Regence
your health, connected.℠

2014 Overview

Regence Medicare Advantage PPO Plans

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

Y0062_06690_V2 Approved

OR | 2014 | PPO

Get started

READ. This booklet gives you all the tools you need to make an informed decision in choosing a Regence Medicare Advantage Plan. It provides important information you need to evaluate your options and find the plan that best fits your needs. It has easy-to-read charts that compare benefits, gives you information about additional programs and benefits you can enjoy as a Regence BlueCross BlueShield of Oregon member and provides directions for how to enroll.

CALL. If you need help along the way, please call one of our Plan's Medicare sales representatives at the toll-free number listed below.

ATTEND. We offer free informational meetings for you to learn more. For a current list of meetings, visit **www.regence.com/medicare**. If you would like the convenience of an in-person meeting with one of our Plan's Medicare sales representatives, call us at the toll-free number listed below.

GO ONLINE. Visit **www.regence.com/medicare** for more information. You can search for your prescription drugs in our searchable formulary (list of covered prescription drugs) and look for your providers in our searchable provider network file.

DOWNLOAD. Let your mobile devices be your guide for Blue Cross and/or Blue Shield Plan participating health care provider information. Download the Blue National Doctor & Hospital Finder App at **www.bcbs.com/mobile**.

Share this information with a friend!

Regence
your health, connected.℠

To request free Regence Medicare Advantage information:

- Call one of our Plan's Medicare sales representatives at 1-888-REGENCE (1-888-734-3623) from 8 a.m. to 5 p.m., Monday through Friday. TTY users should call 711.
- Visit **www.regence.com/medicare** to view plan information and enroll online.

OR CALL YOUR INSURANCE AGENT.

Either way, there's plenty of help available if you have questions.

Making sure you have the coverage that's right for you

Wouldn't you like a health plan that gives you the freedom to choose any doctor or specialist without a referral? One that provides in-network benefits when using a participating national PPO network provider? Having the flexibility to access care when and where you need it is one of the many advantages of being a member of Regence BlueCross BlueShield of Oregon.

Regence Medicare Advantage PPO Plans are designed to meet your needs and fit your budget. We've combined all of the benefits you get with Original Medicare Parts A and B into one easy-to-use plan. **Regence MedAdvantage + Rx Classic** and **Regence MedAdvantage + Rx Enhanced** also provide prescription drug coverage (Medicare Part D). Our plans also include additional benefits and programs, such as the SilverSneakers® Fitness Program, routine vision care and preventive dental care. You must have Medicare Parts A and B to be eligible for a Medicare Advantage Plan.

Our plans provide the right coverage and useful tools for you:

- **Low** out-of-pocket expenses.
- **Large national provider network** through the Blue Medicare Advantage PPO Network Sharing Program. Receive in-network benefits and the freedom from filing claims when you use a participating provider.
- **No referrals needed** to see a provider of your choice.*
- **Freedom** to see any provider across the United States.* Choose from thousands of providers within our network and save money.
- **Benefits** beyond Original Medicare, including routine vision care and preventive dental care.
- **Healthways SilverSneakers® Fitness Program** that includes a fitness membership or a home fitness kit. Enjoy access to more than 11,000 participating fitness facility locations across the country. SilverSneakers encourages active older adults to be healthy, meet their fitness goals and maintain an active social life.
- **myRegence.com** is a secure members-only website where you can access medical information, treatment options, provider reviews, online claims and much more!
- **Programs and discounts** to help you get and stay well. Regence Advantages is a members-only discount program that offers savings on a wide range of health-related goods and services, including hearing aids, eye wear, LASIK surgery and alternative medicine.

**Your out-of-pocket costs may be higher if you see an out-of-network provider.*

Learn more inside

Benefits built for better health 2
We have you covered 4
We support your health and wellness needs 5
Easy access to health information and benefits 6
Locate your provider 7
Compare benefits 8
Prescription drug coverage 10
Ready to enroll? Let's get started! 12
You have questions? We have answers 13
Glossary of terms 15

Benefits built for better health

Protect yourself with Regence Medicare Advantage PPO Plans.

Our plans are designed with the benefits you need to keep yourself healthy and give you peace of mind. With Regence Medicare Advantage PPO Plans, you don't have to worry—you have the freedom to choose any doctor.[1] Our plans offer you low up-front deductibles, low copays and low annual out-of-pocket maximum amounts. Once you have reached the combined out-of-pocket maximum amount (which includes in-network and out-of-network expenses), you get 100% coverage with no out-of-pocket costs for Medicare-covered medical benefits for the remainder of the year.

Regence MedAdvantage + Rx **CLASSIC** (PPO)	Regence MedAdvantage + Rx **ENHANCED** (PPO)	Regence MedAdvantage **BASIC** (PPO) **(no Rx)**[2]
▸ $50 medical deductible ▸ $205 prescription drug deductible ▸ $3,400 combined out-of-pocket maximum (includes in-network and out-of-network expenses)	▸ $0 medical deductible ▸ $0 prescription drug deductible ▸ $2,500 combined out-of-pocket maximum (includes in-network and out-of-network expenses)	▸ $0 medical deductible ▸ $3,400 combined out-of-pocket maximum (includes in-network and out-of-network expenses)

Regence Medicare Advantage Plans provide more generous coverage than Original Medicare:

- **Vision:** Coverage includes one routine eye exam per year and an annual allowance toward the purchase of glasses, lenses and contact lenses.
- **Dental:** Coverage includes up to $500 annually for preventive dental services, such as twice-yearly cleanings, X-rays and preventive dental exams.
- **Annual physical exam:** In addition to the Medicare Annual Wellness Visit, Regence Medicare Advantage PPO members are also covered for an annual physical exam with no copay, coinsurance or deductible.

[1]You can see any provider regardless of whether the provider is in or out of network. You will receive the richest benefits from your Regence Medicare Advantage PPO Plan when you see an in-network provider. Your out-of-pocket costs may be higher when you see an out-of-network provider.
[2]Regence MedAdvantage Basic does not include prescription drug coverage.

SilverSneakers can help you feel better and healthier–regardless of your current fitness level.

As a Regence Medicare Advantage PPO member, it's easier for you to get fit, have fun and make friends by using your SilverSneakers membership. You'll have **access to more than 11,000 participating fitness facility locations across the country** where on-site staff members can help you meet your wellness goals. Locations offer amenities such as exercise equipment and SilverSneakers fitness classes that are designed specifically for active older adults and are taught by certified instructors.[1] SilverSneakers® Steps is available to our members who don't have access to a participating fitness location. It provides members with a home fitness kit that contains tools to achieve a healthier lifestyle at home or on the go.

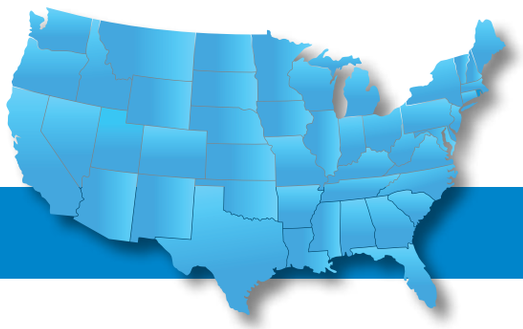
[1]Not available at all SilverSneakers participating locations.

Save money when you fill your prescriptions at one of thousands of network pharmacies or when you order from a mail-order pharmacy.

Our pharmacy network includes more than 63,000 participating pharmacies nationwide. Our prescription drug coverage[2] is easy to use—the pharmacy will take care of your claim and you just pay any applicable deductible, copay or coinsurance amount for your medication. Take advantage of greater savings and convenience for your ongoing prescription needs when you order a three-month supply of your maintenance medications from a participating mail-order pharmacy instead of at a retail pharmacy. You pay **only two times your monthly copay for a three-month supply of generic drugs**; brand-name prescriptions are only two and a half times your monthly copay.

[2]Regence MedAdvantage Basic does not include prescription drug coverage.

We have you covered at home, across the country and around the world!



If you live in our service area:

You can use our large provider network to receive in-network benefits, enjoying access to a large network of local physicians. Our service area includes these counties: Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill counties in Oregon and Clark County in Washington.

If you travel anywhere else in the United States:

- You receive in-network benefits when you see PPO providers who participate in the Blue Medicare Advantage PPO Network Sharing Program.
- You'll pay a copay or coinsurance amount specified by your plan for out-of-network non-urgent or routine care.

For worldwide urgent or emergency care:

- Your plan covers urgent care and medical emergencies anywhere in the world.*
- You'll pay the emergency room copay amount specified by your plan.

As a PPO member, you don't lose in-network coverage when you leave home!

Travel without worrying about access to care if you need it.

Let your mobile devices be your guide for Blue Cross and/or Blue Shield Plan participating health care provider information. Download the Blue National Doctor & Hospital Finder App at **www.bcbs.com/mobile**.

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

We support your health and wellness needs

Everyone likes to save money.

Regence Advantages brings our members great value and savings from leading health-related companies. These discount programs are available to all Regence Medicare Advantage PPO members.

▸ Hearing care services

TruHearing® offers substantial savings on hearing aids compared to national average retail prices with membership in the TruHearing MemberPlus® program. The TruHearing MemberPlus program membership fee is waived through 2014 (regularly $108). TruHearing offers new technology from five leading manufacturers—over 90 digital models and hundreds of styles. Purchases include a 45-day money-back guarantee and a three-year manufacturer's repair warranty.

▸ LASIK discounts

Receive discounts on LASIK laser vision correction surgery, including pre- and postoperative care and retreatment warranty.*

▸ Alternative medicine

Receive discounts on chiropractic, acupuncture, naturopathic medicine and massage therapy.

▸ Weight management programs

We give you several options and discounts through the Take Shape for Life® Optimal Health program and meals from Jenny Craig®.

▸ Discounted health and leisure activities

You can enjoy a discounted membership fee for access to thousands of activities, including movie tickets, performing arts, sporting events, hotels and rental cars.

▸ Pet care

Receive a waived enrollment fee for Banfield® Pet Hospital's Optimum Wellness Plans®, which provide preventive care for your pets, including annual blood work, vaccinations and unlimited office visits at more than 800 locations nationwide.

Regence Advantages is not insurance, but is offered in addition to your medical plan to help you stay healthy and live better. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program.

**LASIK discounts are separate from your Vision Service Plan (VSP) vision benefits.*

Easy access to health information and benefits

Manage your health care choices using our members-only website.

myRegence.com
advise.navigate.reward.®
Powered by The Regence Engine®

You can get out-of-pocket cost estimates, manage your health care budget and make better health care choices using our members-only website, myRegence.com. Our health care transparency tools help you navigate and participate in your health care decisions which may help lower your costs and achieve better overall health outcomes. myRegence.com gives you access to provider reviews, tools to find a provider and estimate your treatment costs, take a general health assessment, connect and discuss health topics with your fellow Regence member community, view your claims and even get Live Help from one of our friendly and experienced customer service representatives.

Access your medical benefits with one member ID card and virtually no paperwork.

As a Regence Medicare Advantage PPO member, you'll find it easy to access your medical benefits. You need only one member ID card to access your health, drug, preventive dental and routine vision benefits.[1]

Plus, there are no claim forms to complete when you see a Regence Medicare Advantage PPO provider or a provider who participates in the Blue Medicare Advantage PPO Network Sharing Program.

[1]Regence MedAdvantage Basic does not include prescription drug coverage.

Locate your provider

and determine whether your drugs are on our formulary

Finding a provider is easy!

You can access our most current directory online or receive assistance from our Plan's Medicare sales representatives.

Call us at

1-888-REGENCE

(1-888-734-3623)

TTY users should call 711

We're happy to answer your questions or look up your doctor for you.

Or go to

www.regence.com/medicare

In the "Regence MedAdvantage Provider Directory" section, click ***Regence MedAdvantage Provider Directory (PDF)***.

Check our formulary for your prescription drugs.

Call us at

1-888-REGENCE

(1-888-734-3623)

TTY users should call 711

We're happy to answer your questions or look up your medication for you.

Or go to

www.regence.com/medicare

In the "Pharmacies & Covered Drugs" section, click Regence MedAdvantage (PPO).

In the "Covered Prescription Drugs (Formulary)" section, click ***Online Formulary Search***, or click ***(PDF) Comprehensive Formulary***.

Get round-the-clock answers from a nurse when you need it!

With CareEnhance®, you can make free calls to a registered nurse if you have a question, don't know how to treat a health condition or are unsure about what kind of care you need.

Compare benefits

Medical Coverage	Regence MedAdvantage + Rx **CLASSIC** (PPO)	Regence MedAdvantage + Rx **ENHANCED** (PPO)	Regence MedAdvantage **BASIC** (PPO) **(no Rx)**[1]
Monthly premium	**$66**	**$178**	**$49**
Annual medical deductible	**$50**	**$0**	**$0**
Out-of-pocket maximum	**$3,400**	**$2,500**	**$3,400**
With Regence Medicare Advantage Plans, there is no separate out-of-network deductible. Once you have reached the combined out-of-pocket maximum amount (which includes in-network and out-of-network expenses), you get 100% coverage with no out-of-pocket costs for Medicare-covered medical benefits for the remainder of the year.			

Office and Diagnostic Care Benefits			
Benefits	**In/Out Network**	**In/Out Network**	**In/Out Network**
Office visits / primary care doctor	$20 / $40 copay	$20 / $30 copay	$20 / $40 copay
Office visits / specialist	$40 / $40 copay	$30 / $30 copay	$40 / $40 copay
Chiropractic services	$20 / $40 copay	$20 / $30 copay	$20 / $40 copay
Podiatry services	$20 / $40 copay	$20 / $30 copay	$20 / $40 copay
Outpatient mental health	$40 / $40 copay	$30 / $30 copay	$40 / $40 copay
Diagnostic tests / X-rays	You pay 0% / 20% coinsurance	You pay 0% / 10% coinsurance	You pay 0% / 20% coinsurance
Diagnostic tests (MRI, CT, PET, nuclear medicine)	You pay 20% / 20% coinsurance		
Lab services	$5 copay per day, in or out of network	$0 copay per day, in or out of network	$0 copay per day, in or out of network
Urgent care	$30 / $30 copay	$30 / $30 copay	$30 / $30 copay

Urgent, Surgical and Inpatient Care; Home Health; Durable Medical Equipment Benefits			
Benefits	**In/Out Network**	**In/Out Network**	**In/Out Network**
Ambulance (each way)	$100 copay, in or out of network		
Emergency room	$65 copay, in or out of network (waived if admitted within 48 hours)		
Hospital (unlimited days, except for inpatient psychiatric hospital care, which has a 190-day lifetime limitation)	$400 / $500 copay per day for days 1 - 4; maximum of $1,600 / $2,000 per benefit period	$300 / $400 copay per day for days 1 - 6; maximum of $1,800 / $2,400 per benefit period	$400 / $500 copay per day for days 1 - 4; maximum of $1,600 / $2,000 per benefit period
Outpatient surgery – Ambulatory surgical center	$100 / $150 copay	$75 / $125 copay	$100 / $150 copay

[1]*Regence MedAdvantage Basic does not include prescription drug coverage.*

Medical Coverage	Regence MedAdvantage + Rx **CLASSIC** (PPO)	Regence MedAdvantage + Rx **ENHANCED** (PPO)	Regence MedAdvantage **BASIC** (PPO) **(no Rx)**[1]
Urgent, Surgical and Inpatient Care; Home Health; Durable Medical Equipment Benefits			
Benefits	**In/Out Network**	**In/Out Network**	**In/Out Network**
Outpatient surgery – Hospital	$250 / $350 copay	$200 / $300 copay	$250 / $350 copay
Skilled nursing facility (no 3-day hospital stay required; no benefit after 100 days)	Days 1-100: $50 / $70 copay per day	Days 1-100: $40 / $60 copay per day	Days 1-100: $50 / $70 copay per day
Home health care	You pay 10% / 20% coinsurance	You pay 0% / 10% coinsurance	You pay 10% / 20% coinsurance
Durable medical equipment	You pay 20% / 30% coinsurance	You pay 10% / 20% coinsurance	You pay 20% / 30% coinsurance
Medicare covered Part B prescription drugs	You pay 20% / 20% coinsurance	You pay 10% / 10% coinsurance	You pay 20% / 20% coinsurance

Wellness and Preventive Benefits	
Annual physical exam	No copay; 100% covered by plan
Preventive screenings	No copay; 100% covered by plan
Immunizations	No copay for Original Medicare-covered immunizations: • Pneumonia vaccine • One flu shot per year • Hepatitis B vaccine if you are at high or intermediate risk • Other vaccines if you are at risk and they meet the Medicare Part B coverage rules
SilverSneakers fitness membership	No copay; 100% covered by plan

Dental, Hearing and Vision Benefits			
Benefits	**In/Out Network**	**In/Out Network**	**In/Out Network**
Dental (preventive) (cleanings and X-rays)	50% coinsurance with $500 allowed per year, in or out of network	50% coinsurance with $500 allowed per year, in or out of network	50% coinsurance with $500 allowed per year, in or out of network
Diagnostic hearing exams	$40 / $40 copay	$30 / $30 copay	$40 / $40 copay
Routine eye exams (one per year)[2]	$35 / $35 copay	$25 / $25 copay	$35 / $35 copay
Routine vision hardware	We pay $50 per year, in or out of network	We pay $50 per year, in or out of network	We pay $100 per year, in or out of network

[1]Regence MedAdvantage Basic does not include prescription drug coverage.
[2]Routine vision care must be received from a Vision Service Plan (VSP) provider to be eligible for in-network cost sharing.

Prescription drug coverage

Benefit information

Prescription Drug Coverage	Regence MedAdvantage + Rx **ENHANCED** (PPO)	Regence MedAdvantage + Rx **CLASSIC** (PPO)
Annual Rx Deductible	**$0**	**$205**
STAGE 1: Initial Coverage Stage		
Tier 1: Preferred Generics	$5 copay	$7 copay
Tier 2: Non-preferred Generics	$33 copay	$33 copay
Tier 3: Preferred Brands	$45 copay	$45 copay
Tier 4: Non-preferred Brands	$90 copay	$90 copay
Tier 5: Specialty Drugs*	33% coinsurance	27% coinsurance
Mail Order (90-day supply)	**Generics = 2x copay; Brands = 2.5x copay**	
You will stay in the Initial Coverage Stage until your total drug cost (your payments and your plan payments) reaches the limit for the Initial Coverage Stage of $2,850.		
STAGE 2: Coverage Gap Stage		
Tier 1: Preferred Generics	$5 copay	72% coinsurance
Other Generic drugs	72% coinsurance	
Eligible Brand drugs	47.5% coinsurance	
You will stay in the Coverage Gap Stage until your True Out-of-Pocket (TrOOP) drug cost reaches the limit for the Coverage Gap Stage of $4,550. Dispensing and vaccine administration fees may apply.		
STAGE 3: Catastrophic Coverage Stage		
Generic drugs	You pay the greater of $2.55 copay or 5% coinsurance	
Eligible Brand drugs	You pay the greater of $6.35 copay or 5% coinsurance	

**Tier 5 is limited to a 30-day supply and may contain generics.*

Deductibles, copays and coinsurance amounts vary based on the plan selected, are based on a 30-day supply of medication (31-day supply for long-term care) and are effective Jan. 1, 2014, through Dec. 31, 2014. Please refer to the specific plan's Summary of Benefits (or Evidence of Coverage for members) and Comprehensive Formulary for actual benefit information. You can use any pharmacy in our network. If you have to go to an out-of-network pharmacy due to non-routine circumstances, you may have to pay more. Quantity limitations and restrictions may apply. You may be able to get extra help to pay for your prescription drug premiums and costs. To determine whether you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227) (TTY users should call 1-877-486-2048), 24 hours a day, seven days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1-800-325-0778); or your State Medicaid Office.

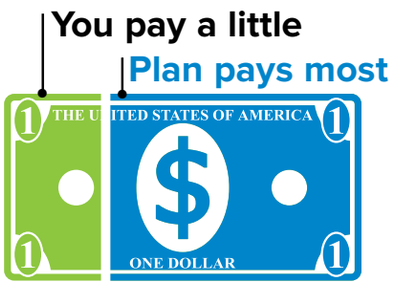
Prescription drug coverage

How it works

STAGES 1 & 2: Deductible and Initial Coverage Stages
(first $2,850 in total drug costs)

You must first pay your plan's prescription drug deductible (Regence MedAdvantage + Rx Enhanced Plan has a $0 deductible; Regence MedAdvantage + Rx Classic Plan has a $205 deductible), then you enter the Initial Coverage Stage. The Initial Coverage Stage is when you share costs with the plan in the form of copays or coinsurance. You will stay in the Initial Coverage Stage until the total that you and the plan pay reaches $2,850. See previous page for copays and coinsurance.

After your yearly prescription drug costs reach $2,850 (includes your deductible if you choose the Regence MedAdvantage + Rx Classic Plan), you enter the Coverage Gap Stage. Most people do not reach the Coverage Gap Stage.



STAGE 3: Coverage Gap Stage
(until your total true out-of-pocket costs reach $4,550)

The Coverage Gap Stage (also known as the "donut hole") is when you pay most of your own prescription drug costs. You pay 72% of the cost of generic prescription drugs and 47.5% of the cost of most brand-name prescription drugs until your total true out-of-pocket prescription drug costs reach $4,550.

After your total true out-of-pocket costs (paid by you in the first three stages plus applicable manufacturer discounts in the gap) reach $4,550, you go into the Catastrophic Coverage Stage for the remainder of the calendar year.

When you choose Regence MedAdvantage + Rx Enhanced, you get preferred generics during the Coverage Gap Stage for a $5 copay!

STAGE 4: Catastrophic Coverage Stage
(everything else after $4,550 total true out-of-pocket)

The Catastrophic Coverage Stage is when the plan pays most of your prescription drug costs. If you reach the Catastrophic Coverage Stage, the plan will pay for most of the cost of your prescription drugs for the rest of the calendar year (through December 31, 2014).

After your yearly out-of-pocket drug costs reach $4,550, you pay the greater of 5% coinsurance or $2.55 copay for generic drugs, and the greater of 5% coinsurance or $6.35 copay for brand name drugs.

Ready to enroll? Let's get started!

Before you apply:

- ✓ Determine whether your doctor is in our network, which will provide you with the greatest cost savings.
- ✓ Check if your prescription drugs are covered on our formulary.
- ✓ Decide which Regence Medicare Advantage PPO Plan best suits your needs:

Regence MedAdvantage + Rx **CLASSIC** (PPO)	Regence MedAdvantage + Rx **ENHANCED** (PPO)	Regence MedAdvantage **BASIC** (PPO) **(no Rx)**[1]
▶ $50 medical deductible ▶ $205 prescription drug deductible ▶ $3,400 combined out-of-pocket maximum (includes in-network and out-of-network expenses)	▶ $0 medical deductible ▶ $0 prescription drug deductible ▶ $2,500 combined out-of-pocket maximum (includes in-network and out-of-network expenses)	▶ $0 medical deductible ▶ $3,400 combined out-of-pocket maximum (includes in-network and out-of-network expenses)

Enrolling is easy:

ENROLL BY PHONE. Have one of our Plan's Medicare sales representatives enroll you over the phone by calling **1-888-REGENCE (1-888-734-3623)**. TTY users should call 711.

ENROLL ONLINE. Enjoy the convenience of applying online. Visit **www.regence.com/medicare**, and follow the instructions for applying online.

ENROLL BY MAIL. Fill out the enrollment application that is included in this packet or visit **www.regence.com/medicare** and download an enrollment application. Mail your completed application to: P.O. Box 12625, MS S5B, Salem, OR 97309-0625

1. Copy the information from your Medicare card onto the enrollment application, or make a copy of your Medicare card and attach it to your enrollment application.
2. Use the envelope included in this information packet to mail your application.
3. Do not send any payment with your enrollment application.

[1]*Regence MedAdvantage Basic does not include prescription drug coverage.*

You have questions? *We have answers.*

Who is eligible to enroll in Regence Medicare Advantage PPO Plans?

To receive coverage under a Regence Medicare Advantage PPO Plan, you must meet the following criteria:

- You live in one of the Regence Medicare Advantage PPO service areas: Benton, Clackamas, Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jackson, Josephine, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington and Yamhill counties in Oregon and Clark County in Washington.
- You have Medicare Part A (you are 65 or older, or under 65 with certain disabilities).
- You are eligible for or have already enrolled in Medicare Part B.
  - More information about your Medicare Part A and Part B eligibility is available by calling the Social Security Office at 1-800-772-1213. TTY users should call 1-800-325-0778.
- You don't have End-Stage Renal Disease (permanent kidney disease requiring dialysis or a kidney transplant), except under certain limited circumstances.

When can I join or switch to a Regence Medicare Advantage PPO Plan?

You can enroll in a Regence Medicare Advantage PPO Plan during specific enrollment periods:

Initial Coverage Election Period (ICEP)
You can enroll when you first become eligible for Medicare (the three months before the month you turn 65, the month of your birthday, and the three months after the month you turn 65). If you get Medicare due to a disability, you can join from three months before to three months after your 25th month of cash disability payments.

October 15 – December 7, 2013 (Annual Enrollment Period)
If you are eligible for or have already enrolled in Medicare, you can enroll in or switch plans during the Annual Enrollment Period. Your coverage will take effect on January 1, 2014.

January 1 – February 14 (Medicare Advantage Disenrollment Period)
Medicare beneficiaries have the opportunity to disenroll from their Medicare Advantage program and return to Original Medicare from January 1 through February 14.

Special Election Periods (SEPs)
You can make changes to your plan when certain events happen in your life, such as a move or a loss of other insurance coverage. These limited times are called Special Election Periods (SEPs). Rules about when you can make changes and the type of changes you can make are different for each SEP. To learn more, visit the government's Medicare website at **www.medicare.gov**.

If I continue to work and choose not to enroll in a Medicare plan when I turn 65, will there be a late penalty when I do enroll?

In most cases, you can delay enrolling in Medicare Part B as long as you (or your spouse) are covered by group health insurance provided by an employer for whom you (or your spouse) are still working. The employer's insurance must cover doctor visits and outpatient services, and have a prescription drug program that is considered creditable by Medicare. Once you retire or leave work, you will be entitled to a special enrollment period (SEP) of up to eight months to sign up for Part B without incurring a late penalty.

There are some exceptions to this rule. If your employer has fewer than 20 employees (or fewer than 100 employees for those disabled under 65), you may be required to sign up for Part B when you turn 65. If so, Medicare would become your primary coverage and your employer coverage would pay secondary to Medicare. You should consult your employer's benefit manager for more information.

You have questions? *We have answers.* (cont.)

Do you offer any extra benefits that are not included with Original Medicare?

Regence Medicare Advantage PPO Plans offer you more coverage than Original Medicare, including a routine annual eye exam and an allowance toward the purchase of glasses, lenses and contact lenses. You are also covered for two preventive dental visits per year for cleanings and X-rays. You also have access to SilverSneakers, which includes a free fitness center membership at participating facilities or a home program available for members who don't have access to or can't access a participating location. Regence Medicare Advantage PPO members receive an annual physical exam benefit in addition to the Medicare covered Annual Wellness Visit.

Does your plan cover me when I travel in other parts of the United States?

Regence Medicare Advantage PPO Plans will cover you for medical emergencies anywhere in the world, with the exception of prescription drugs. You'll pay a copay amount specified by your plan for urgent care and hospital emergency room visits. For non-urgent or routine care that is out-of-network, you'll pay the copay or coinsurance specified by your plan. We also offer members coverage in many parts of the United States through the Blue Medicare Advantage PPO Network Sharing Program. To locate a provider, visit the Blue National Doctor & Hospital Finder℠ website at **http://provider.bcbs.com** or use the free mobile application available at **www.bcbs.com/mobile**.

If I choose Regence MedAdvantage Basic PPO (no Rx), can I purchase a separate Part D plan from another insurance company?

No. If you enroll in the Regence MedAdvantage Basic PPO Plan, you receive medical-only coverage. Federal regulations prohibit you from purchasing a separate Medicare Prescription Drug Plan (Part D).

What if I don't want prescription drug coverage?

If you don't want or need prescription drug coverage, choose the Regence Medicare Advantage Basic PPO Plan. Please note that if you don't have other creditable drug coverage and you 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, if you enroll in prescription drug coverage later and can't prove that you had other, creditable prescription drug coverage, you'll pay more than most people. If you are not yet on Medicare, you will have a seven-month enrollment period for Medicare Part D without being subject to a penalty.

What is the coverage gap?

The coverage gap (also called the "donut hole") is the stage in the prescription drug benefit when, after you and the plan have spent a certain amount of money on covered prescription drugs (deductible and initial coverage periods), you'll pay 47.5% of the plan's cost for covered brand-name and 72% of the plan's cost for generic prescription drugs. Regence MedAdvantage + Rx Enhanced PPO members have coverage for preferred generic prescription drugs during the coverage gap. You will get these savings if you buy your prescriptions at a pharmacy or order them through the mail.

The discount will come off of the price that your plan has set with the pharmacy for that specific drug. You will pay a certain percent of the price for the brand-name or generic drug. Only the amount you pay for generic or brand-name drugs, plus the brand discount from the drug company, will count toward the amount you need to qualify for catastrophic coverage. Once you reach catastrophic coverage, you only pay a small coinsurance or copayment for the rest of the calendar year.

Glossary of terms

Centers for Medicare & Medicaid Services (CMS)
The federal agency that administers Medicare.

Coinsurance
An amount you may be required to pay as your share of the cost for services or prescription drugs after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copay or Copayment
An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is usually a set amount rather than a percentage. For example, you might pay $20 for a doctor's visit or prescription drug.

Coverage determination
A decision about whether a drug prescribed for you is covered by the plan and the amount, if any, you are required to pay for the prescription. In general, if you bring your prescription to a pharmacy and the pharmacy tells you the prescription isn't covered under your plan, that isn't a coverage determination. You need to call or write to your plan to ask for a formal decision about the coverage.

Coverage gap (Medicare prescription drug coverage)
A period of time in which you pay higher cost-sharing for prescription drugs until you spend enough to qualify for catastrophic coverage. The coverage gap (also called the "donut hole") starts when you and your plan have paid a set dollar amount for prescription drugs during that year.

Creditable prescription drug coverage
Prescription drug coverage (for example, from an employer or union) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty if they decide to enroll in Medicare prescription drug coverage later.

Deductible
The amount you must pay for health care or prescriptions before our plan begins to pay.

Durable medical equipment (DME)
Certain medical equipment that is ordered by your doctor for medical reasons. Examples are walkers, wheelchairs or hospital beds.

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

Generic drug
A prescription drug that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand name drug. Generally, a generic drug works the same as a brand name drug and usually costs less.

Lifetime reserve days
In Original Medicare, these are additional days that Medicare will pay for when you are in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

List of covered drugs (formulary or "drug list")
A list of prescription drugs covered by the plan. The drugs on this list are selected by the plan with the help of doctors and pharmacists. The list includes both brand name and generic drugs.

Long-term care
A variety of services that include medical and non-medical care to people who have a chronic illness or disability. Generally, Medicare doesn't pay for long-term care. Medicare pays only for medically necessary, skilled nursing facility or home health care. However, you must meet certain conditions for Medicare to pay for these types of care. Long-term care can be provided at home, in the community, in assisted living facilities or in nursing homes.

Medicare Advantage (MA) Plan
Sometimes called Medicare Part C. A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. A Medicare Advantage Plan can be an HMO, PPO, a Private Fee-for-Service (PFFS) Plan, or a Medicare Medical Savings Account (MSA) Plan. When you are enrolled in a Medicare Advantage Plan, Medicare services are covered through

Glossary of terms (cont.)

the plan, and are not paid for under Original Medicare. In most cases, Medicare Advantage Plans also offer Medicare Part D (prescription drug coverage).

Medicare Prescription Drug Plan (Part D)
A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

Original Medicare ("Traditional Medicare" or "Fee-for-service" Medicare)
Original Medicare is offered by the government, and not a private health plan such as Medicare Advantage Plans and Prescription Drug Plans. Under Original Medicare, Medicare services are covered by paying doctors, hospitals, and other health care providers payment amounts established by Congress. You can see any doctor, hospital or other health care provider that accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share. Original Medicare has two parts—Part A (Hospital Insurance) and Part B (Medical Insurance)—and is available everywhere in the United States.

Out-of-network provider or Out-of-network facility
A provider or facility with which we have not arranged to coordinate or provide covered services to members of our plan. Out-of-network providers are providers that are not employed, owned or operated by our plan, or are not under contract to deliver covered services to you.

Out-of-pocket costs
A member's cost-sharing requirement to pay for a portion of services or drugs received is also referred to as the member's "out-of-pocket" cost requirement.

Preferred Provider Organization (PPO) Plan
A Preferred Provider Organization Plan is a Medicare Advantage Plan that has a network of contracted providers who have agreed to treat plan members for a specified payment amount. A PPO Plan must cover all plan benefits whether they are received from network or out-of-network providers. Member cost-sharing will generally be higher when plan benefits are received from out-of-network providers. PPO Plans have an annual limit on your out-of-pocket costs for services received from network (preferred) providers and a higher limit on your total combined out-of-pocket costs for services from both in-network (preferred) and out-of-network (non-preferred) providers.

Preventive services
Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include Pap tests, flu shots and screening mammograms).

Primary care doctor
The doctor you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them.

Skilled nursing facility (SNF) care
Skilled nursing care and rehabilitation services provided on a continuous, daily basis in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

Regence BlueCross BlueShield of Oregon is a PPO plan with a Medicare contract. Enrollment in Regence BlueCross BlueShield of Oregon depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Anyone who resides in our service area may apply. Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. Formularies and pharmacy and provider networks may change during 2014 and/or on Jan. 1, 2015. Certain eligibility periods and requirements apply.

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

For more information, call one of our
Plan's Medicare sales representatives,
8 a.m. to 5 p.m., Monday through Friday
toll-free: 1-888-REGENCE (1-888-734-3623)
TTY users should call 711

Regence

P.O. Box 1271
Portland, OR 97207-1271

www.regence.com/medicare

06690-or / 08-13
© 2013 Regence BlueCross BlueShield of Oregon