

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

2009 Summary of Benefits



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Regence BlueShield of Idaho is an Independent
Licensee of the Blue Cross and Blue Shield Association



Regence

Together, we can take charge.™



Section I

Introduction to Summary of Benefits

January 1, 2009 - December 31, 2009

Thank you for your interest in Regence MedAdvantage. Our plan is offered by Regence BlueShield of Idaho, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover, or list every limitation or exclusion. To get a complete list of our benefits, please call Regence MedAdvantage and ask for the "Evidence of Coverage."

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare health plan, like Regence MedAdvantage. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may be able to join or leave a plan only at certain times. Please call Regence MedAdvantage at the number listed at the end of this introduction or 1-800-MEDICARE [1 (800) 633-4227] for more information. TTY users should call 1 (877) 486-2048. You can call this number 24 hours a day, 7 days a week.





How can I compare my options?

You can compare Regence MedAdvantage and the Original Medicare plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare plan covers.

Our members receive all of the benefits that the Original Medicare plan offers. We also offer more benefits, which may change from year to year.

Where is Regence MedAdvantage available?

The service area for this plan includes: Ada, Bannock, Benewah, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Kootenai, Latah, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Teton and Twin Falls counties in Idaho, and Asotin County in Washington. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

Who is eligible to join Regence MedAdvantage?

You can join Regence MedAdvantage if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However individuals with End Stage Renal Disease are generally not eligible to enroll in Regence MedAdvantage unless they are members of our organization and have been since their dialysis began.



Can I choose my doctors?

Regence MedAdvantage has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at www.regence.com. Our customer service number is listed at the end of this introduction.

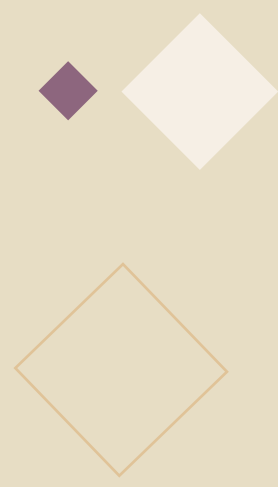
What happens if I go to a doctor who's not in your network?

You can go to doctors, specialists, or hospitals in or out-of-network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out-of-network. For more information, please call the customer service number at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

Regence MedAdvantage + Rx Core, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

Regence MedAdvantage does cover Medicare Part B prescription drugs. Regence MedAdvantage does NOT cover Medicare Part D prescription drugs.





Where can I get my prescriptions if I join this plan?

Regence MedAdvantage + Rx Core, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced have formed a network of pharmacies. You can use any pharmacy in our network. If you go to a pharmacy that's not in our network, you might have to pay more for your prescriptions. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at **www.regence.com**. Our customer service number is listed at the end of this introduction.

What is a prescription drug formulary?

Regence MedAdvantage + Rx Core, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site **www.regence.com**.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

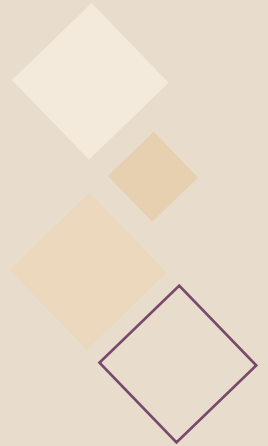
How can I get help with my drug plan costs?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Regence MedAdvantage, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1 (877) 486-2048. You can call this number 24 hours a day, 7 days a week.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Regence MedAdvantage + Rx Core, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.



What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Regence MedAdvantage for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Regence MedAdvantage for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call Regence BlueShield of Idaho for more information about Regence MedAdvantage.

Visit us at www.regence.com or call us:

Customer Service Hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8 a.m. to 8 p.m. Pacific

Current members should call toll-free 1 (800) 541-8981.

[TTY/TDD users should call 1 (800) 382-1003]

Prospective members should call 1-888-REGENCE (1-888-734-3623) for questions related to the Medicare Advantage program.

[TTY/TDD users should call 1 (800) 382-1003]

Current members should call 1 (800) 541-8981 for questions related to the Medicare Part D Prescription Drug program.

[TTY/TDD users should call 1 (800) 382-1003]

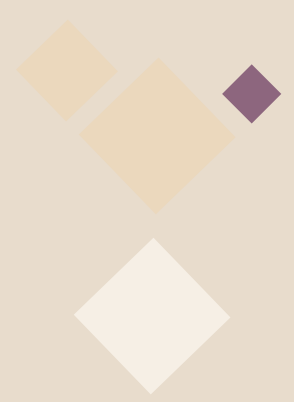
Prospective members should call 1-888-REGENCE (1-888-734-3623) for questions related to the Medicare Part D Prescription Drug program.

[TTY/TDD users should call 1 (800) 382-1003]

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1 (877) 486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov on the Web.

If you have special needs, this document may be available in other formats.



If you have any questions about this plan's benefits or costs, please contact Regence BlueShield of Idaho.

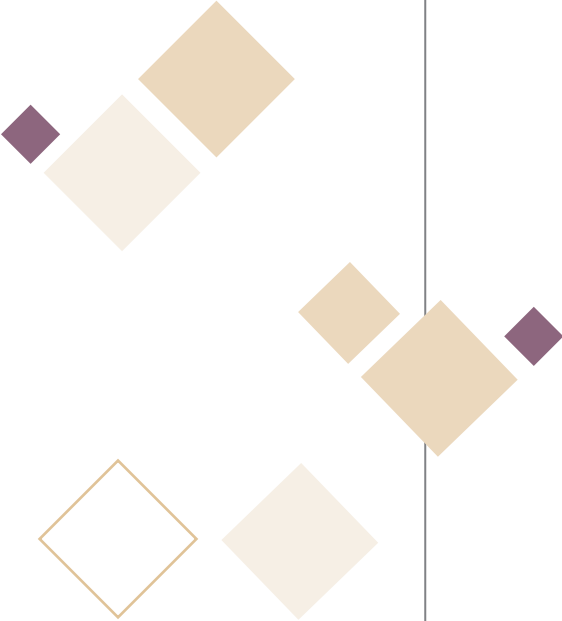
SECTION II – SUMMARY OF BENEFITS		
BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
Important Information		
<p>1 - Premium and Other Important Information</p>	<p>In 2008, the monthly Part B Premium was \$96.40 and will change for 2009 and the yearly Part B deductible amount was \$135 and will change for 2009.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$39 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2,500 in-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p> <p>Out-of-Network \$5,000 out-of-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>
<p>3 - Inpatient Hospital Care</p> <p>(includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2008, the amounts for each benefit period were: Days 1 - 60: \$1,024 deductible. Days 61 - 90: \$256 per day. Days 91 - 150: \$512 per lifetime reserve day.</p> <p>These amounts will change for 2009.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$250 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

SECTION II – SUMMARY OF BENEFITS


Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>General \$107 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$1,500 in-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p> <p>The following services do not apply to the out-of-pocket limit: Preventive dental Non-Medicare covered eyewear</p> <p>Out-of-Network \$3,000 out-of-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p> <p>The following services do not apply to the out-of-pocket limit: Preventive dental Non-Medicare covered eyewear</p>	<p>General \$123 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$1,500 in-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p> <p>The following services do not apply to the out-of-pocket limit: Preventive dental Non-Medicare covered eyewear</p> <p>Out-of-Network \$3,000 out-of-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p> <p>The following services do not apply to the out-of-pocket limit: Preventive dental Non-Medicare covered eyewear</p>	<p>General \$78 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$1,500 in-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p> <p>The following services do not apply to the out-of-pocket limit: Preventive dental Non-Medicare covered eyewear</p> <p>Out-of-Network \$3,000 out-of-network out-of-pocket limit. All Medicare services covered under the out-of-pocket limit.</p> <p>The following services do not apply to the out-of-pocket limit: Preventive dental Non-Medicare covered eyewear</p>
<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>	<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>You may have to pay a separate copay for certain doctor office visits.</p>
<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$100 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$100 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$100 copay per day. Days 6 - 90: \$0 copay per day.</p> <p>\$0 copay for additional hospital days.</p> <p>No limit to the number of days covered by the plan each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

SECTION II – SUMMARY OF BENEFITS (continued)


BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>3 - Inpatient Hospital Care (continued) (includes Substance Abuse and Rehabilitation Services)</p>	<p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>Out-of-Network For hospital stays: Days 1 - 5: \$500 copay per day. Days 6 and beyond: \$0 copay per day.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network For hospital stays: Days 1 - 5: \$250 copay per day. Days 6 - 90: \$0 copay per day. You get up to 190 days in a Psychiatric Hospital in a lifetime. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For hospital stays: Days 1 - 5: \$500 copay per day. Days 6 - 90: \$0 copay per day.</p>




SECTION II – SUMMARY OF BENEFITS

<p>Regence MedAdvantage + Rx Classic</p>	<p>Regence MedAdvantage + Rx Enhanced</p>	<p>Regence MedAdvantage</p>
<p>Out-of-Network For hospital stays: Days 1 – 5: \$200 copay per day.</p> <p>Days 6 and beyond: \$0 copay per day.</p>	<p>Out-of-Network For hospital stays: Days 1 – 5: \$200 copay per day.</p> <p>Days 6 and beyond: \$0 copay per day.</p>	<p>Out-of-Network For hospital stays: Days 1 – 5: \$200 copay per day.</p> <p>Days 6 and beyond: \$0 copay per day.</p>
<p>In-Network For hospital stays: Days 1 - 5: \$100 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For hospital stays:</p> <p>Days 1 – 5: \$200 copay per day.</p> <p>Days 6 – 90: \$0 copay per day.</p>	<p>In-Network For hospital stays: Days 1 - 5: \$100 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For hospital stays:</p> <p>Days 1 – 5: \$200 copay per day.</p> <p>Days 6 – 90: \$0 copay per day.</p>	<p>In-Network For hospital stays: Days 1 - 5: \$100 copay per day.</p> <p>Days 6 - 90: \$0 copay per day.</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>Out-of-Network For hospital stays:</p> <p>Days 1 – 5: \$200 copay per day.</p> <p>Days 6 – 90: \$0 copay per day.</p> 

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p>	<p>In 2008 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day. Days 21 - 100: \$128 per day.</p> <p>These amounts will change for 2009.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 - 100: \$25 copay per day. Plan covers up to 100 days each benefit period. No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay: \$35 per SNF day.</p>
<p>6 - Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 20% of the cost for each Medicare-covered home health visit.</p> <p>Out-of-Network 40% for home health visits.</p>
<p>7 - Hospice</p> 	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

SECTION II – SUMMARY OF BENEFITS

<p>Regence MedAdvantage + Rx Classic</p>	<p>Regence MedAdvantage + Rx Enhanced</p>	<p>Regence MedAdvantage</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay: \$25 per SNF day.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay: \$25 per SNF day.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for SNF services.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>Out-of-Network For each SNF stay: \$25 per SNF day.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 20% for home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 20% for home health visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 20% for home health visits.</p>
<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p> 

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT

Original Medicare

**Regence
MedAdvantage + Rx Core**

Outpatient Care

8 - Doctor Office Visits

20% coinsurance.

General

See “Physical Exams,” for more information.

In-Network

\$25 copay for each primary care doctor visit for Medicare-covered benefits.

\$25 copay for each in-area, network urgent care Medicare-covered visit.

\$25 copay for each specialist visit for Medicare-covered benefits.

Out-of-Network

\$35 copay for each primary care doctor visit.

\$35 copay for each specialist visit.

9 - Chiropractic Services

Routine care not covered.

20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.

General

Authorization rules may apply.

In-Network

\$25 copay for Medicare-covered visits.

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.

Out-of-Network

\$35 copay for chiropractic benefits.

10 - Podiatry Services

Routine care not covered.

20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.

In-Network

\$25 copay for each Medicare-covered visit.

Medicare-covered podiatry benefits are for medically-necessary foot care.

Out-of-Network

\$35 copay for podiatry benefits.

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for each primary care doctor visit.</p> <p>\$25 copay for each specialist visit.</p>	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for each primary care doctor visit.</p> <p>\$25 copay for each specialist visit.</p>	<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$10 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$10 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for each primary care doctor visit.</p> <p>\$25 copay for each specialist visit.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p>Out-of-Network \$25 copay for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p>Out-of-Network \$25 copay for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</p> <p>Out-of-Network \$25 copay for chiropractic benefits.</p>
<p>In-Network \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$25 copay for podiatry benefits.</p>	<p>In-Network \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$25 copay for podiatry benefits.</p>	<p>In-Network \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$25 copay for podiatry benefits.</p>


SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>11 - Outpatient Mental Health Care</p>	<p>50% coinsurance for most outpatient mental health services.</p>	<p>In-Network \$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network \$35 copay for Mental Health benefits.</p> <p>\$35 copay for Mental Health benefits with a psychiatrist.</p>
<p>12 - Outpatient Substance Abuse Care</p>	<p>20% coinsurance.</p>	<p>In-Network \$25 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$35 copay for outpatient substance abuse benefits.</p>
<p>13 – Outpatient Services/Surgery</p>	<p>20% coinsurance for the doctor. 20% of outpatient facility charges.</p>	<p>In-Network \$250 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$250 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$500 copay for ambulatory surgical center benefits.</p> <p>\$0 to \$500 copay for outpatient hospital facility benefits.</p>
<p>14 - Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance.</p>	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$100 copay for ambulance benefits.</p>

SECTION II – SUMMARY OF BENEFITS

<p>Regence MedAdvantage + Rx Classic</p>	<p>Regence MedAdvantage + Rx Enhanced</p>	<p>Regence MedAdvantage</p>
<p>In-Network \$10 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network \$25 copay for Mental Health benefits.</p> <p>\$25 copay for Mental Health benefits with a psychiatrist.</p>	<p>In-Network \$10 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network \$25 copay for Mental Health benefits.</p> <p>\$25 copay for Mental Health benefits with a psychiatrist.</p>	<p>In-Network \$10 copay for each Medicare-covered individual or group therapy visit.</p> <p>Out-of-Network \$25 copay for Mental Health benefits.</p> <p>\$25 copay for Mental Health benefits with a psychiatrist.</p>
<p>In-Network \$10 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$25 copay for outpatient substance abuse benefits.</p>	<p>In-Network \$10 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$25 copay for outpatient substance abuse benefits.</p>	<p>In-Network \$10 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$25 copay for outpatient substance abuse benefits.</p>
<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$100 copay for ambulatory surgical center benefits.</p> <p>\$0 to \$100 copay for outpatient hospital facility benefits.</p>	<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$100 copay for ambulatory surgical center benefits.</p> <p>\$0 to \$100 copay for outpatient hospital facility benefits.</p>	<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$100 copay for ambulatory surgical center benefits.</p> <p>\$0 to \$100 copay for outpatient hospital facility benefits.</p>
<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$100 copay for ambulance benefits.</p>	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$100 copay for ambulance benefits.</p>	<p>In-Network \$100 copay for Medicare-covered ambulance benefits.</p> <p>Out-of-Network \$100 copay for ambulance benefits.</p>

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor.</p> <p>20% of facility charge, or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 48-hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$35 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 48-hours for the same condition, \$0 for the urgent-care visit.</p>
<p>17 – Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p> 	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$25 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$25 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network \$35 copay for Occupational Therapy benefits.</p> <p>\$35 copay for Physical and/or Speech/Language Therapy visits.</p>

SECTION II – SUMMARY OF BENEFITS

<p>Regence MedAdvantage + Rx Classic</p>	<p>Regence MedAdvantage + Rx Enhanced</p>	<p>Regence MedAdvantage</p>
<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 48-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 48-hours for the same condition, you pay \$0 for the emergency room visit.</p>	<p>In-Network \$50 copay for Medicare-covered emergency room visits.</p> <p>Out-of-Network Worldwide coverage.</p> <p>In and Out-of-Network If you are admitted to the hospital within 48-hours for the same condition, you pay \$0 for the emergency room visit.</p>
<p>General \$25 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 48-hours for the same condition, \$0 for the urgent-care visit.</p>	<p>General \$25 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 48-hours for the same condition, \$0 for the urgent-care visit.</p>	<p>General \$25 copay for Medicare-covered urgently needed care visits.</p> <p>If you are admitted to the hospital within 48-hours for the same condition, \$0 for the urgent-care visit.</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network \$25 copay for Occupational Therapy benefits.</p> <p>\$25 copay for Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network \$25 copay for Occupational Therapy benefits.</p> <p>\$25 copay for Physical and/or Speech/Language Therapy visits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for Medicare-covered Occupational Therapy visits.</p> <p>\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</p> <p>Out-of-Network \$25 copay for Occupational Therapy benefits.</p> <p>\$25 copay for Physical and/or Speech/Language Therapy visits.</p>

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT

Original Medicare

**Regence
MedAdvantage + Rx Core**

Outpatient Medical Services and Supplies

18 - Durable Medical Equipment

(includes wheelchairs, oxygen, etc.)

20% coinsurance.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

Out-of-Network

40% of the cost for durable medical equipment.

19 - Prosthetic Devices

(includes braces, artificial limbs and eyes, etc.)

20% coinsurance.

General

Authorization rules may apply.

In-Network

20% of the cost for Medicare-covered items.

Out-of-Network

40% of the cost for prosthetic devices.

20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies

(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)

20% coinsurance.

Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.

In-Network

\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

\$0 copay for Diabetes supplies.

Out-of-Network

\$0 copay for Diabetes self-monitoring training.

\$0 copay for Nutrition Therapy for Diabetes.

\$0 copay for Diabetes supplies.

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>General Authorization rules may apply.</p> <p>In-Network 10% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for durable medical equipment.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 10% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for durable medical equipment.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 10% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for durable medical equipment.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 10% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for prosthetic devices.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 10% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for prosthetic devices.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 10% of the cost for Medicare-covered items.</p> <p>Out-of-Network 20% of the cost for prosthetic devices.</p>
<p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p> <p>Out-of-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>	<p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p> <p>Out-of-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>	<p>In-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p> <p>Out-of-Network \$0 copay for Diabetes self-monitoring training.</p> <p>\$0 copay for Nutrition Therapy for Diabetes.</p> <p>\$0 copay for Diabetes supplies.</p>

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>21 - Diagnostic Tests, X-Rays, and Lab Services</p>	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% of the cost for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>Out-of-Network 40% of the cost for therapeutic radiology services.</p> <p>40% of the cost for outpatient x-rays.</p> <p>40% of the cost for diagnostic radiology services.</p> <p>0% to 40% of the cost for diagnostic procedures, tests and lab services.</p>
Preventive Services		
<p>22 - Bone Mass Measurement</p> <p>(for people with Medicare who are at risk)</p>	<p>20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>

SECTION II – SUMMARY OF BENEFITS

<p>Regence MedAdvantage + Rx Classic</p>	<p>Regence MedAdvantage + Rx Enhanced</p>	<p>Regence MedAdvantage</p>
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services. - diagnostic procedures and tests. - X-rays. - diagnostic radiology services (not including X-rays). - therapeutic radiology services.</p> <p>Out-of-Network \$0 copay for diagnostic procedures, tests and lab services.</p> <p>\$0 copay for therapeutic radiology services.</p> <p>\$0 copay for outpatient x-rays.</p> <p>\$0 copay for diagnostic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services. - diagnostic procedures and tests. - X-rays. - diagnostic radiology services (not including X-rays). - therapeutic radiology services.</p> <p>Out-of-Network \$0 copay for diagnostic procedures, tests and lab services.</p> <p>\$0 copay for therapeutic radiology services.</p> <p>\$0 copay for outpatient x-rays</p> <p>\$0 copay for diagnostic radiology services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - lab services. - diagnostic procedures and tests - X-rays. - diagnostic radiology services (not including X-rays). - therapeutic radiology services.</p> <p>Out-of-Network \$0 copay for diagnostic procedures, tests and lab services.</p> <p>\$0 copay for therapeutic radiology services.</p> <p>\$0 copay for outpatient x-rays.</p> <p>\$0 copay for diagnostic radiology services.</p>
<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>


SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>23 – Colorectal Screening Exams</p> <p>(for people with Medicare age 50 and older)</p>	<p>20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>
<p>24 – Immunizations</p> <p>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines.</p> <p>20% coinsurance for Hepatitis B vaccine.</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>Out-of-Network \$0 copay for immunizations.</p>
<p>25 - Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p>	<p>20% coinsurance.</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>
<p>26 - Pap Smears and Pelvic Exams</p> <p>(for women with Medicare)</p>	<p>\$0 copay for Pap smears.</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>20% coinsurance for Pelvic Exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>
<p>27 - Prostate Cancer Screening Exams</p> <p>(for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>
<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>Out-of-Network \$0 copay for immunizations.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>Out-of-Network \$0 copay for immunizations.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>Out-of-Network \$0 copay for immunizations.</p>
<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>
<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered pap smears and pelvic exams.</p> <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>
<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>


SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>28 – ESRD</p>	<p>20% coinsurance for renal dialysis 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network 20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
<p>29 – Prescription Drugs</p> 	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>20% of the cost for Part B-covered Chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.regence.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service).

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p>In-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network \$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>
<p>Drugs covered under Medicare Part B</p> <p>General 10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>10% of the cost for Part B-covered Chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.regence.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part B</p> <p>General 10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>10% of the cost for Part B-covered Chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at www.regence.com on the Web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> – have limited incomes, – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service). 	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered.</p> <p>10% of the cost for Part B-covered drugs (not including Part B-covered chemotherapy drugs).</p> <p>10% of the cost for Part B-covered Chemotherapy drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>


SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>29 – Prescription Drugs (continued)</p> 		<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Regence MedAdvantage + Rx Core for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>You pay \$0 the first time you fill a prescription for certain drugs. These drugs will be listed as “free first fill” on the plan’s Web site, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Regence MedAdvantage + Rx Classic for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and D.C.). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Regence MedAdvantage + Rx Enhanced for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s Web site, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>You pay \$0 the first time you fill a prescription for certain drugs. These drugs will be listed as “free first fill” on the plan’s Web site, formulary, printed materials, and on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p>	


SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>29 – Prescription Drugs (continued)</p> 		<p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. - \$12 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (30-day) supply of drugs in this tier. - \$75 copay for a three-month (90-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (30-day) supply of drugs in this tier. - \$150 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier.

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>In-Network \$295 yearly deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. - \$12 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier. - \$60 copay for a three-month (90-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30-day) supply of drugs in this tier. - \$120 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>In-Network \$0 deductible.</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$2,700:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. - \$12 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (30-day) supply of drugs in this tier. - \$75 copay for a three-month (90-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (30-day) supply of drugs in this tier. - \$150 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. 	

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>29 – Prescription Drugs (continued)</p> 		<p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (31-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Mail Order Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. - \$12 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (30-day) supply of drugs in this tier. - \$75 copay for a three-month (90-day) supply of drugs in this tier.

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Mail Order Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. - \$12 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier. - \$60 copay for a three-month (90-day) supply of drugs in this tier. 	<p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (31-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (31-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Mail Order Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. - \$12 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (30-day) supply of drugs in this tier. - \$75 copay for a three-month (90-day) supply of drugs in this tier. 	

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>29 – Prescription Drugs (continued)</p> 		<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (30-day) supply of drugs in this tier. - \$150 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30-day) supply of drugs in this tier. - \$120 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p>	<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (30-day) supply of drugs in this tier. - \$150 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Coverage Gap</p> <p>The plan covers all Preferred Generics through the coverage gap.</p> <p>You pay the following:</p> <p>Retail Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of all drugs covered in this tier. - \$12 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>Long Term Care Pharmacy Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (31-day) supply of all drugs covered in this tier. 	

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT

Original Medicare

**Regence
MedAdvantage + Rx Core**

**29 – Prescription Drugs
(continued)**

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$ 4,350, you pay the greater of:

- A \$ 2.40 copay for generic (including brand drugs treated as generic) and a \$ 6.00 copay for all other drugs, or
- 5% coinsurance.

Out-of-Network


Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Regence MedAdvantage + Rx Core.



SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Regence MedAdvantage + Rx Classic.</p>	<p>Mail Order Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of all drugs covered in this tier. - \$12 copay for a three-month (90-day) supply of all drugs covered in this tier. <p>For all other covered drugs, after your total yearly drug costs reach \$2,700, you pay 100% until your yearly out-of-pocket drug costs reach \$4,350.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. <p>Out-of-Network</p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Regence MedAdvantage + Rx Enhanced.</p>	

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
<p>29 – Prescription Drugs (continued)</p> 		<p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Generic</p> <p>- \$4 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Preferred Brand</p> <p>- \$25 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Brand</p> <p>- \$50 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Miscellaneous Injectables</p> <p>- 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty Medications</p> <p>- 25% coinsurance for a one-month (30-day) supply of drugs in this tier.</p>

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>Out-of-Network Initial Coverage</p> <p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$20 copay for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. 	<p>Out-of-Network Initial Coverage</p> <p>You will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,700:</p> <p>Out-of-Network Pharmacy</p> <p>Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$25 copay for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$50 copay for a one-month (30-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty Medications</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30-day) supply of drugs in this tier. 	

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT

Original Medicare

**Regence
MedAdvantage + Rx Core**

**29 – Prescription Drugs
(continued)**

Out-of-Network Coverage Gap

After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Regence MedAdvantage + Rx Core for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Core so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.



SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>Out-of-Network Coverage Gap</p> <p>After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Regence MedAdvantage + Rx Classic for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Classic so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>Out-of-Network Coverage Gap</p> <p>The plan covers all Preferred Generics through the gap.</p> <p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Generic</p> <ul style="list-style-type: none"> - \$4 copay for a one-month (30-day) supply of all drugs covered in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. 	

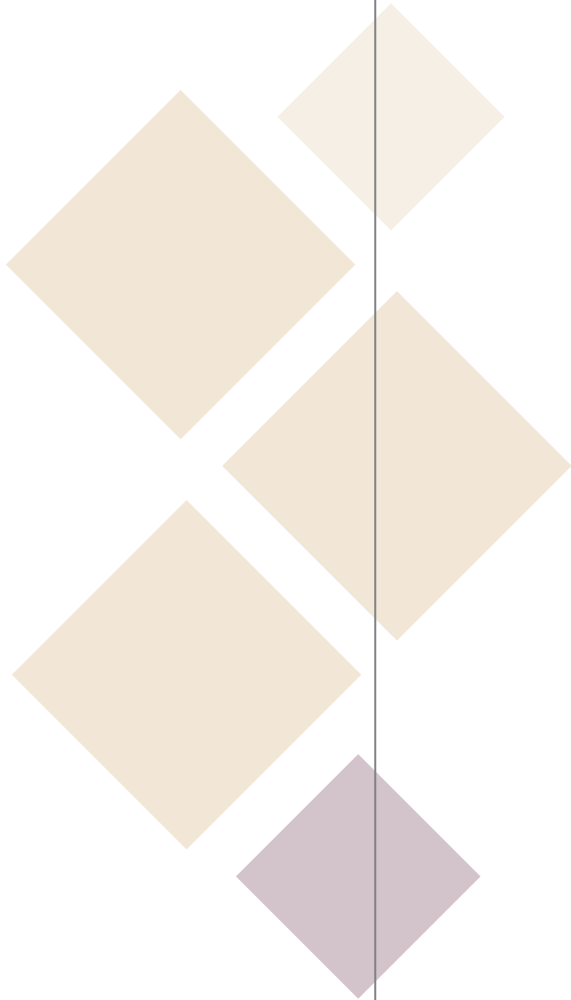
SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT

Original Medicare

**Regence
MedAdvantage + Rx Core**

**29 – Prescription Drugs
(continued)**



Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
	<p>Miscellaneous Injectables</p> <p>- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Specialty Medications</p> <p>- After your total yearly drug costs reach \$2,700, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT

Original Medicare

**Regence
MedAdvantage + Rx Core**

**29 – Prescription Drugs
(continued)**

**Out-of-Network
Catastrophic Coverage**

After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:

- A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or
- 5% coinsurance.

30 - Dental Services

Preventive dental services (such as cleaning) not covered.

In-Network

In general, preventive dental benefits (such as cleaning) not covered.

\$25 copay for Medicare-covered dental benefits.

Out-of-Network

\$35 copay for comprehensive dental benefits.

31 - Hearing Services

Routine hearing exams and hearing aids not covered.

20% coinsurance for diagnostic hearing exams.

In-Network

In general, routine hearing exams and hearing aids not covered.

- \$25 copay for Medicare-covered diagnostic hearing exams.

Out-of-Network

\$35 copay for hearing exams.

SECTION II – SUMMARY OF BENEFITS

<p>Regence MedAdvantage + Rx Classic</p>	<p>Regence MedAdvantage + Rx Enhanced</p>	<p>Regence MedAdvantage</p>
<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. 	<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,350, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.40 copay for generic (including brand drugs treated as generic) and a \$6.00 copay for all other drugs, or - 5% coinsurance. 	
<p>In-Network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 2 oral exams every year - up to 2 cleanings every year - up to 2 dental X-rays every year <p>\$10 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$0 copay for preventive dental benefits.</p> <p>\$25 copay for comprehensive dental benefits.</p> <p>In and Out-of-Network \$500 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>	<p>In-Network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 2 oral exams every year - up to 2 cleanings every year - up to 2 dental X-rays every year <p>\$10 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$0 copay for preventive dental benefits.</p> <p>\$25 copay for comprehensive dental benefits.</p> <p>In and Out-of-Network \$500 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>	<p>In-Network \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> - up to 2 oral exams every year - up to 2 cleanings every year - up to 2 dental X-rays every year <p>\$10 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$0 copay for preventive dental benefits.</p> <p>\$25 copay for comprehensive dental benefits.</p> <p>n and Out-of-Network \$500 limit for preventive dental benefits every year. This limit applies to both in-network and out-of-network benefits.</p>
<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> - \$10 copay for Medicare-covered diagnostic hearing exams. <p>Out-of-Network \$25 copay for hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> - \$10 copay for Medicare-covered diagnostic hearing exams. <p>Out-of-Network \$25 copay for hearing exams.</p>	<p>In-Network In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> - \$10 copay for Medicare-covered diagnostic hearing exams. <p>Out-of-Network \$25 copay for hearing exams.</p>

SECTION II – SUMMARY OF BENEFITS (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Core
32 - Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network Non-Medicare-covered eye exams and glasses not covered.</p> <p>\$0 copay for - one pair of eye-glasses or contact lenses after cataract surgery</p> <p>\$25 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>Out-of-Network \$35 copay for eye exams.</p> <p>\$0 copay for eye wear.</p>
33 - Physical Exams	<p>20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network \$25 copay for routine exams</p> <p>Limited to 1 exam every year.</p> <p>\$25 copay for Medicare-covered benefits.</p> <p>Out-of-Network \$35 copay for routine exams.</p>
Health/ Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline</p> <p>Out-of-Network \$0 copay for Health and Wellness services.</p>

SECTION II – SUMMARY OF BENEFITS

Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage
<p>In-Network \$0 copay for - one pair of eye-glasses or contact lenses after cataract surgery</p> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- \$10 copay for up to 1 routine eye exam every two years</p> <p>\$100 limit for eye wear every two years.</p> <p>Out-of-Network \$25 copay for eye exams.</p> <p>\$0 copay for eye wear.</p>	<p>In-Network \$0 copay for - one pair of eye-glasses or contact lenses after cataract surgery</p> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- \$10 copay for up to 1 routine eye exam every two years</p> <p>\$100 limit for eye wear every two years.</p> <p>Out-of-Network \$25 copay for eye exams.</p> <p>\$0 copay for eye wear.</p>	<p>In-Network \$0 copay for - one pair of eye-glasses or contact lenses after cataract surgery</p> <p>\$10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>- \$10 copay for up to 1 routine eye exam every two years</p> <p>\$100 limit for eye wear every two years.</p> <p>Out-of-Network \$25 copay for eye exams.</p> <p>\$0 copay for eye wear.</p>
<p>In-Network \$10 copay for routine exams</p> <p>Limited to 1 exam every year.</p> <p>\$10 copay for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for routine exams.</p>	<p>In-Network \$10 copay for routine exams</p> <p>Limited to 1 exam every year.</p> <p>\$10 copay for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for routine exams.</p>	<p>In-Network \$10 copay for routine exams</p> <p>Limited to 1 exam every year.</p> <p>\$10 copay for Medicare-covered benefits.</p> <p>Out-of-Network \$25 copay for routine exams.</p>
<p>In-Network This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline</p> <p>Out-of-Network \$0 copay for Health and Wellness services.</p>	<p>In-Network This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline</p> <p>Out-of-Network \$0 copay for Health and Wellness services.</p>	<p>In-Network This plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline</p> <p>Out-of-Network \$0 copay for Health and Wellness services.</p>



Section III

Understanding your benefits

This Summary of Benefits is an important brochure for explaining coverage options, so the content is regulated by the Centers for Medicare & Medicaid Services (CMS). This Section III was developed to help provide more insight and information on the descriptions in the tables starting on page 8 of this brochure. Please be sure to read the tables carefully to understand your coverage options.

Premium and other important information – page 8

Regence MedAdvantage offers additional benefits not included in Medicare. But members never lose their Medicare benefits and must continue to pay their Medicare Part B premium. With Regence MedAdvantage + Rx Core, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced, you receive Medicare Part D prescription drug coverage.

The premiums for these plans are:

Regence MedAdvantage \$78.00
Regence MedAdvantage + Rx Core \$39.00
Regence MedAdvantage + Rx Classic \$107.00
Regence MedAdvantage + Rx Enhanced \$123.00

Out-of-pocket maximum is the total amount you pay for coinsurance and copays in a calendar year before the plan picks up the full cost of covered medical expenses. Your out-of-pocket maximum is \$1,500 if you use in-network providers, or \$3,000 if you use out-of-network providers with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced. Your out-of-pocket maximum is \$2,500 if you use in-network providers, or \$5,000 if you use out-of-network providers with Regence MedAdvantage + Rx Core. So if your coinsurance and copays reach these amounts, we will pay 100% of covered expenses for the rest of the year.

There is no annual deductible for any medical services.

Part D prescription drug cost-sharing amounts vary with prescription drug costs expended. Refer to the table on page 54 for details.

Check your Information Brochure

The Information Brochure that accompanied this summary of benefits will help answer many of your questions. You'll discover benefits at a glance, a description of our discount programs, a coverage area map, a glossary of terms, and answers to frequently asked questions.



Doctor and Hospital Choice – page 8

With Regence MedAdvantage, you are free to use any doctor, specialist or hospital that accepts Medicare and still receive coverage. When choosing an in-network provider from our vast network, you receive better benefits and lower out-of-pocket costs.

Inpatient Hospital Care – page 8

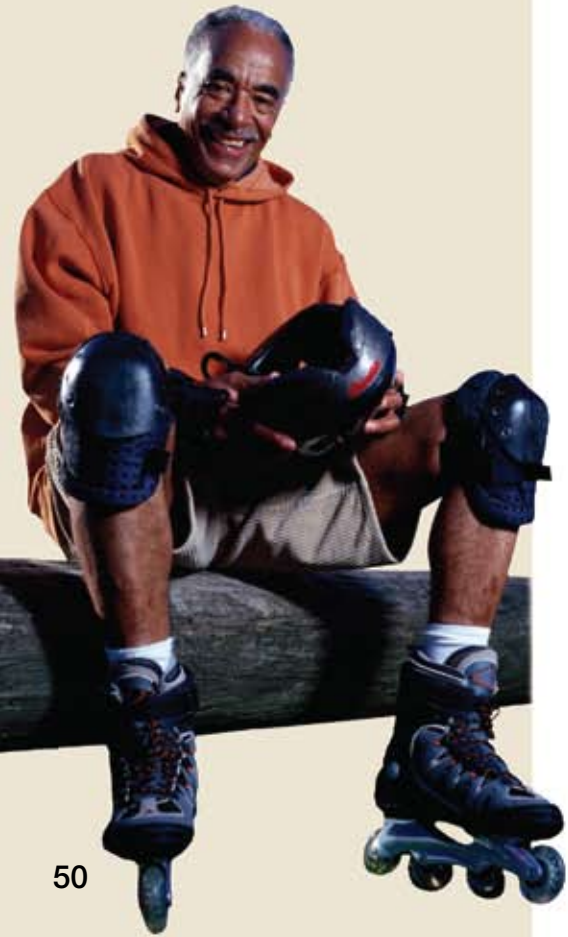
Regence MedAdvantage covers you for unlimited days for a Medicare-covered stay. At a network facility, you pay \$100 a day for the first five days – up to a maximum of \$500 with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced. With Regence MedAdvantage + Rx Core, you pay \$250 a day for the first five days at a network facility – up to a maximum of \$1,250. Authorization rules may apply.

Skilled Nursing Facility Care – page 12

You pay \$0 for 100 days at a network facility with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced. With Regence MedAdvantage + Rx Core, you pay a \$25 copay per day for 100 days. Authorization rules may apply.

Home Health Care – page 12

For care in your home, not a hospital or facility. You pay \$0 for using a network provider with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced. With Regence MedAdvantage + Rx Core, you pay 20% of home health charges when using a network provider. Authorization rules may apply.



Doctor Office Visits – page 14

You pay a \$10 copay with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced and a \$25 copay with Regence MedAdvantage + Rx Core when using in-network benefits.

Chiropractic Services – page 14

You pay a \$10 copay with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced and a \$25 copay with Regence MedAdvantage + Rx Core when using in-network benefits. This benefit is limited to manual manipulation of the spine to correct a subluxation. Authorization rules may apply.

Podiatry Services – page 14

You pay a \$10 copay with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced and a \$25 copay with Regence MedAdvantage + Rx Core when using in-network benefits. This is only for medically necessary foot care. (Routine trimming, removal or cutting of corns, callus, toenails or other hygienic care not related to a medical condition are not covered benefits.)

Emergency Care – page 18

Regence MedAdvantage will cover you for medical emergencies anywhere in the world. There is a \$50 copay for emergency room services. The emergency room copay is waived if you are admitted within 48 hours.

Outpatient Rehabilitation Services – page 18

You pay a \$10 copay with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced and a \$25 copay with Regence MedAdvantage + Rx Core when using in-network benefits. Authorization rules may apply.



Durable Medical Equipment – page 20

Regence MedAdvantage assists you to pay for the cost of durable medical equipment (DME), including wheelchairs or oxygen. Authorization rules may apply. You pay 10% of the cost for each Medicare-covered item with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced and 20% of the cost for each Medicare-covered item with Regence MedAdvantage + Rx Core when using in-network providers.

Prosthetic Devices and Medical Supplies – page 20

With Regence MedAdvantage, you receive coverage for Medicare-covered prosthetic devices and medical supplies, including aids such as braces and artificial limbs. You pay 10% of costs for in-network services with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced and you pay 20% of costs for in-network services with Regence MedAdvantage + Rx Core.

Diagnostic Tests, X-rays, and Lab Services – page 22

Your doctor may order specific exams to help diagnose your health care needs. You are covered in full for in-network diagnostic tests, radiation therapy, X-rays and lab services with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced. With Regence MedAdvantage + Rx Core, you pay 20% of everything listed above (in-network diagnostic tests, radiation therapy and x-rays), except lab charges which are covered at 100%.



Prescription Drugs/Tiered Pharmacy Benefit – page 26

You'll pay 100% for most prescription drugs unless you have Regence MedAdvantage + Rx Core, Regence MedAdvantage + Rx Classic or Regence MedAdvantage + Rx Enhanced. If you have the drug coverage, you'll pay your annual deductible and prescription medication copay/coinsurance as follows:

	Regence MedAdvantage + Rx Core	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced
Deductible	\$0	\$295	\$0
Tier 1: Copay for generics	\$4	\$4	\$4
Tier 2: Copay for preferred brand-names	\$25	\$20	\$25
Tier 3: Copay for non-preferred brand-names	\$50	\$40	\$50
Tier 4*: Coinsurance for miscellaneous injectables	25%	25%	25%
Tier 5*: Coinsurance for specialty medications	25%	25%	25%
Coverage during the "coverage gap"	You pay 100% of discounted drug costs until the total out-of-pocket costs for the year reach \$4,350	You pay 100% of discounted drug costs until the total out-of-pocket costs for the year reach \$4,350	You pay \$4 copay for Tier 1 generics, or 100% of discounted drug costs for all other Medicare Part D covered drugs until the total out-of-pocket costs for the year reach \$4,350

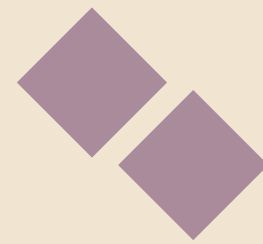
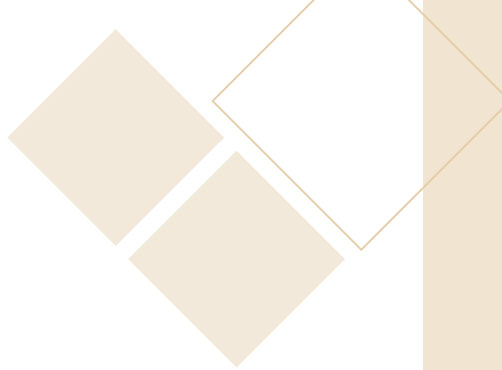
*Tiers 4 and 5 products are limited to a 30-day supply and may contain generic products.

Deductibles, copays and coinsurance amounts are based on a 30-day supply of medications (31-day supply for long-term care) and are effective Jan. 1, 2009, through Dec. 31, 2009.

Copays and coinsurance listed above are applicable until your total annual drug costs reach \$2,700.

Mail-order supplies: We provide a convenient mail-order service for up to 90-day supplies of most medications. Extended-day supplies are also available on most medications at retail network pharmacies that have agreed to dispense up to a 90-day supply. To find a retail network pharmacy that can dispense an extended-day supply of medications, please refer to our Pharmacy Directory, visit our Web site or call our Customer Service department at the address and number listed on the back cover.

	Regence MedAdvantage + Rx Core		Regence MedAdvantage
	Drug Costs	Cost-Sharing	Drug Costs
Initial Coverage Limit	\$0-\$295	\$0 deductible. You pay your copay/coinsurance of \$4/\$25/\$50/25%/25%	\$0-\$295
	Up to \$2,700	Before the total yearly drug costs (paid by you and your plan) reach \$2,700, your share is \$4/\$25/\$50/25%/25%, depending on the tier	Next \$2,405
Coverage Gap	The coverage gap begins when total yearly drug costs (paid by you and your plan) reach \$2,700. Coverage resumes when the year's out-of-pocket drug costs reach \$4,350	You pay 100% of discounted drug costs until the total out-of-pocket costs for the year reach \$4,350	The coverage gap begins when total yearly drug costs (paid by you and your plan) reach \$2,700. Coverage resumes when the year's out-of-pocket drug costs reach \$4,350
Catastrophic Coverage	This level of coverage begins when the total out-of-pocket costs for the year reach \$4,350	You pay the greater of \$2.40/\$6.00 copay or 5% coinsurance, depending upon the tier	This level of coverage begins when the total out-of-pocket costs for the year reach \$4,350



+ Rx Classic	Regence MedAdvantage + Rx Enhanced		
Cost-Sharing	Drug Costs	Cost-Sharing	
\$295 deductible. You pay 100% of discounted drug costs	\$0-\$295	\$0 deductible. You pay your copay/ coinsurance of \$4/\$25/\$50/25%/25%	Initial Coverage Limit
After you've paid your yearly deductible and before the total yearly drug costs (paid by you and your plan) reach \$2,700, your share is \$4/\$20/\$40/25%/25% depending on the tier	Up to \$2,700	Before the total yearly drug costs (paid by you and your plan) reach \$2,700, your share is \$4/\$25/\$50/25%/25%, depending on the tier	
You pay 100% of discounted drug costs until the total out-of-pocket costs for the year reach \$4,350	The coverage gap begins when total yearly drug costs (paid by you and your plan) reach \$2,700. Coverage resumes when the year's out-of-pocket drug costs reach \$4,350	You pay the \$4 copay for Tier 1 generics, or 100% of discounted costs for all other Medicare Part D covered drugs, until the total out-of-pocket costs for the year reach \$4,350	Coverage Gap
You pay the greater of \$2.40/\$6.00 copay or 5% coinsurance, depending upon the tier	This level of coverage begins when the total out-of-pocket costs for the year reach \$4,350	You pay the greater of \$2.40/\$6.00 copay or 5% coinsurance, depending upon the tier	Catastrophic Coverage

Contact us today for more information

Call us from
8 a.m. to 5 p.m.,
Pacific time,
Monday through Friday
at 1-888-REGENCE
(1-888-734-3623)

TTY users should call
1 (800) 382-1003

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

Dental Services – page 44

You may visit any dental provider you wish for preventive care. There is no copay for oral exams, cleanings and dental X-rays. You are covered up to \$500 for routine preventive dental services. This preventive dental coverage is not available with Regence MedAdvantage + Rx Core.

This coverage does not include other dental services, such as full-mouth debridement, fillings, crowns, bridges, and root canals.

Hearing Services – page 44

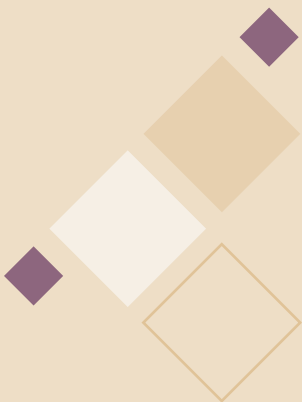
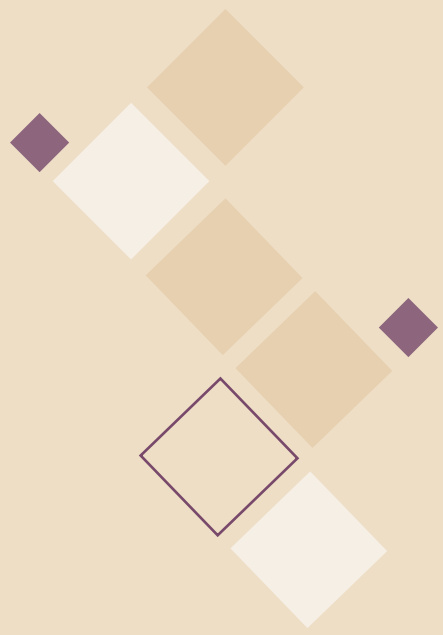
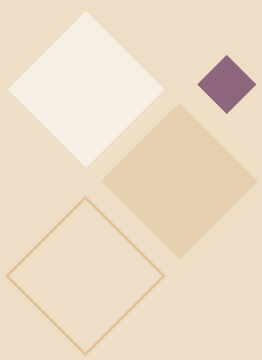
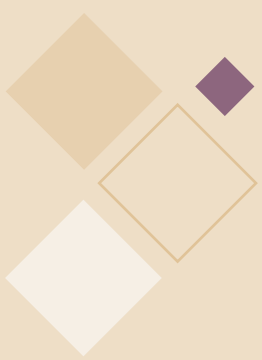
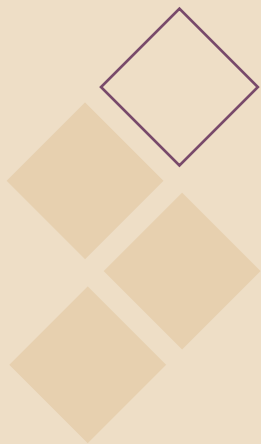
In general, you pay 100% for routine hearing exams and hearing aids. For Medicare-covered hearing exams (diagnostic hearing exams), you pay \$10 for in-network services with Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced and \$25 for in-network services with Regence MedAdvantage + Rx Core.

Vision Services – page 46

With Regence MedAdvantage, Regence MedAdvantage + Rx Classic and Regence MedAdvantage + Rx Enhanced, you are eligible for non-Medicare covered, routine vision exams every two years. You pay a \$10 copay when services are obtained in-network; when obtained out-of-network, you pay a \$25 copay. For vision hardware, we pay \$100 every two years. Please note that these services are not covered under Regence MedAdvantage + Rx Core. Members with diabetes are eligible for a dilated eye exam once every calendar year.

On all plans, Medicare-covered services include exams to diagnose and treat disease and conditions of the eye. Also included is one pair of eye-glasses or contact lenses after cataract surgery. Either in or out-of-network, there is no copay for this Medicare-covered eye wear.

Regence BlueShield of Idaho MedAdvantage is a PPO with a Medicare contract.





Regence BlueShield of Idaho is an Independent
Licensee of the Blue Cross and Blue Shield Association

Regence MedAdvantage
Regence MedAdvantage + Rx Core
Regence MedAdvantage + Rx Classic
Regence MedAdvantage + Rx Enhanced

Customer Service 1 (800) 541-8981

Call us from 8 a.m. to 8 p.m., seven days a week

TTY users should call 1 (800) 382-1003

PO Box 1106
Lewiston, Idaho 83501

Prospective members can call 8 a.m. to 5 p.m.,
Pacific time, Monday through Friday
toll-free: 1-888-REGENCE (1-888-734-3623)

www.regence.com/ID/products/medicare