION GUIDE

Regence Medicare Advantage plans

for King, Pierce and Snohomish counties



\$3.2M
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.



4,906
hours employees
volunteered



665
organizations
benefited

Choose Blue. Choose Regence.

When you choose Regence you get the trust and support of a local health plan combined with the world-recognized provider acceptance and network coverage of a Blue Plan. We're opening doors to top hospitals, medical centers and providers so you can get high-quality care at a more affordable cost.



1 in 3
Americans
are Blue



190+
countries around
the world



92%
of providers
nationwide

Award-winning customer service

Our experienced customer service professionals strive to meet your needs the first time you call, making sure you get accurate answers to questions and reliable guidance about benefits and care options. They're here to answer inquiries over the telephone and online via email or Live Chat.

Worldwide coverage for urgent and emergency care

The Blue Cross Blue Shield Global® Core program gives you access to urgent and emergency medical services in more than 190 countries and territories around the world. When you arrange cashless access with a participating provider or hospital, you'll only pay the out-of-pocket costs that you would pay locally for urgent and emergency medical care. (Part D prescription drug coverage is not available outside the United States and its territories.) Visit bcbsglobalcore.com for more information.



Get more from your Medicare plan

A Medicare Advantage plan combines your medical and prescription drug coverage all in one easy-to-use plan. You also get extra benefits and programs beyond what Original Medicare offers.



Alternative care

Plans are available that cover alternative care, such as acupuncture, chiropractic and naturopathy.



Dental, vision and hearing

Select a plan that includes dental, vision and hearing benefits, or add them to your coverage with a low-cost optional supplemental benefit plan.



Free gym membership

Get access to participating fitness centers or work out at home by choosing up to two home fitness kits per year.



Virtual doctor visits

Anytime, anywhere phone or video access to a board-certified doctor or psychiatrist.



Regence Advice24

Licensed nurses are available by phone 24/7 to answer health questions, assess symptoms and recommend care.



In-home health visit

Have an optional hour-long visit with a doctor in your home. You'll get a summary of your results that you can discuss with your primary doctor at your next visit.



Secure members-only website

Check your benefits and claims, research medications, chat with a customer service professional and more. Use our online wellness center to access self-guided health programs and track your health stats.



MyAdvocate

Get help finding and applying for programs that help with medical costs, transportation, heating bills, meal programs and other services.



Personalized care support program

A team of doctors, nurses and other specialists provide planning, communication and stability during times of serious illness or significant injury for patients, families and caregivers.



Medical case management

Experienced registered nurses and social workers are available 24/7 to help you with challenging medical issues, chemical dependency, depression and other conditions.



Disease management

Receive support and guidance for diabetes, heart disease and other chronic conditions. Plus, you'll get information—including care reminders, newsletters and educational materials—based on your health needs.

HMO plans mean low-cost, local coverage

Our HMO plans offer you low, predictable out-of-pocket costs and access to trusted, local provider groups, including MultiCare and The Everett Clinic. Your primary care provider (PCP) coordinates your care with a wide variety of specialists who all work for the same provider network and are used to working as a team—a team that collaborates, communicates and focuses on your care.

Regence BlueAdvantage HMO

Good choice if you want important medical and prescription drug benefits with no monthly premium

Monthly premium
\$0

\$15 primary care copay (Snohomish Co: \$10)

\$25 lab copay (Snohomish Co: \$20)

\$20 X-ray copay

\$0 medical deductible

\$0 prescription deductible (generic drug tiers only)

\$0 gym membership

\$0 annual physical exam

\$0 preventive services

Add vision, hearing and preventive dental benefits for an additional \$20 per month

Regence BlueAdvantage HMO Plus

Excellent value with lower copays, plus preventive dental, vision and alternative care benefits

Monthly premium
\$47

\$10 primary care copay

\$20 lab copay

\$20 X-ray copay

\$0 medical deductible

\$0 prescription deductible (generic drug tiers only)

\$0 gym membership

\$0 annual physical exam

\$0 preventive services

\$0 preventive dental

\$0 routine eye exam

Routine vision hardware

Chiropractic

Acupuncture

Naturopathy

Add hearing and comprehensive dental benefits for an additional \$28 per month

HMO county service area map



HMO medical benefits

In-network	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
Service area	King, Pierce and Snohomish	
Monthly premium	\$0	\$47
Annual medical deductible	\$0	\$0
Out-of-pocket maximum	\$6,700 (Snohomish Co: \$6,200)	\$5,900
Primary care office visit	\$15 (Snohomish Co: \$10)	\$10
Virtual doctor visit	\$15 (Snohomish Co: \$10)	\$10
Specialist office visit	\$45	\$45
Chiropractic (additional)	Not covered	\$20
Acupuncture	Not covered	\$20
Naturopathy	Not covered	\$20
Physical therapy	\$40	\$40
Lab services	\$25 (Snohomish Co: \$20)	\$20
X-rays	\$20	\$20
Diagnostic radiology (MRI, CT)	20%	20%
Inpatient hospital	Days 1-4: \$430 per day	Days 1-4: \$390 per day
Outpatient surgery—ambulatory surgical center / hospital	15% / 20%	15% / 20%
Emergency room	\$90	\$90
Urgent care	\$45	\$45
Ambulance	\$275	\$275
Durable medical equipment	20%	20%
Preventive services	\$0	\$0
Annual physical exam	\$0	\$0

Services must be obtained from in-network providers to be eligible for coverage, except for emergency care. Emergency room copay waived if admitted within 48 hours. Additional important plan information is listed on page 12.

HMO medical benefits (cont.)

In-network	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
Preventive dental	See optional benefits	\$0
Comprehensive dental	Not covered	See optional benefits
Routine vision exam	See optional benefits	\$0
Routine vision hardware	See optional benefits	Lenses covered 100%, up to \$100 hardware allowance
The Silver&Fit® program	Included at no additional charge	

Optional supplemental benefits

In-network	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
Additional monthly premium	\$20	\$28
Preventive dental	\$0	Included in standard medical benefits
Comprehensive dental	Not covered	50%, maximum \$1,000 per calendar year
Routine vision exam	\$0	Included in standard medical benefits
Routine vision hardware	Lenses covered 100%, up to \$100 hardware allowance	Included in standard medical benefits
Routine hearing exam	\$45	\$45
Hearing aids	\$699 (per aid)—TruHearing Advanced \$999 (per aid)—TruHearing Premium	

PPO plans mean flexibility and freedom of choice

When you choose a PPO plan, you can get care when and where you need it. You're free to see any doctor or specialist who accepts Medicare, although you'll pay less when you choose from our broad network of providers. You can also see a specialist without a referral, even when you travel.

Regence MedAdvantage + Rx Primary (PPO)

The flexibility of a PPO plan with prescription drug benefits for a low monthly premium

Monthly premium
\$79

\$25 primary care copay

\$30 lab copay

\$30 X-ray copay

\$0 medical deductible

\$0 prescription deductible (generic drug tiers only)

\$0 gym membership

\$0 annual physical exam

\$0 preventive services

Add vision, hearing and preventive dental benefits for an additional \$20 per month

Regence MedAdvantage + Rx Classic (PPO)

Our most popular PPO plan with extra benefits like preventive dental, vision and alternative care

Monthly premium
\$158

\$20 primary care copay

\$20 lab copay

\$20 X-ray copay

\$0 medical deductible

\$0 prescription deductible (generic drug tiers only)

\$0 gym membership

\$0 annual physical exam

\$0 preventive services

\$0 preventive dental

\$0 routine eye exam

Routine vision hardware

Chiropractic

Acupuncture

Naturopathy

Add hearing and comprehensive dental benefits for an additional \$28 per month

PPO county service area map



Coverage that goes where you go



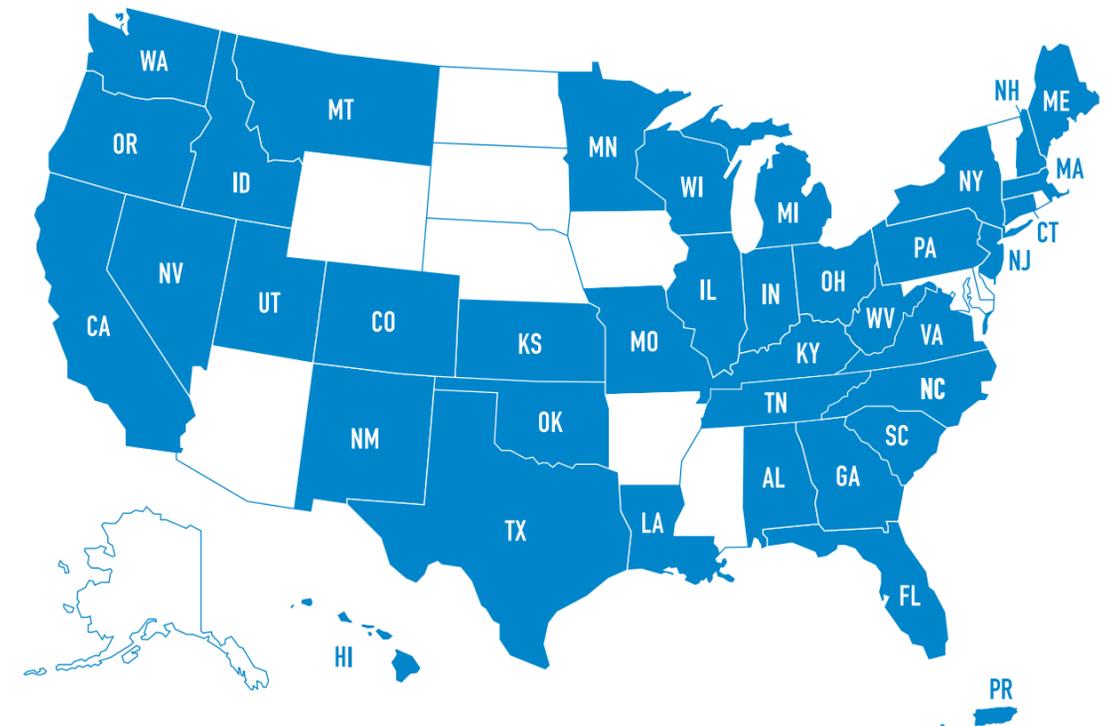
The Blue Medicare Advantage PPO Network Sharing Program: In-network benefits across the U.S.

With a Regence PPO plan, you can see any Medicare-contracted provider anywhere in the United States. When traveling outside your local service area, you can still get in-network benefits by seeing contracted Medicare Advantage PPO Blue Cross and/or Blue Shield providers through the Blue Medicare Advantage PPO Network Program.

The states that participate in the Blue Cross Blue Shield Association's Medicare Advantage PPO Network Sharing Program are shown in blue. In-network providers may be available only in some areas of the state.

To find a Blue Medicare Advantage PPO provider, go to www.bcbs.com/find-a-doctor.

- In-network PPO coverage
- Out-of-network PPO coverage



PPO medical benefits

In-network	Regence MedAdvantage + Rx Primary (PPO)	Regence MedAdvantage + Rx Classic (PPO)
Service area	King, Pierce and Snohomish	
Monthly premium	\$79	\$158
Annual medical deductible	\$0	\$0
Out-of-pocket maximum	\$6,700 in-network; \$10,000 combined in- and out-of-network	\$5,700 in-network; \$10,000 combined in- and out-of-network
Primary care office visit	\$25	\$20
Virtual doctor visit	\$25	\$20
Specialist office visit	\$50	\$40
Chiropractic (additional)	Not covered	\$20
Acupuncture	Not covered	\$20
Naturopathy	Not covered	\$20
Physical therapy	\$40	\$40
Lab services	\$30	\$20
X-rays	\$30	\$20
Diagnostic radiology (MRI, CT)	20%	20%
Inpatient hospital	Days 1-4: \$450 per day	Days 1-4: \$390 per day
Outpatient surgery—ambulatory surgical center / hospital	15% / 20%	15% / 20%
Emergency room	\$90	\$90
Urgent care	\$50	\$40
Ambulance	\$275	\$275
Durable medical equipment	20%	20%
Preventive services	\$0	\$0
Annual physical exam	\$0	\$0

You pay 50% coinsurance for most out-of-network services except for ambulance, urgent and emergency care services. See the Summary of Benefits for out-of-network benefit details. Emergency room copay waived if admitted within 48 hours. Other important plan information is listed on page 12.

PPO medical benefits (cont.)

In-network	Regence MedAdvantage + Rx Primary (PPO)	Regence MedAdvantage + Rx Classic (PPO)
Preventive dental	See optional benefits	\$0
Comprehensive dental	Not covered	See optional benefits
Routine vision exam	See optional benefits	\$0
Routine vision hardware	See optional benefits	Lenses covered 100%, up to \$100 hardware allowance
Routine hearing exam	See optional benefits	See optional benefits
Hearing aids	See optional benefits	See optional benefits
The Silver&Fit® program	Included at no additional charge	Included at no additional charge

Optional supplemental benefits

In-network	Regence MedAdvantage + Rx Primary (PPO)	Regence MedAdvantage + Rx Classic (PPO)
Additional monthly premium	\$20	\$28
Preventive dental	\$0	Included in standard medical benefits
Comprehensive dental	Not covered	50%, maximum \$1,000 per calendar year
Routine vision exam	\$0	Included in standard medical benefits
Routine vision hardware	Lenses covered 100%, up to \$100 hardware allowance	Included in standard medical benefits
Routine hearing exam	\$45	\$45
Hearing aids	\$699 (per aid)—TruHearing Advanced \$999 (per aid)—TruHearing Premium	\$699 (per aid)—TruHearing Advanced \$999 (per aid)—TruHearing Premium

Prescription drug benefits

	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic
Annual Rx deductible	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$200 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$340 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)

Stage 1: Initial coverage stage (until prescription costs reach \$3,820)

30-day supply	Preferred network and mail-order pharmacy / standard network pharmacy			
Tier 1: Preferred generics	\$3 / \$10	\$3 / \$10	\$3 / \$10	\$3 / \$10
Tier 2: Generics	\$12 / \$19	\$12 / \$19	\$13 / \$20	\$13 / \$20
Tier 3: Preferred brands	\$40 / \$47	\$40 / \$47	\$40 / \$47	\$40 / \$47
Tier 4: Non-preferred drugs	40% / 45%	40% / 45%	40% / 45%	40% / 45%
Tier 5: Specialty drugs	27%	29%	26%	27%

90-day supply	Preferred network and mail-order pharmacy / standard network pharmacy			
Tier 1: Preferred generics	\$6 / \$20	\$6 / \$20	\$6 / \$20	\$6 / \$20
Tier 2: Generics	\$24 / \$38	\$24 / \$38	\$26 / \$40	\$26 / \$40
Tier 3: Preferred brands	\$100 / \$117.50	\$100 / \$117.50	\$100 / \$117.50	\$100 / \$117.50
Tier 4: Non-preferred drugs	40% / 45%	40% / 45%	40% / 45%	40% / 45%
Tier 5: Specialty drugs	Not applicable, limited to a 30-day supply			

Stage 2: Coverage gap stage (after prescription costs reach \$3,820)

Generic drugs	You pay 37%
Brand-name drugs	You pay 25%

Stage 3: Catastrophic coverage stage (after you have paid \$5,100 out of pocket)

Generic drugs	You pay the greater of \$3.40 or 5%
Brand-name drugs	You pay the greater of \$8.50 or 5%

How your drug coverage works

Stage 1: Initial coverage	Stage 2: Coverage gap	Stage 3: Catastrophic coverage
<p>You pay a little Plan pays most</p> 	<p>You pay some Plan pays some</p> 	<p>You pay a little Plan pays most</p> 
<p>You pay all costs up to your annual prescription drug deductible 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 \$3,820.</p>	<p>After you and your plan spend \$3,820, you pay 37% of the plan's price for generic prescription drugs and 25% of the plan's price for brand-name prescription drugs.</p> <p>You enter catastrophic coverage when your total out-of-pocket cost reaches \$5,100. 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 \$5,100, you pay the greater of 5% coinsurance or \$3.40 copay for generic drugs, and the greater of 5% coinsurance or \$8.50 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 five 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 the medication has limitations, restrictions or requires prior authorization.

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.

Save money on prescriptions

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

Order 90-day supplies. You'll save money by ordering a 90-day supply of your preferred generic, generic or preferred brand drugs.

Use or switch to generics. Ask your doctor about generics. They typically cost less than brand-names and work just as well.

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 through Friday (TTY users call 1-800-325-0778) or your State Medicaid Office.

Important plan information

Why you should see in-network providers

Out-of-network/non-contracted providers are under no obligation to treat Regence members, except in emergency situations. 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. Out-of-network providers are not bound to our contracted pricing and your out-of-pocket costs may be higher. We negotiate prices with in-network providers to help you save money. You will always get the highest level of coverage and lowest costs when you see an in-network provider. HMO plans do not cover services by out-of-network providers except in urgent or emergency care situations.

Prior authorization

Some care requires prior authorization from us before you receive treatment. This process helps you:

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

Some covered drugs may have additional requirements or limits on coverage, such as prior authorization, step therapy or quantity limits. If you have questions about drug coverage requirements or prior authorizations, please call us at **1-800-541-8981** (TTY: 711), from 8 a.m. to 8 p.m. Monday through Friday (from October 1 through March 31, 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).

Mail-order pharmacy

You can get prescription drugs mailed to you through our network mail-order home delivery service. To refill your prescriptions, please contact us 14 days before you think you'll run out to make sure your next order is shipped in time. Typically, you should expect to receive your medication within 14 days after the mail-order pharmacy receives the order. If you do not receive it within this time, call us at **1-800-541-8981** (TTY: 711), from 8 a.m. to 8 p.m. Monday through Friday (from October 1 through March 31, 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).

Our hearing and vision partners

You must see a Vision Service Plan (VSP) provider for your routine vision exam and hardware to be eligible for in-network coverage. Only one pair of lenses and eyeglass frames or one purchase of contact lenses allowed per year. See Summary of Benefits for details. Visit [vsp.com](https://www.vsp.com) to find a provider.

You must see a TruHearing provider for your routine hearing exam to be eligible for in-network coverage. Hearing aids are covered only if obtained from TruHearing. See Summary of Benefits for details.

Cost-sharing and out-of-pocket maximum

Premiums don't 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, additional chiropractic visits, acupuncture visits, naturopathy visits and prescription drugs.



How to enroll



Before you enroll

Visit [regence.com/medicare](https://www.regence.com/medicare) and search our provider network and formulary (list of covered prescription drugs) to make sure your doctor is in the provider network and your medications are covered.



Enroll by phone

Have one of our Medicare plan advisors enroll you over the phone by calling **1-844-REGENCE** (734-3623) (TTY: 711), 8 a.m. to 5 p.m. Monday through Friday.



Enroll online

It's easy and convenient to apply online. Visit [regence.com/medicare](https://www.regence.com/medicare) and follow the instructions.



Enroll by mail

An enrollment application is included in this packet.

1. Complete and sign your application. Verify that the information from your Medicare card is listed correctly on your enrollment application, or make a copy of your Medicare card and attach it to your enrollment application.

2. Use the postage-paid return envelope included in this information packet to mail your completed and signed application.

Or mail your application to:
P.O. Box 1827, B32M
Medford, OR 97501

Please make sure you have sufficient postage.

3. Do not send any payment with your enrollment application.

Help is a phone call away

Our Medicare plan advisors are ready to help you choose a plan, find a doctor or look up your medications. We also offer free informational meetings for you to ask questions and learn more about our health plans. Just call **1-844-REGENCE** (734-3623) (TTY: 711).

Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal. This information is not a complete description of benefits. Call **1-844-734-3623** (TTY: 711) for more information. 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. VSP, TruHearing and American Specialty Health Incorporated are separate and independent companies that do not provide Blue Cross and Blue Shield products or services, and are solely responsible for their products or services.

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 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).

