

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

2010 Summary of Benefits

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



Summary of Benefits

Section I

Introduction to Summary of Benefits

January 1, 2010 - December 31, 2010

Thank you for your interest in Regence MedAdvantage (PPO). Our plan is offered by Regence BlueCross BlueShield of Oregon, 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 (PPO) 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 (PPO). 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 (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE [1 (800) 633-4227] for more information. TTY/TDD 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 (PPO) 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 (PPO) available?

The service area for this plan includes: Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill counties, OR; Clark County, WA. 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 (PPO)?

You can join Regence MedAdvantage (PPO) 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 (PPO) unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

Regence MedAdvantage (PPO) 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 Enhanced (PPO) and Regence MedAdvantage + Rx Classic (PPO) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

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

Regence MedAdvantage + Rx Enhanced (PPO) and Regence MedAdvantage + Rx Classic (PPO) have formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory 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 Enhanced (PPO) and Regence MedAdvantage + Rx Classic (PPO) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or 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 at 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 extra help with my drug plan 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/TDD users should call 1 (877) 486-2048, 24 hours a day/7 days a week
- The Social Security Administration at 1 (800) 772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1 (800) 325-0778 or
- Your State Medicaid Office.

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 60 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 Enhanced (PPO), Regence MedAdvantage + Rx Classic (PPO) and Regence MedAdvantage (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

In Oregon:	Acumentra Health 1 (800) 785-0411	In Washington:	Qualis Health 1 (877) 290-4346
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As a member of Regence MedAdvantage + Rx Enhanced (PPO) and Regence MedAdvantage + Rx Classic (PPO), 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. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

In Oregon:	Acumentra Health 1 (800) 785-0411	In Washington:	Qualis Health 1 (877) 290-4346
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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 (PPO) 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 (PPO) 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.

Plan ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1 (800) 541-8981 to obtain a copy of the plan ratings for this plan. TTY users call 711.

Please call Regence BlueCross BlueShield of Oregon for more information about Regence MedAdvantage (PPO).

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 711]

Prospective members should call 1-888-REGENCE (1-888-734-3623) for questions related to the Medicare Advantage program.
[TTY/TDD users should call 711]

Current members should call 1 (800) 541-8981 for questions related to the Medicare Part D Prescription Drug program.
[TTY/TDD users should call 711]

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 711]

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

TTY 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 BlueCross BlueShield of Oregon.

Section II – Summary of Benefits

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
Important Information		
<p>1 - Premium and Other Important Information</p>	<p>In 2009, the monthly Part B Premium was \$96.40 and will change for 2010, and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.) For more information about Part B premiums based on income, call Social Security at 1 (800) 772-1213. TTY users should call 1 (800) 325-0778.</p>	<p>General \$176 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network</p> <p>\$2,000 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>Out-of-Network</p> <p>\$3,500 out-of-network out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</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>Out-of-Network Plan covers you when you travel in the U.S.</p>
<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009, the amounts for each benefit period were: Days 1 - 60: \$1,068 deductible. Days 61 - 90: \$267 per day. Days 91 - 150: \$534 per lifetime reserve day.</p> <p>These amounts will change for 2010. 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: \$125 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 (PPO)	Regence MedAdvantage (PPO)
<p>General \$126 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$50 yearly deductible. Contact the plan for services that apply. \$2,500 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>Out-of-Network \$50 yearly deductible. Contact the plan for services that apply. \$4,000 out-of-network out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services</p>	<p>General \$116 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$2,000 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p> <p>Out-of-Network \$3,500 out-of-network out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>
<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>Out-of-Network Plan covers you when you travel in the U.S.</p>	<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>Out-of-Network Plan covers you when you travel in the U.S.</p>
<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$175 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: \$125 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 Enhanced (PPO)
<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: \$225 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 Medicare-covered hospital stays: Days 1 – 5: \$125 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: \$225 copay per day. Days 6 – 90: \$0 copay per day.</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>Out-of-Network For hospital stays: Days 1 – 5: \$250 copay per day.</p> <p>Days 6 and beyond: \$0 copay per day.</p>	<p>Out-of-Network For hospital stays: Days 1 – 5: \$225 copay per day.</p> <p>Days 6 and beyond: \$0 copay per day.</p>
<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$175 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: \$250 copay per day.</p> <p>Days 6 – 90: \$0 copay per day.</p>	<p>In-Network For Medicare-covered hospital stays: Days 1 - 5: \$125 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: \$225 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 Enhanced (PPO)
<p>5 - Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2009 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: \$133.50 per day.</p> <p>These amounts will change for 2010. 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 \$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 \$25 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 \$0 copay for Medicare-covered home health visits.</p> <p>Out-of-Network 10% 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

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>General Authorization rules may apply.</p> <p>In-Network For SNF stays: Days 1 – 100: \$10 copay per day.</p> <p>Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>Out-of-Network \$30 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 \$25 per SNF day.</p>
<p>General Authorization rules may apply.</p> <p>In-Network 10% of the cost for each Medicare-covered home health visit.</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 10% 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>

Section II – Summary of Benefits (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
<i>Outpatient Care</i>		
8 - Doctor Office Visits	20% coinsurance.	<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>
9 - Chiropractic Services	<p>Routine care not covered.</p> <p>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.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are 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.</p> <p>Out-of-Network \$25 copay for chiropractic benefits.</p>
10 - Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</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

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>General See “Physical Exams,” for more information.</p> <p>In-Network \$25 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$25 copay for each in-area, network urgent care Medicare-covered visit.</p> <p>\$25 copay for each specialist visit for Medicare-covered benefits.</p> <p>Out-of-Network \$35 copay for each primary care doctor visit.</p> <p>\$35 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 \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are 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.</p> <p>Out-of-Network \$35 copay for chiropractic benefits.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are 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.</p> <p>Out-of-Network \$25 copay for chiropractic benefits.</p>
<p>In-Network \$25 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p>Out-of-Network \$35 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 Enhanced (PPO)
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	<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>
12 - Outpatient Substance Abuse Care	20% coinsurance.	<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>
13 – Outpatient Services/Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	<p>In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$200 copay for ambulatory surgical center benefits.</p> <p>\$0 to \$200 copay for outpatient hospital facility benefits.</p>
14 - Ambulance Services (medically necessary ambulance services)	20% coinsurance.	<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

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<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>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 \$25 copay for Medicare-covered individual or group visits.</p> <p>Out-of-Network \$35 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 \$200 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$200 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$300 copay for ambulatory surgical center benefits.</p> <p>\$0 to \$300 copay for outpatient hospital facility benefits.</p>	<p>In-Network \$100 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 to \$100 copay for each Medicare-covered outpatient hospital facility visit.</p> <p>Out-of-Network \$200 copay for ambulatory surgical center benefits.</p> <p>\$0 to \$200 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>

Section II – Summary of Benefits (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
<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>General</p> <p>\$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>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</p> <p>\$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>17 – Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$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</p> <p>\$25 copay for Occupational Therapy benefits.</p> <p>\$25 copay for Physical and/or Speech/Language Therapy visits.</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>General \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>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 \$50 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>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 \$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>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 \$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>	<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 Enhanced (PPO)
Outpatient Medical Services and Supplies		
<p>18 - Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.</p> <p>Out-of-Network 10% of the cost for durable medical equipment.</p>
<p>19 - Prosthetic Devices</p> <p>(includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered items.</p> <p>Out-of-Network 10% of the cost for prosthetic devices.</p>
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p>(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>20% coinsurance.</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 \$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>Separate Office Visit cost sharing of \$10 copay may apply.</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

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<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 \$0 copay for Medicare-covered items.</p> <p>Out-of-Network 10% 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 \$0 copay for Medicare-covered items.</p> <p>Out-of-Network 10% 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>Separate Office Visit cost sharing of \$25 copay may apply.</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>Separate Office Visit cost sharing of \$10 copay may apply.</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 Enhanced (PPO)
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology 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 copay for Medicare-covered:</p> <ul style="list-style-type: none"> - lab services. - diagnostic procedures and tests. - X-rays. - diagnostic radiology services (not including X-rays). - therapeutic radiology services. <p>Out-of-Network 10% of the cost for therapeutic radiology services.</p> <p>10% of the cost for outpatient x-rays.</p> <p>10% of the cost for diagnostic radiology services.</p> <p>0% to 10% 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>Separate Office Visit cost sharing of \$10 copay may apply.</p> <p>Out-of-Network \$0 copay for Medicare-covered bone mass measurement.</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered: - X-rays. - diagnostic radiology services (not including X-rays). - therapeutic radiology services.</p> <p>0% of the cost for Medicare-covered lab services.</p> <p>10% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>Out-of-Network 20% of the cost for therapeutic radiology services.</p> <p>20% of the cost for outpatient x-rays.</p> <p>20% of the cost for diagnostic radiology services.</p> <p>0% to 20% of the cost for diagnostic procedures, tests and lab 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 10% of the cost for therapeutic radiology services.</p> <p>10% of the cost for outpatient x-rays.</p> <p>10% of the cost for diagnostic radiology services.</p> <p>0% to 10% of the cost for diagnostic procedures, tests and lab services.</p>
<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p> <p>Separate Office Visit cost sharing of \$25 copay may apply.</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>Separate Office Visit cost sharing of \$10 copay may apply.</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 Enhanced (PPO)
<p>23 – Colorectal Screening Exams (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>Separate Office Visit cost sharing of \$10 copay may apply.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>
<p>24 – Immunizations (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) (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>Separate Office Visit cost sharing of \$10 copay may apply.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>
<p>26 - Pap Smears and Pelvic Exams (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>Separate Office Visit cost sharing of \$10 copay may apply.</p> <p>Out-of-Network \$0 copay for pap smears and pelvic exams.</p>
<p>27 - Prostate Cancer Screening Exams (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>Separate Office Visit cost sharing of \$10 copay may apply.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$25 copay may apply.</p> <p>Out-of-Network \$0 copay for colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</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 Medicare-covered screening mammograms.</p> <p>Separate Office Visit cost sharing of \$25 copay may apply.</p> <p>Out-of-Network \$0 copay for screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p> <p>Separate Office Visit cost sharing of \$10 copay may apply.</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>Separate Office Visit cost sharing of \$25 copay may apply.</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>Separate Office Visit cost sharing of \$10 copay may apply.</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>Separate Office Visit cost sharing of \$25 copay may apply.</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>Separate Office Visit cost sharing of \$10 copay may apply.</p> <p>Out-of-Network \$0 copay for prostate cancer screening.</p>

Section II – Summary of Benefits (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
<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 \$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-State 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 \$0 copay for Part B-covered drugs.</p> <p>\$0 copay for Part B drugs out-of-network.</p> <p>Drugs covered under Medicare Part C</p> <p>General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these 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 (PPO)	Regence MedAdvantage (PPO)
<p>In-Network 10% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Out-of-Network 10% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-State 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-State Renal Disease.</p>
<p>Drugs covered under Medicare Part B</p> <p>General 10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>10% of the cost for Part B drugs out-of-network.</p> <p>Drugs covered under Medicare Part C</p> <p>General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these 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 \$0 copay for Part B-covered drugs.</p> <p>\$0 copay for Part B drugs out-of-network.</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 Enhanced (PPO)
<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 Enhanced (PPO) 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> <p>If you request a formulary exception for a drug and Regence MedAdvantage + Rx Enhanced (PPO) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<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 (PPO) 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> <p>If you request a formulary exception for a drug and Regence MedAdvantage + Rx Classic (PPO) approves the exception, you will pay Non-Preferred Brand cost-sharing for that drug.</p>	

Section II – Summary of Benefits (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
<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 \$2,830:</p> <p>Retail 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. - \$12 copay for a three-month (90-day) supply of drugs in this tier. <p>Preferred Brand</p> <ul style="list-style-type: none"> - \$30 copay for a one-month (30-day) supply of drugs in this tier. - \$90 copay for a three-month (90-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 copay for a one-month (30-day) supply of drugs in this tier. - \$168 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier.

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>In-Network \$200 yearly deductible.</p> <p>Initial Coverage After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:</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"> - \$30 copay for a one-month (30-day) supply of drugs in this tier. - \$90 copay for a three-month (90-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 copay for a one-month (30-day) supply of drugs in this tier. - \$168 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 27% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> - 27% 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 Enhanced (PPO)
<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"> - \$30 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 copay for a one-month (31-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> - 30% 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"> - \$30 copay for a one-month (30-day) supply of drugs in this tier. - \$90 copay for a three-month (90-day) supply of drugs in this tier.

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<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"> - \$30 copay for a one-month (31-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 copay for a one-month (31-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 27% coinsurance for a one-month (31-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> - 27% 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"> - \$30 copay for a one-month (30-day) supply of drugs in this tier. - \$90 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 Enhanced (PPO)
<p>29 – Prescription Drugs (continued)</p>		<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 copay for a one-month (30-day) supply of drugs in this tier. - \$168 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 30% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> - 30% 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

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 copay for a one-month (30-day) supply of drugs in this tier. - \$168 copay for a three-month (90-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 27% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> - 27% 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 \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	

Section II – Summary of Benefits (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
<p>29 – Prescription Drugs (continued)</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 \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p> <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 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 (PPO).</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)

Regence MedAdvantage (PPO)

Catastrophic Coverage

After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:

- A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 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 Classic (PPO).

Section II – Summary of Benefits (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
<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 \$2,830:</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>- \$30 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Non-Preferred Brand</p> <p>- \$56 copay for a one-month (30-day) supply of drugs in this tier.</p> <p>Miscellaneous Injectables</p> <p>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p> <p>Specialty</p> <p>- 30% coinsurance for a one-month (30-day) supply of drugs in this tier.</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<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 \$2,830:</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"> - \$30 copay for a one-month (30-day) supply of drugs in this tier. <p>Non-Preferred Brand</p> <ul style="list-style-type: none"> - \$56 copay for a one-month (30-day) supply of drugs in this tier. <p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - 27% coinsurance for a one-month (30-day) supply of drugs in this tier. <p>Specialty</p> <ul style="list-style-type: none"> - 27% 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 Enhanced (PPO)
<p>29 – Prescription Drugs (continued)</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 \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced (PPO) 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 \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced (PPO) 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 (PPO)

Regence MedAdvantage (PPO)

Out-of-Network Coverage Gap

After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Regence MedAdvantage + Rx Classic (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Classic (PPO) 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 Enhanced (PPO)
<p>29 – Prescription Drugs (continued)</p>		<p>Miscellaneous Injectables</p> <ul style="list-style-type: none"> - After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced (PPO) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p>Specialty</p> <ul style="list-style-type: none"> - After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by Regence MedAdvantage + Rx Enhanced (PPO) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to Regence MedAdvantage + Rx Enhanced (PPO) 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 (PPO)

Regence MedAdvantage (PPO)

Section II – Summary of Benefits (continued)

BENEFIT	Original Medicare	Regence MedAdvantage + Rx Enhanced (PPO)
29 – Prescription Drugs (continued)		<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, 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 \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.
30 - Dental Services	<p>Preventive dental services (such as cleaning) not covered.</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 \$25 copay for comprehensive dental benefits.</p> <p>\$0 copay for preventive 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>
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic 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

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, 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 \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 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>\$25 copay for Medicare-covered dental benefits.</p> <p>Out-of-Network \$35 copay for comprehensive dental benefits.</p> <p>\$0 copay for preventive 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 \$25 copay for comprehensive dental benefits.</p> <p>\$0 copay for preventive 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 In general, routine hearing exams and hearing aids not covered.</p> <ul style="list-style-type: none"> - \$25 copay for Medicare-covered diagnostic hearing exams. <p>Out-of-Network \$35 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 Enhanced (PPO)
<p>32 - Vision Services</p>	<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 \$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>\$200 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>33 - Physical Exams</p>	<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 \$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>Health/ Wellness Education</p>	<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 The plan covers the following health/ wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline</p> <p>\$10 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network \$0 to \$25 copay for Health and Wellness services.</p>

Section II – Summary of Benefits

Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage (PPO)
<p>In-Network \$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>- \$25 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 \$35 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>\$200 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 \$25 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 \$35 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 The plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline</p> <p>\$25 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network \$0 to \$35 copay for Health and Wellness services.</p>	<p>In-Network The plan covers the following health/wellness education benefits: - Written health education materials, including Newsletters - Nursing Hotline</p> <p>\$10 copay for each Medicare-covered smoking cessation counseling session.</p> <p>Out-of-Network \$0 to \$25 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 (PPO) 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 Enhanced (PPO) and Regence MedAdvantage + Rx Classic (PPO), you receive Medicare Part D prescription drug coverage.

The premiums for these plans are:

Regence MedAdvantage + Rx Enhanced (PPO) \$176

Regence MedAdvantage + Rx Classic (PPO) \$126

Regence MedAdvantage (PPO) \$116

There is no annual deductible for any medical services with Regence MedAdvantage + Rx Enhanced (PPO) and Regence MedAdvantage (PPO). **There is a \$50 annual deductible for Medicare-covered services with Regence MedAdvantage + Rx Classic (PPO). No benefits will be paid by your plan for Medicare-covered services until the \$50 deductible is satisfied.**

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 \$2,000 if you use in-network providers, or \$3,500 if you use out-of-network providers with Regence MedAdvantage + Rx Enhanced (PPO) and Regence MedAdvantage (PPO). Your out-of-pocket maximum is \$2,500 if you use in-network providers, or \$4,000 if you use out-of-network providers with Regence MedAdvantage + Rx Classic (PPO). So if your coinsurance and copays reach these amounts, we will pay 100% of covered expenses for the rest of the year.

Part D prescription drug cost-sharing amounts vary with prescription drug costs expended. Refer to the table on page 52 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 (PPO), 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 (PPO) covers you for unlimited days for a Medicare-covered stay. At a network facility, you pay \$125 a day for the first five days – up to a maximum of \$625 with Regence MedAdvantage (PPO) and Regence MedAdvantage + Rx Enhanced (PPO). With Regence MedAdvantage + Rx Classic (PPO), you pay \$175 a day for the first five days at a network facility – up to a maximum of \$875. Authorization rules may apply.

Skilled Nursing Facility Care – page 12

You pay \$0 for 100 days at a network facility with Regence MedAdvantage (PPO) and Regence MedAdvantage + Rx Enhanced (PPO). With Regence MedAdvantage + Rx Classic (PPO) you pay a \$10 copay per day for 100 days in a network facility. 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 (PPO) and Regence MedAdvantage + Rx Enhanced (PPO). You pay 10% of home health charges when using a network provider with Regence MedAdvantage + Rx Classic (PPO). Authorization rules may apply.

Doctor Office Visits – page 14

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

Chiropractic Services – page 14

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

Durable Medical Equipment – page 20

Regence MedAdvantage (PPO) helps you pay for the cost of durable medical equipment (DME), including wheelchairs or oxygen. Authorization rules may apply. You pay 0% of the cost for each Medicare-covered item with Regence MedAdvantage (PPO) and Regence MedAdvantage + Rx Enhanced (PPO) and 10% of the cost for each Medicare-covered item with Regence MedAdvantage + Rx Classic (PPO) when using in-network providers.

Prosthetic Devices and Medical Supplies – page 20

With Regence MedAdvantage (PPO), you receive coverage for Medicare-covered prosthetic devices and medical supplies, including aids such as braces and artificial limbs. You pay 0% of costs for in-network services with Regence MedAdvantage (PPO) and Regence MedAdvantage + Rx Enhanced (PPO), and 10% for in-network services with Regence MedAdvantage + Rx Classic (PPO).

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 (PPO) and Regence MedAdvantage + Rx Enhanced (PPO). With Regence MedAdvantage + Rx Classic (PPO), you pay 10% of everything listed above (in-network diagnostic tests, radiation therapy and x-rays), except lab charges, which are covered without a coinsurance amount.

Prescription Drugs/Tiered Pharmacy Benefit – page 26

Coverage for prescription drugs is provided by Regence MedAdvantage + Rx Enhanced (PPO) and Regence MedAdvantage + Rx Classic (PPO).

	Phase 1 DEDUCTIBLE/INITIAL COVERAGE	Phase 2 COVERAGE GAP	Phase 3 CATASTROPHIC	
ENHANCED	<ul style="list-style-type: none"> ▶ \$0 Deductible ▶ Your cost share is: \$4/\$30/\$56/30%/30% per prescription depending on the tier (see page 53) 	<p>After you've paid your yearly deductible (if you have one) and the yearly drug costs (paid by you and Regence) reach \$2,830, you enter the Coverage Gap.</p>	<p>You pay \$4 copay per prescription for each 30-day supply for Tier 1 generics; you pay 100% of all other covered drug costs.</p>	<p>After \$4,550 in out-of-pocket costs is reached, you go to Catastrophic Coverage for the remainder of the year.</p> <p>You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.</p>
CLASSIC	<ul style="list-style-type: none"> ▶ \$200 Deductible ▶ After your deductible, your share is: \$4/\$30/\$56/27%/27% per prescription depending on the tier (see page 53) 	<p>You pay 100% of covered drug costs.</p>	<p>After \$4,550 in out-of-pocket costs is reached, you go to Catastrophic Coverage for the remainder of the year.</p>	<p>You pay the greater of \$2.50/\$6.30 copay or 5% coinsurance per prescription depending on the tier.</p>
<p>Deductibles, copays and coinsurance are based on a 30-day supply of medications (31-day for long-term care) and are effective Jan. 1 through Dec. 31 each year.</p>				

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.

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

	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"	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 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, 2010, through Dec. 31, 2010.

Copays and coinsurance listed above are applicable until your total annual drug costs reach \$2,830.

Dental Services – page 44

You may visit any dental provider 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 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 (PPO) and Regence MedAdvantage + Rx Enhanced (PPO), and \$25 for in-network services with Regence MedAdvantage + Rx Classic (PPO).

Vision Services – page 46

With Regence MedAdvantage (PPO), Regence MedAdvantage + Rx Classic (PPO) and Regence MedAdvantage + Rx Enhanced (PPO), you are eligible for non-Medicare covered, routine vision exams every two years. You pay a \$10 copay when services are obtained in-network with Regence MedAdvantage (PPO) and Regence MedAdvantage + Rx Enhanced (PPO); with Regence MedAdvantage + Rx Classic (PPO) you pay a \$25 copay for in-network services. For vision hardware, we pay \$200 every two years with Regence MedAdvantage (PPO) and Regence MedAdvantage + Rx Enhanced (PPO); with Regence MedAdvantage + Rx Classic (PPO) we pay \$100 every two years. 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 eyeglasses or contact lenses after cataract surgery. Either in or out-of-network, there is no copay for this Medicare-covered eye wear.

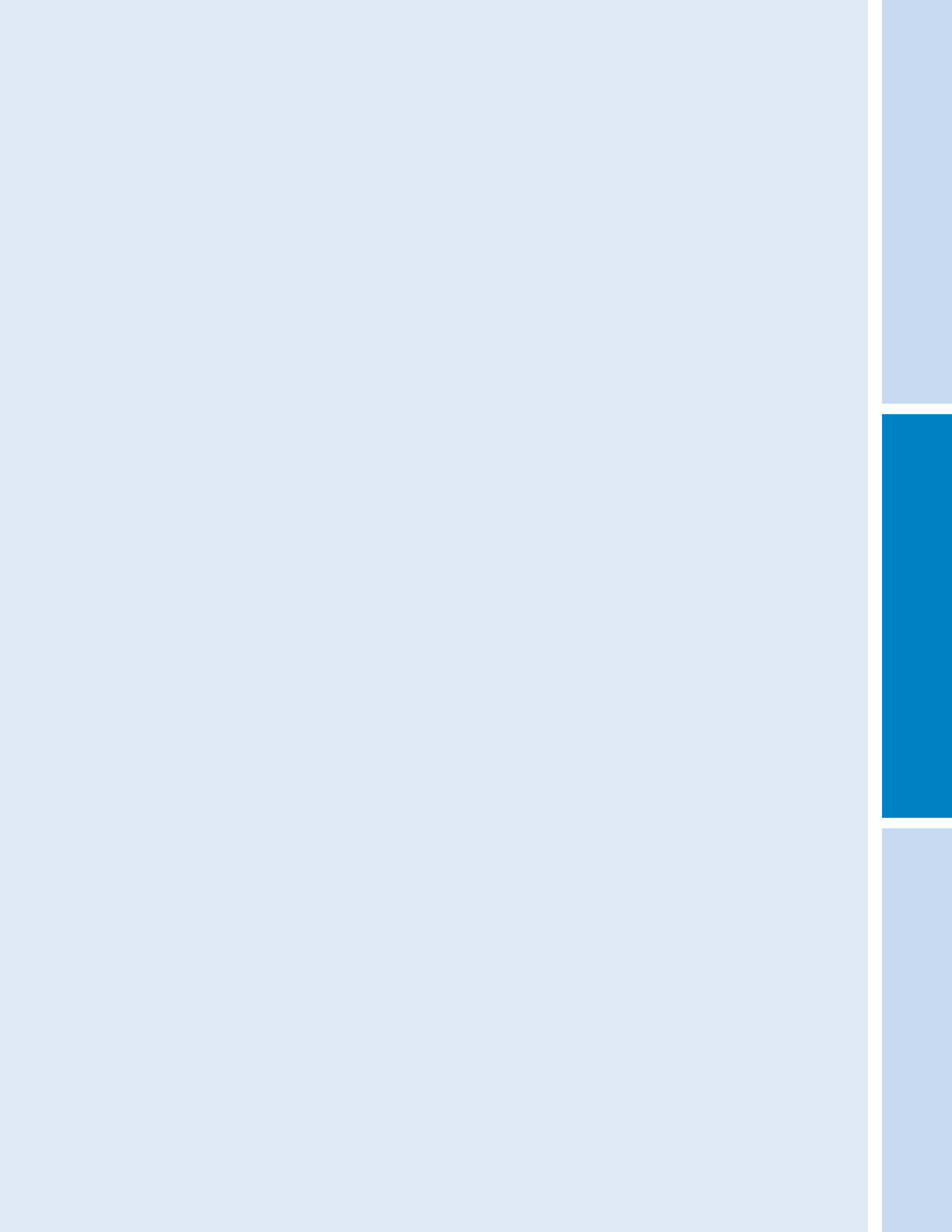
Contact us today for more information

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 711

www.regence.com/OR/products/medicare

Regence BlueCross BlueShield of Oregon MedAdvantage (PPO) is a health plan with a Medicare contract.







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

For more information, call 8 a.m. to 5 p.m.,
Pacific time, Monday through Friday
toll-free: **1-888-REGENCE (1-888-734-3623)**

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.

PO Box 12625
Salem, OR 97309-0625

www.regence.com/OR/products/medicare

