

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

2010 Information Brochure

M0016_03214 12/2009

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



Regence

A Medicare Advantage plan is a good way to cover what Medicare doesn't. Our three Regence BlueShield of Idaho Medicare Advantage (PPO) options provide you with a choice of coverage to help suit your needs:

Regence MedAdvantage + Rx Enhanced (PPO): \$219 monthly premium

Regence MedAdvantage + Rx Classic (PPO): \$163 monthly premium

Regence MedAdvantage (PPO): \$153 monthly premium

We're here to help you choose the plan that's right for you.

Table of contents

- Medicare basics 3
- When can I enroll?..... 4
- How to reach us 6
- Our three **Regence MedAdvantage (PPO)** options..... 7
- Service area map 9
- Plan overview..... 10
- Benefits at a glance14
- Adding prescription drug coverage.....17
- Frequently asked questions 21
- Glossary 28
- Benefit considerations 32

Regence is a local, not-for-profit health plan. Our roots in the community and in the heritage of Blue Cross and Blue Shield run deep.

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

We are committed to serving you and your neighbors for years to come.

Medicare basics

To make the Medicare choice that's right for you, start with some simple facts.

- You become eligible for Medicare either by turning 65 or qualifying as disabled at any age.
- When becoming eligible, most people automatically receive **Medicare Part A**, which is for hospital care. With Part A, you pay deductibles and coinsurance.
- You can add **Part B**, which covers doctor visits. Part B premiums come out of your monthly Social Security payment. With Part B, you also pay deductibles and coinsurance.
- **Part D** covers most prescription drugs. It's optional and is provided through private health insurance companies.
- Parts A and B don't cover all your medical expenses.
- To cover some of the services that Parts A and B don't, you can purchase one of the following:
 - A **Medicare Advantage** plan, which offers a package of benefits to replace your Medicare coverage. These plans offer coverage that is at least equal to Original Medicare. Since they're built and run by private insurance companies, they may have different copays and coinsurance levels. They may also require you to use the carrier's network to be eligible for full benefits. Medicare Advantage PPO plans have Preferred Provider networks. Referrals are not required within the network. This book is about the Medicare Advantage PPO options that Regence provides.
 - A **Part D** plan. These plans provide coverage for prescription drugs only. (Some Medicare Advantage plans also offer a built-in prescription coverage option.)
 - A **Medicare Supplement** (or "Medigap") plan, which helps you with Parts A and B deductibles and coinsurance. These plans are standardized and offered by private carriers. You can see any provider who accepts Medicare. Not all carriers offer all Medicare Supplement plans.
 - Or a combination of these.
- When you become eligible for Medicare, you have a seven-month window to enroll in a Medicare Advantage plan (the month of your eligibility, the three months before and the three months after). After this, there are set enrollment periods when you can enroll late or switch plans:
 - Open Enrollment Period
 - Annual Election Period
 - Special Election Period

When can I enroll?

Under my current coverage, I...	Annual Election Period (AEP) Nov. 15 – Dec. 31
...have recently become or soon will be eligible for Medicare.	If you become eligible for Medicare through age or disability, you have a seven-month window for enrollment in Medicare Advantage and Part D plans: the month you become eligible, the three months prior, and the three months after. If you apply for a Medicare Supplement plan, there is a six-month window from your eligibility date to enroll in a Supplement without completing a health questionnaire. If you do not enroll within this time period (unless you have other non-Medicare coverage), you may have special limitations on when you can apply and you may incur cost penalties.
...am on Parts A and B only or a Medicare Supplement plan, but <i>not</i> a Medicare Advantage plan or a Part D prescription drug plan.	You can enroll in a Medicare Advantage plan or a Medicare Part D stand-alone prescription drug plan. Elections take effect Jan. 1.
...am on a Medicare Advantage plan <i>without</i> Part D prescription drug coverage.	You can switch to a Medicare Advantage plan that includes Part D coverage, or to a different Medicare Advantage plan without Part D coverage, or you can disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B and enroll in a stand-alone Part D plan. Changes take effect Jan. 1.
...am on a Medicare Advantage plan with Part D prescription drug coverage.	You can switch to a different Medicare Advantage plan that includes Part D coverage, change to a Medicare Advantage plan without Part D coverage, or you can disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B and enroll in a stand-alone Part D plan. Changes take effect Jan. 1.
...have Original Medicare and a stand-alone Part D prescription drug plan.	You can elect a different stand-alone Part D plan. You may also switch to a Medicare Advantage plan that includes Part D coverage or switch to a Medicare Plan without Part D. Changes take effect Jan. 1.

These dates may not apply if you are eligible due to a move, a Special Election Period (SEP) or other exceptions, such as leaving a group plan. For more information, please call us at 1-888-REGENCE (1-888-734-3623). TTY users should call 711.

Open Enrollment Period (OEP) Jan. 1 – March 31

If you become eligible for Medicare through age or disability, you have a seven-month window for enrollment in Medicare Advantage and Part D plans: the month you become eligible, the three months prior, and the three months after. If you apply for a Medicare Supplement plan, there is a six-month window from your eligibility date to enroll in a Supplement without completing a health questionnaire. If you do not enroll within this time period (unless you have other non-Medicare coverage), you may have special limitations on when you can apply and you may incur cost penalties.

You can enroll in a Medicare Advantage plan. You cannot enroll in a Medicare Advantage plan with Part D coverage or a stand-alone Part D plan.

You can switch to another Medicare Advantage plan without Part D or disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B. You cannot switch to a Medicare Advantage plan with Part D coverage. You will not be able to enroll in a stand-alone Part D plan.

You can switch to another Medicare Advantage plan with Part D coverage, or disenroll from your Medicare Advantage plan and go back to Original Medicare Parts A and B and join a Part D stand-alone plan. You cannot switch to a Medicare Advantage plan without Part D coverage. Changes take effect the first day of the month following enrollment.

You may enroll in a Medicare Advantage plan with Part D coverage. You cannot enroll in a Medicare Advantage plan without Part D coverage. Changes take effect the first day of the month following enrollment.

These dates may not apply if you are eligible due to a move, a Special Election Period (SEP) or other exceptions, such as leaving a group plan. For more information, please call us at 1-888-REGENCE (1-888-734-3623). TTY users should call 711.

**For more
information, call:
1-888-REGENCE
(1-888-734-3623)**

How to reach us

Whether you want to talk to someone or do your own research, there are lots of resources available. We have highly trained experts who are easy to reach and talk to.

Regence

For more information, call us weekdays between 8 a.m. and 5 p.m., Pacific time

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

TTY users should call 711.

Many resources, including product details and forms, are also available on our Web site: **www.regence.com/ID/products/medicare**

Medicare

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

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

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

Or visit:

General Medicare info: **www.medicare.gov**

Part D: **www.medicare.gov/pdphome.asp**

You can also find a lot of information in the *Medicare and You* booklet produced by the federal government:

www.medicare.gov/spotlights.asp#medicare2009

Our three Regence MedAdvantage (PPO) options

We offer three Regence MedAdvantage (PPO) plans. Two of them have prescription drug coverage. To see which one will fit you best, first determine what you need.

Plan premiums

Regence MedAdvantage + Rx Enhanced (PPO) \$219 monthly premium

Regence MedAdvantage + Rx Classic (PPO) \$163 monthly premium

Regence MedAdvantage (PPO) \$153 monthly premium

Do you want substantial coverage for both medical and prescription expenses?

Then take a look at **Regence MedAdvantage + Rx Enhanced (PPO)**—on page 14.

- No deductible for medical care or services or for prescription drugs
- Large, stable provider network, with assured access to providers. Benefits available nationwide where participating Blue Cross and Blue Shield plans have contracted Medicare Advantage PPO providers.
- 100% coverage—no copays—for diabetes self-monitoring training and supplies; lab work; and a number of preventive screenings, including bone mass, colorectal and prostate cancer screenings, pap smears and mammograms
- \$10 copays for in-network doctor and specialist visits, routine physical exams, eye exams and urgent care
- \$500 preventive dental benefit per year for routine care
- Tiered copays/coinsurance for prescription drugs, before and after the Medicare Coverage Gap
- And \$4 copays per prescription for each 30-day supply for Tier 1 generic drugs throughout the Coverage Gap

Our three Regence MedAdvantage (PPO) options (continued)

Do you want coverage for medical and prescription drug costs, but are willing to take on more cost-sharing and pay a lower monthly premium?

Then take a look at **Regence MedAdvantage + Rx Classic (PPO)**—on page 14.

- \$50 deductible for services obtained in network, \$50 deductible for services obtained out of network; has a \$200 deductible per year for prescription drug coverage
- Large, stable provider network, with assured access to providers. Benefits available nationwide where participating Blue Cross and Blue Shield plans have contracted Medicare Advantage PPO providers.
- 100% coverage—no copays—for diabetes self-monitoring training and supplies; laboratory services; and a number of preventive screenings, including bone mass, colorectal and prostate cancer screenings, pap smears and mammograms
- \$25 copays for in-network doctor and specialist visits, routine physical exams, eye exams and urgent care
- \$500 preventive dental benefit per year for routine care
- Tiered copays/coinsurance for prescription drugs, before and after the Coverage Gap
- No coverage in the prescription drug Coverage Gap

Do you want substantial coverage for medical expenses, but aren't looking for a Part D prescription drug plan at this time?*

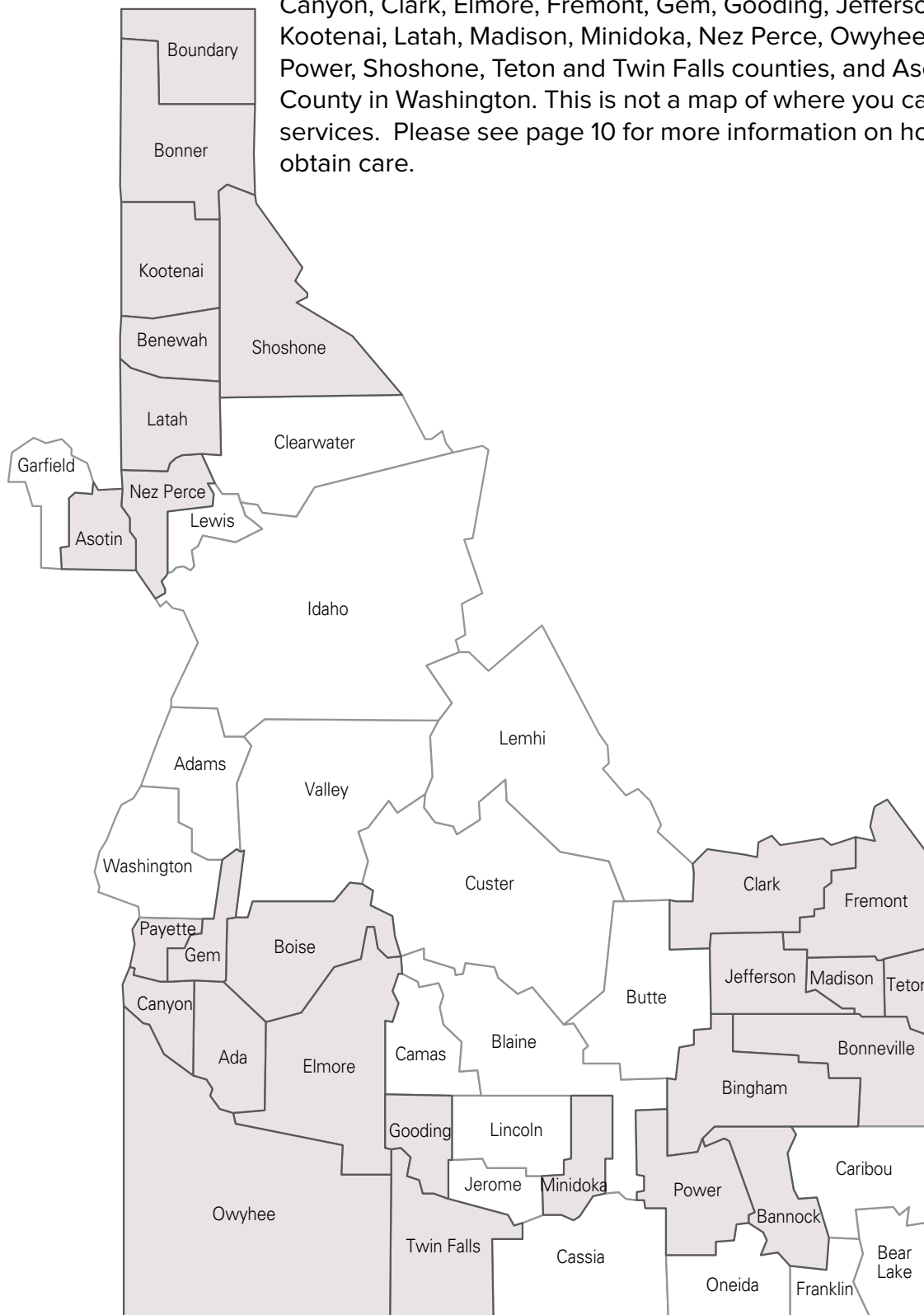
Then take a look at **Regence MedAdvantage (PPO)**—on page 14.

- No deductible
- Large, stable provider network, with assured access to providers. Benefits available nationwide where participating Blue Cross and Blue Shield plans have contracted Medicare Advantage PPO providers.
- 100% coverage – no copays – for diabetes self-monitoring training and supplies; lab work; and a number of preventive screenings, including bone mass, colorectal and prostate cancer screenings, pap smears and mammograms
- \$10 copays for in-network doctor and specialist visits, routine physical exams, eye exams and urgent care
- \$500 preventive dental benefit per year for routine care
- Prescription drug coverage limited to that provided by Original Medicare

Enrollment penalties may apply when you do not enroll in a Part D prescription drug plan when you are eligible. If you currently have Part D prescription drug coverage and wish to enroll in **Regence MedAdvantage (PPO), you must obtain your Part D coverage as part of your **Regence MedAdvantage (PPO)** coverage (unless you have Part D creditable coverage from another non-Medicare plan).*

Service area map

Regence MedAdvantage (PPO) is available to Medicare beneficiaries who reside in Idaho in 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, and Asotin County in Washington. This is not a map of where you can receive services. Please see page 10 for more information on how to obtain care.



Plan overview

Your member card is the key to coverage

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

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

Plan overview (continued)

Enrolling is easy!

If you're considering your Medicare options, we can help. If you need more information, see the Summary of Benefits, call your Regence-certified broker or agent or call us at 1-888-REGENCE (1-888-734-3623). Fill out the enrollment form and mail it to us. If you're on a Medicare Advantage plan with another company, enrolling in a **Regence MedAdvantage (PPO)** plan will automatically disenroll you from the other plan.

- **If you're currently on Medicare**, the Annual Election Period (AEP) is Nov. 15 – Dec. 31. That's when you can enroll in a **Regence MedAdvantage (PPO)** plan and have your coverage start Jan. 1. If you are already on a Medicare Advantage PPO, HMO or PFFS plan, you can switch to a **Regence MedAdvantage (PPO)** plan during this period.
- **If you're currently on a Medicare Advantage plan**, the Open Enrollment Period (OEP) is Jan. 1 – March 31. That's when you can switch to a different Medicare Advantage plan or, cancel your plan to go back to Medicare Parts A and B. If you currently have Original Medicare Parts A and B only, with or without a Medicare Supplement plan, you may join a Medicare Advantage Plan. You may not add or drop Medicare Part D prescription drug coverage during this period.
- **If you are not yet on Medicare**, you will have a seven-month period to enroll in a Medicare Advantage plan. The period consists of the month you become eligible, the three months before, and the three months after. This is called your Initial Coverage Election Period (ICEP). You can enroll in a **Regence MedAdvantage (PPO)** plan during this time.

Medicare beneficiaries may enroll in a **Regence MedAdvantage (PPO)** plan through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center at www.medicare.gov or through Regence.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Benefits, formulary, pharmacy, network, premium and/or copays/coinsurance may change on January 1, 2011. Please contact Regence BlueShield of Idaho for details.

Plan overview (continued)

Please note: With **Regence MedAdvantage + Rx Classic (PPO)**, a \$50 deductible is applicable to services obtained in network and a \$50 deductible is applicable to services obtained out of network. These deductibles must be satisfied before plan will pay Medicare-covered services.*

Frequently used services

Most **Regence MedAdvantage (PPO)** plans provide coverage at 100% after a copay when you visit in-network providers.

- Doctor and specialist visits
- Routine vision benefits; limited to once every two years
- Diagnostic hearing exams
- Outpatient mental health and substance abuse care
- Urgent care
- Outpatient rehabilitation services

Preventive care and screenings

In addition, **Regence MedAdvantage (PPO)** plans provide the following preventive care services, many with no copays:

- Routine physical exams covered in full after copay

The following services have no copay (although copays will apply if the provider bills an office visit):

- Bone mass measurement tests
- Colorectal screenings
- Immunizations
- Mammograms
- Pap smears
- Prostate cancer screenings

Plan overview (continued)

Other highlights

- Large contracted network of doctors, hospitals and other health care professionals
- Preventive services from any dentist, up to \$500 each year
- Coverage for inpatient hospital stays when medically necessary
- Virtually no paperwork
- Lower prescription costs at more than 50,000 participating pharmacies nationwide
- 24-hour nurse health-advice hotline
- **myRegence.com**, powered by the Regence Engine®, an online source of information to help you understand and manage your care, your coverage and—with its Prescription Medication interactive tools—your prescription drug needs

*The \$50 Regence MedAdvantage + Rx Classic in-network and \$50 out-of-network deductibles do NOT apply to the following benefits:

- Routine vision exams
- Routine vision hardware
- Preventive dental (although deductible applies to Medicare-covered dental care)
- Routine physical exams (although deductible applies to the Welcome to Medicare physical that Medicare covers)
- Medicare-covered immunizations
- Medicare-covered drugs (chemotherapy, dialysis drugs, immunosuppressive drugs for transplants, etc.)

Regence MedAdvantage (PPO) plans provide reimbursement for all covered benefits, whether they are received in or out-of-network, as long as they are medically necessary.

Regence MedAdvantage (PPO) benefits at a glance

Here is a snapshot of benefits in an easy-to-read table. This is only a summary. For a full description of benefits, please see the Summary of Benefits booklet or Evidence of Coverage. Both are available online at www.regence.com/ID/products/medicare. “In-network” in this table refers to our large Preferred Provider Organization (PPO) network. See the provider directory or visit online at www.regence.com/ID/products/medicare to see if your doctor is in the network. Members receive their highest benefits when they receive their care from in-network providers.

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

	Regence MedAdvantage + Rx Enhanced (PPO), Regence MedAdvantage (PPO)	Regence MedAdvantage + Rx Classic (PPO)	\$50 deductibles for both in and out-of-network services must be satisfied before Plan pays benefits for Medicare-covered services for Regence MedAdvantage + Rx Classic (PPO). (See Glossary on page 30 for definition of Medicare-covered services.)
Description	In/Out of Network	In/Out of Network	Considerations
Deductible	\$0	\$50/\$50	Deductibles are applicable only to Regence MedAdvantage + Rx Classic (PPO) .
Out-of-pocket maximum	\$2000/\$3500	\$2500/\$4000	This is the total amount you will pay out of pocket per calendar year for covered medical services
Professional Services			
Office visits	\$10/\$25 copay	\$25/\$35 copay	Covered after your copay
Routine physical exam	\$10/\$25 copay	\$25/\$35 copay	Covered after your copay
Urgent care	\$10/\$25 copay	\$25/\$35 copay	Copay waived if admitted to a hospital within 48 hours
Pap smears	\$0 copay	\$0 copay	Covered with no copay
Prostate cancer screenings	\$0 copay	\$0 copay	For men 50 and older
Immunizations (Medicare-covered)	\$0 copay	\$0 copay	Coverage for flu, pneumonia, and hepatitis B immunizations

Hospital Services			
Hospital stay	\$125/\$225 copay per day up to \$625/\$1125 per benefit period	\$175/\$250 copay per day up to \$875/\$1250 per benefit period	Covered for Medicare-covered services after your copay per benefit period
Skilled nursing facility	\$0/\$25 copay per day	\$10/\$30 copay per day	Up to 100 days covered per benefit period
Inpatient mental health treatment	\$125/\$225 copay per day up to \$625/\$1125 per benefit period	\$175/\$250 copay per day up to \$875/\$1250 per benefit period	190-day lifetime maximum.
Emergency room services	\$50 copay	\$50 copay	Worldwide coverage, copay waived if admitted to a hospital within 48 hours
Other Services and Benefits			
Eye examinations (routine, non-Medicare covered)	\$10/\$25 copay	\$25/\$35 copay	Covered after your copay once every two years
Vision hardware (non-Medicare covered)	\$0 copay, up to \$200 every two years	\$0 copay, up to \$100 every two years	Covered up to specified dollar limit every two years
Diagnostic hearing exams (Medicare-covered)	\$10/\$25 copay	\$25/\$35 copay	Benefit applies to Medicare-covered services only
Dental services (preventive)	\$0 copay; \$500 annual benefit	\$0 copay/\$500 annual benefit	Up to \$500 for routine preventive care per calendar year. Full-mouth debridement not covered.
Podiatry services	\$10/\$25 copay	\$25/\$35 copay	Medicare-covered services covered after your copay
Ambulance	\$100 copay	\$100 copay	Worldwide coverage for Medicare-covered services
Laboratory services	\$0 copay	\$0 copay	Covered for Medicare-covered services
Diagnostic tests Radiology services	You pay 0%/10%	You pay 0%/20%	Covered after you pay applicable coinsurance amount.
Outpatient surgery	\$100/\$200 copay	\$200/\$300 copay	Covered after you pay applicable copay amount.

Regence MedAdvantage (PPO) benefits at a glance (continued)

	Regence MedAdvantage + Rx Enhanced (PPO), Regence MedAdvantage (PPO)	Regence MedAdvantage + Rx Classic (PPO)	
Description	In/Out of Network	In/Out of Network	Considerations
Outpatient services	\$0 copay	\$0 copay	Covered for Medicare-covered services
Durable medical equipment	You pay 0%/10%	You pay 10%/20%	Benefit applies only to Medicare-covered equipment
Diabetes self-monitoring and training supplies	\$0 copay	\$0 copay	We pay 100% for lancets, test strips and glucometer supplies. (For insulin and syringes, see Part D coverage, Tier 2 on page 20.)
Home health care	You pay 0%/10%	You pay 10%/20%	Covered for Medicare-covered services after you pay applicable coinsurance amount
Medicare-covered drugs (chemotherapy, dialysis drugs, other covered drugs)	You pay 0%	You pay 10%/10%*	Covered for Medicare-covered services after you pay applicable coinsurance amount
Medicare-covered immuno-suppressive drugs for covered transplants	You pay 0%	You pay 10%/10%*	Covered for Medicare-covered services after you pay applicable coinsurance amount
Prescription drug coverage (Part D)	See page 17		

*Member responsibility will be greater out of network when the out-of-network coinsurance is based on the Medicare-allowed amount and the Regence-contracted amount is lower.

Adding prescription drug coverage

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

Prescription drug coverage highlights

Our prescription drug options help you save money on prescription drugs and protect yourself from potentially catastrophic drug costs. When you choose a **Regence MedAdvantage + Rx (PPO)** plan, you get one of the medical coverage options described on the preceding pages along with one of two levels of prescription drug benefits.

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

Finally, as an added bonus, when you enroll in a **Regence MedAdvantage + Rx (PPO)** plan, you are eligible for a one-time free fill up to a 30-day supply on selected Tier 1 generic medications.

Part D prescription drug coverage is not available with **Regence MedAdvantage (PPO)**.

Adding prescription drug coverage (continued)

How does Part D coverage work?

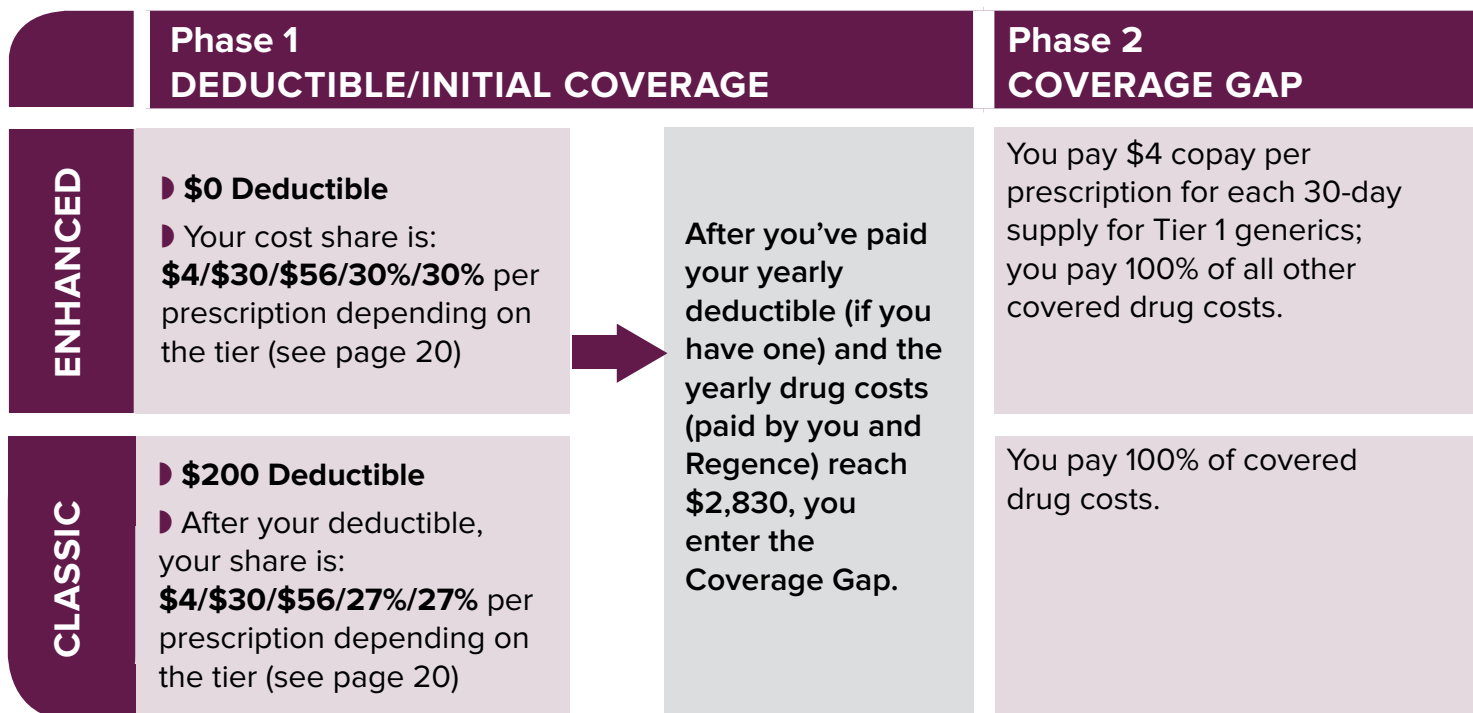
All **Regence MedAdvantage + Rx (PPO)** prescription drug benefits work in stages: Deductible/Initial Coverage, the Coverage Gap and Catastrophic Coverage.

Deductible: Regence MedAdvantage + Rx Classic (PPO) has a \$200 deductible applied to prescription drug charges.

Initial Coverage is in effect until your medication costs reach \$2,830, including deductible (if applicable), copay and coinsurance amounts. Both your out-of-pocket costs and money your plan pays for your medications count toward that \$2,830 limit.

When your total yearly prescription medication costs reach \$2,830, you enter the **Coverage Gap**. In this stage you pay for all of your own medications until you reach \$4,550 total for the year. The \$4,550 does not include what your plan has paid. (**Regence MedAdvantage + Rx Enhanced (PPO)** provides coverage for Tier 1 generics through the Coverage Gap. Please see below.)

After the \$4,550 Coverage Gap limit is reached, you enter **Catastrophic Coverage**. This stage covers your medications for the rest of the year. During this stage, you pay the greater of \$2.50/\$6.30 copay or 5% per prescription depending on the tier. You go back to Deductible/Initial Coverage on Jan. 1.



Adding prescription drug coverage (continued)

Coverage to match your needs

People who want the most predictability and protection for prescription drug costs should select **Regence MedAdvantage + Rx Enhanced (PPO)**. **Regence MedAdvantage + Rx Classic (PPO)** offers prescription drug benefits for people who want basic coverage for low-to-moderate prescription drug needs.

It's important to note that cost-sharing amounts change as your prescription drug expenses accumulate over a calendar year.

Phase 3 CATASTROPHIC

After \$4,550 in out-of-pocket costs is reached, you go to Catastrophic Coverage for the remainder of the year.

You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.

You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.

Benefit period:
Jan. 1 through Dec. 31 each year

Adding prescription drug coverage (continued)

Tiers = Choice

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

You have coverage for most Medicare Part D-covered prescription medications. What you pay—your copay or coinsurance—depends on which medication you choose and which prescription drug benefit you have. Choosing generics will offer the greatest value.

	Regence MedAdvantage + Rx Enhanced (PPO)	Regence MedAdvantage + Rx Classic (PPO)
Deductible	\$0	\$200
Tier 1: Copay for generics	\$4	\$4
Tier 2: Copay for preferred brand-names	\$30	\$30
Tier 3: Copay for non-preferred brand-names	\$56	\$56
Tier 4*: Coinsurance for miscellaneous injectables	30%	27%
Tier 5*: Coinsurance for specialty medications	30%	27%
Coverage during the "Coverage Gap" (To learn more about the Coverage Gap, see page 18.)	You pay \$4 copay per prescription for each 30-day supply for Tier 1 generics; you pay 100% of all other covered drug costs until the total out-of-pocket costs for the year reach \$4,550.	You pay 100% of covered drug costs until the total out-of-pocket costs for the year reach \$4,550.

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

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, 2010, through Dec. 31, 2010. You must go to a network pharmacy to receive coverage.

Frequently asked questions

Who is eligible?

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

How do I enroll?

Complete one application form for each person. Use the envelope included in your packet for mailing. Please do not send payment with your application. You can also fax your application to 1 (888) 335-2988.

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

See detailed descriptions of enrollment periods on page 4. For more information, please call us at 1-888-REGENCE (1-888-734-3623). TTY users should call 711.

What are my payment options?

You have the option of being billed monthly or every three months. You can pay by check when we bill you, or pay monthly by automatic withdrawal from your bank account. Instructions for automatic withdrawal are included in your packet and at www.regence.com/ID/products/medicare. (Please see brochure titled *SurePay Authorization*.)

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

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1 (877) 486-2048, 24 hours a day/7 days a week.
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY or TDD users should call 1 (800) 325-0778; or
- Your State Medical Assistance (Medicaid) Office.

When will my coverage be effective?

As soon as Medicare verifies your eligibility, we will notify you of your effective date. If you are newly eligible for Medicare, you may submit your enrollment form up to three months before your effective date. For more detailed information, see page 4.

Frequently asked questions (continued)

How do I begin to receive care under this plan?

Simply show your member card to your health care providers so they know who to bill. That's it! In most cases, there's virtually no paperwork. You'll receive a new member "welcome" packet. You can also give us a call if you have any questions. Contact information can be found on page 6 and in your member materials.

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

Members have a number of program options that help promote healthy living. These include a 24-hour nurse phone line, reminders for women about breast and cervical cancer screenings, informative care programs on asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease and diabetes, as well as newsletters and online tools. You also have access to our members-only Web site, **myRegence.com**, which provides a number of wellness resources. You will also find a health encyclopedia, information about prescription drugs, a Personal Health Record tool and a history of your claims.

What happens if I'm traveling and am outside the service area for an extended period of time?

Regence MedAdvantage (PPO) plans will cover you for medical emergencies anywhere in the world. There's a copay for services in a hospital emergency room. For non-urgent or routine care that is out-of-network, you'll pay the copay or coinsurance specified by your plan.

Nationwide, in-network coverage is available in areas where other Blue Cross and Blue Shield plans have a Medicare Advantage PPO plan, have contracted Medicare Advantage providers and are participating with the Blue Cross and Blue Shield Association in this travel program.

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

What happens if I move out of the service area?

Regence MedAdvantage (PPO) plans are available for individuals who live within the plan's service area. If you move, please call us to explore other options. You might enroll in a **Regence MedAdvantage (PPO)** plan that is offered in another Regence service area, or you can take advantage of Blue Cross and/or Blue Shield Plan state transfer options, or just return to your Original Medicare coverage.

Frequently asked questions (continued)

How often will my rates go up?

If there is a rate increase, it will be effective in January. Then, your monthly premium is guaranteed not to change until January of the following year. We will notify you each fall about any rate or benefit changes for the coming year.

Does it cost more to buy coverage through an agent?

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

Are Medicare Part D prescription drugs covered?

Yes, if you choose a **Regence MedAdvantage + Rx (PPO)** plan. You pay a share of your prescription costs, and your plan pays a share. Once you meet the deductible, you pay copays/coinsurance. [**Regence MedAdvantage + Rx Enhanced (PPO)** has no deductible.]

These plans include coverage for most Medicare Part D-covered prescription medications. What you pay—your copay or coinsurance—depends on which medication (or “tier”) you and your doctor choose. See page 20 for more details.

Mail-order costs for a 90-day supply are three times the retail copay for a 30-day supply. For detailed information on our mail order prescription drug service, please contact Customer Service (see page 25 for contact details). For details on benefit limits, please see the Summary of Benefits.

- **Deductible: Regence MedAdvantage + Rx Classic (PPO)** has a \$200 deductible applied to prescription drug charges. Regence MedAdvantage + Rx Enhanced (PPO) has no prescription drug deductible.
- **Initial Coverage:** Deductible, if applicable, copays, and coinsurance are applicable until your total annual medication costs reach \$2,830.
- **Coverage Gap:** After the total yearly prescription medication costs reach \$2,830, you pay 100% of your prescription costs on **Regence MedAdvantage + Rx Classic (PPO)**. If you have **Regence MedAdvantage + Rx Enhanced (PPO)**, you continue to pay only the \$4 copay per prescription for each 30-day supply for Tier 1 generics, or 100% for all other covered prescription drugs.
- **Catastrophic Coverage:** After your total annual out-of-pocket medication costs reach \$4,550, you pay the greater of:
 - \$2.50 for generics (including brand-names treated as generics) and \$6.30 for all other covered medications per prescription, or
 - 5% coinsurance per prescription, depending on the tier

If you don't choose the prescription drug coverage, you can still receive discounts at more than 50,000 participating pharmacies nationwide.

Frequently asked questions (continued)

What if I don't want the prescription coverage?

If you don't want or need prescription drug coverage, just choose the **Regence MedAdvantage (PPO)** plan. If you don't have other creditable drug coverage and don't choose a Medicare Part D prescription plan when you are eligible, there will be a penalty for every month you could have enrolled but didn't. So, you'll pay more for prescription drug coverage than most people if you enroll later and can't prove you had other, creditable prescription drug coverage.

If you are not yet on Medicare, you will have a seven-month enrollment period for Medicare Part D when you become eligible for Medicare without being subject to penalty. This seven-month enrollment period includes your birthday month, the three months before and the three months after you turn 65.

What is the advantage of choosing a Regence MedAdvantage + Rx (PPO) plan?

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

How are eye exams covered?

Medicare provides coverage for diagnosis and treatment of eye conditions. Additionally, members with diabetes are eligible for a dilated eye exam once every calendar year. In addition, routine medical eye exams are covered by **Regence MedAdvantage (PPO)** plans. You will be eligible for one routine vision exam once every two years.

Frequently asked questions (continued)

What can I do if I have a grievance or appeal?

If you are not completely satisfied with our service, the service of our network providers, or the quality of the medical care you received, please call Customer Service at the number listed below. Our goal is always to protect your rights and expedite a solution as quickly as possible.

The Evidence of Coverage that you'll receive after you're enrolled in a **Regence MedAdvantage (PPO)** plan provides directions for making an official complaint—either a grievance or an appeal. Read your Evidence of Coverage to learn more about your rights and the procedures for appeals and grievances about your health care coverage or claims payments.

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

Your membership in a **Regence MedAdvantage (PPO)** plan is optional. If you change your mind and meet the eligibility requirements, you can disenroll during your Annual Election Period or Open Enrollment Period. Simply submit a written request to us. If you move outside the service area, you qualify for a Special Election Period, during which you can enroll in a plan that is offered in your new area.

Remember, if you do want to disenroll, be sure you have other coverage in place before you do so.

See page 4 for more about eligibility.

Regence MedAdvantage (PPO) Customer Service

1 (800) 541-8981

TTY: 711

FROM Nov. 15 through March 1:

HOURS 8 a.m. to 8 p.m., seven days a week

AFTER March 1:

HOURS 8 a.m. to 8 p.m., Monday through Friday

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

Frequently asked questions (continued)

On what basis could my Regence MedAdvantage (PPO) coverage be canceled?

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

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

What are the differences between HMO, PPO, PFFS and Medicare Supplement plans?

Health Maintenance Organizations (HMO) are managed care plans that require you to use only contracted doctors and hospitals to receive benefits; typically, you need a referral to see a specialist. **Preferred Provider Organizations (PPO)** also have a contracted network of providers, but you can see providers outside the network and still receive coverage. The plan pays more if you stay in-network. Many do not require referrals. HMOs and PPOs may have extra benefits compared to Medicare, such as physicals and vision care. HMOs and PPOs roll Original Medicare Parts A and B benefits and new benefits into one. (Regence MedAdvantage is a PPO.) Private-fee-for-service plans (PFFS) also roll Original Medicare and new benefits into one, but do not have a provider network. You may go to any provider you wish, but the provider can refuse to provide services to plan members. **Medicare Supplement** plans are secondary to Medicare. They do not have a network of providers, but they usually cost more than HMOs and PPOs. Most Medicare Supplement plans do not offer coverage for physicals or vision exams.

Frequently asked questions (continued)

How can I learn more?

Attend a meeting. If you're interested in attending one of our Medicare seminars, call to find out about the schedule for your area.

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 711.

You can also get more information at www.regence.com/ID/products/medicare.

Glossary

Annual Election Period (AEP)

The period from Nov. 15 to Dec. 31 when eligible individuals can enroll, disenroll or switch their Medicare Advantage plan with Part D coverage or stand-alone Part D prescription drug plan.

Brand-name prescription medication

A prescription medication that has been patented and is produced by only one manufacturer.

Centers for Medicare and Medicaid Services (CMS)

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

Coinsurance

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

Copay

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

Deductible

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

Durable medical equipment

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

Glossary (continued)

Emergency

A sudden, serious and unexpected illness, injury or condition (including sudden and unexpected severe pain) that the member believes endangers his or her health if medical treatment is not received immediately.

Emergency care

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

Exclusions

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

Formulary

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

Generic medication

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

In-network provider

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

Glossary (continued)

Inpatient services

Services provided to a patient admitted to a qualifying facility, such as a hospital or skilled nursing facility.

Limitations

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

Long-term care (LTC)

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

Mail-order medications

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

Medicare-covered benefits

Coverage under Parts A and B of Medicare as specified by the Federal Government.

Member

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

Open Enrollment Period (OEP)

The period from Jan. 1 to March 31 when eligible individuals can enroll, disenroll or switch their Medicare Advantage or Medicare Advantage plan with Part D prescription drug coverage. (See page 4 for eligibility details.)

Out-of-network provider

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

Glossary (continued)

Out-of-pocket maximum

The total amount you pay in coinsurance or copays in a calendar year before the plan picks up the full cost of covered medical expenses. For example, with **Regence MedAdvantage + Rx Classic (PPO)**, if the total you pay on covered in-network medical expenses reaches \$2,500 in a calendar year, the plan will pay 100% of those covered expenses for the rest of the year.

Outpatient services

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

PPO

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

Preventive care

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

Benefit considerations

Regence MedAdvantage (PPO) is a PPO with a Medicare Advantage contract. As a member of a PPO, you have increased benefits versus Original Medicare or an HMO network. For instance, you can see any provider and still receive coverage (services are covered at a higher level when received in-network, however), and no referrals are required to see specialists. But as with any health care coverage, there are some services that are not covered or are limited with **Regence MedAdvantage (PPO)**, **Regence MedAdvantage + Rx Classic (PPO)** and **Regence MedAdvantage + Rx Enhanced (PPO)**.

We believe in full disclosure and providing the information you need to completely understand the benefits provided by your **Regence MedAdvantage (PPO)** plan. That's why we're providing this summary to give you an idea of some items not included with your **Regence MedAdvantage (PPO)** coverage. For the complete list, please refer to your Evidence of Coverage.

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

Regence MedAdvantage (PPO) is a health plan with a Medicare contract. **Regence MedAdvantage (PPO)** plans are available to residents in 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. Anyone who resides in our service area, has Medicare Parts A and B, may apply. Members must continue to pay their Part B premiums, may not receive Part D coverage from another carrier when enrolled in **Regence MedAdvantage (PPO)** and may have only one Part D plan. If you enroll in a prescription drug plan, you will be automatically disenrolled from your Medicare Advantage plan. Applicable eligibility and enrollment periods apply. Benefits, formularies, premiums, coinsurance/copay amounts and provider or pharmacy networks may change in the next contract year.

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

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

FROM November 15 through March 1:

HOURS 8 a.m. to 8 p.m., seven days a week

AFTER March 1:

HOURS 8 a.m. to 8 p.m., Monday through Friday

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

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

P.O. Box 1106
Lewiston, ID 83501

Send completed applications to:

**P.O. Box 12625, S5B
Salem, OR 97309-0625;**

or, fax them to:

1 (888) 335-2988.

(This number is for enrollment applications only.)

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

TTY users should call 711

www.regence.com/ID/products/medicare

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

