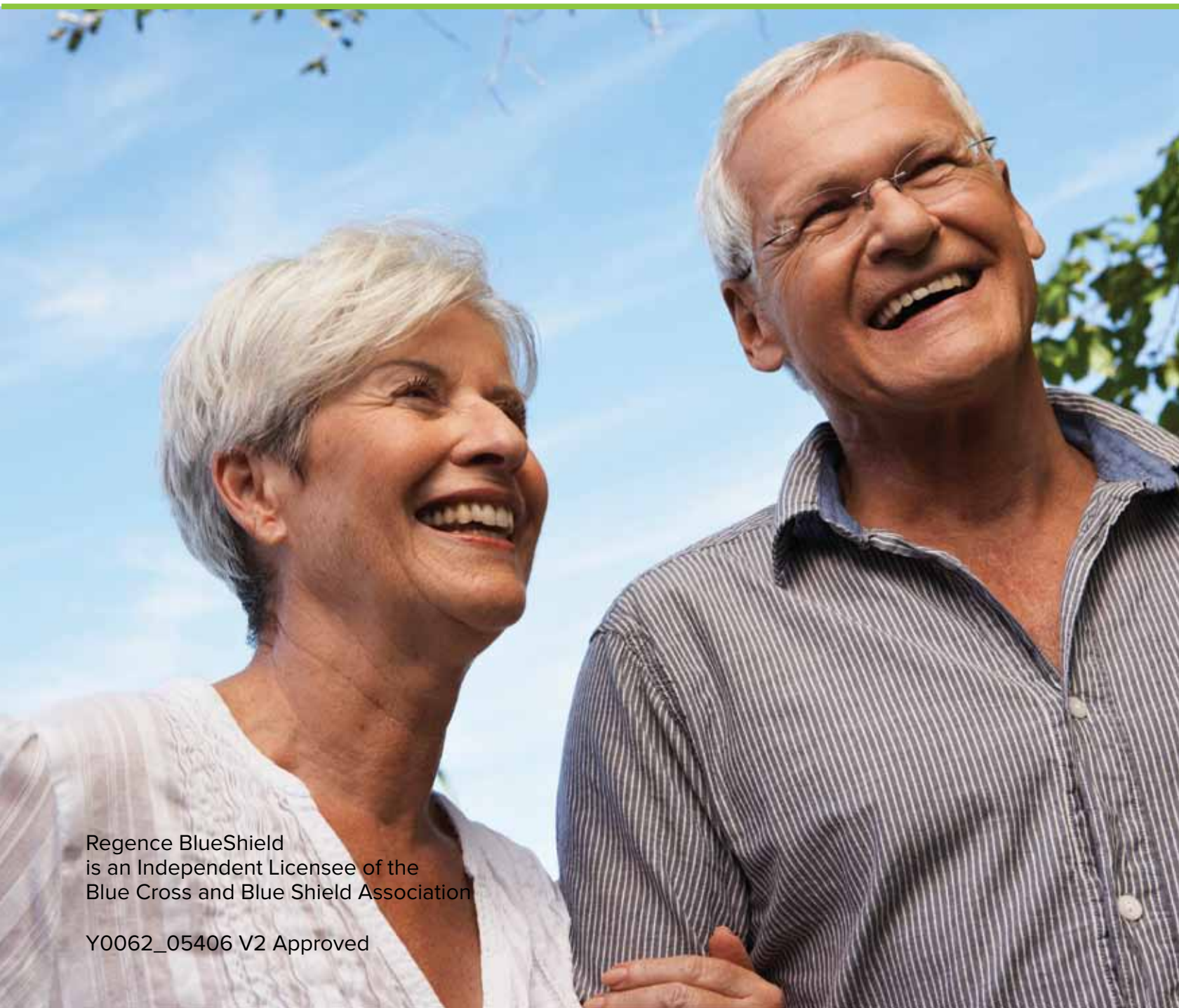


2013 Overview

SELECT COUNTIES IN WASHINGTON

Regence Medicare Advantage PPO Plans



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

Y0062_05406 V2 Approved

Get started



READ. This booklet gives you all the tools you need to make a wise decision in choosing a 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 BlueShield 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 1-888-REGENCE (1-888-734-3623) between 8 a.m. and 5 p.m., Monday through Friday. TTY users should call 711.



ATTEND. We offer free informational meetings for you to learn more. For the most current list of meetings, go online at www.regence.com/medicare. If you prefer a personalized meeting with one of our Plan's Medicare sales representatives, call us at 1-888-REGENCE (1-888-734-3623). TTY users should call 711.



GO ONLINE. Visit www.regence.com/medicare for more information, including a searchable formulary (list of covered prescription drugs), where you can compare your prescription drugs to our formulary, and a searchable provider network file, where you can check for your provider.



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.

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

Regence BlueShield provides you with Medicare Advantage plan choices that meet your needs and fit your budget. Depending on which Medicare Advantage plan you choose, we have options that combine your hospital, physician and drug coverage into one easy-to-use plan.

Regence Medicare Advantage PPO plans replace the coverage you would otherwise get from Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) and provide additional services and programs not available with Original Medicare. **Regence MedAdvantage + Rx Classic** and **Regence MedAdvantage + Rx Enhanced** also provide prescription drug coverage (Medicare Part D). You must have Medicare Parts A and B to be eligible for a Medicare Advantage plan.

Our plans provide the right coverage 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 in our network to save money.
 - **Benefits** beyond Original Medicare, with coverage for routine vision care and preventive dental care included in all plans.
 - **Healthways SilverSneakers® Fitness Program** with access to more than 11,000 participating fitness facility locations across the country, which includes a fitness membership or home kits. SilverSneakers enables active older adults to be healthy, meet their fitness goals and maintain an active social life.
 - **Programs** 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

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Discover the Regence difference

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.* 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 rest of the year.

1 Regence MedAdvantage + Rx CLASSIC (PPO)	2 Regence MedAdvantage + Rx ENHANCED (PPO)	3 Regence MedAdvantage BASIC (PPO) (no Rx) ¹
<ul style="list-style-type: none"> • \$125 medical deductible • \$205 prescription drug deductible • Low out-of-pocket costs 	<ul style="list-style-type: none"> • \$0 medical deductible • \$0 prescription drug deductible • Lowest out-of-pocket costs 	<ul style="list-style-type: none"> • \$50 medical deductible • Low out-of-pocket costs

All 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.

*You can see any doctor, regardless of whether the doctor 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 doctor. Your out-of-pocket costs may be higher when you see an out-of-network doctor.

¹Regence MedAdvantage Basic does not include prescription drug coverage.

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

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.

Fill your prescriptions at thousands of network pharmacies or save money when you order from a mail-order pharmacy.¹

Our pharmacy network provides you with prescription discounts at more than 55,000 participating pharmacies nationwide. There is hardly any paperwork—the pharmacy will take care of the claim. You just pay your cost-sharing amount.

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 filling your maintenance medication prescription 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.

Access your benefits with one member ID card and virtually no paperwork. It's that simple.

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, drug¹, preventive dental and routine vision benefits.

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.

Be healthy, feel younger and stay fit, regardless of your current fitness level. SilverSneakers makes it easier.

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 will 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. SilverSneakers® Steps is available for our members who don't have access to a participating location and provides members with a home fitness kit that contains tools to achieve a healthier lifestyle at home or on the go.

¹Regence MedAdvantage Basic does not include prescription drug coverage.

We have you covered at home and across the country

If you live in our service area—

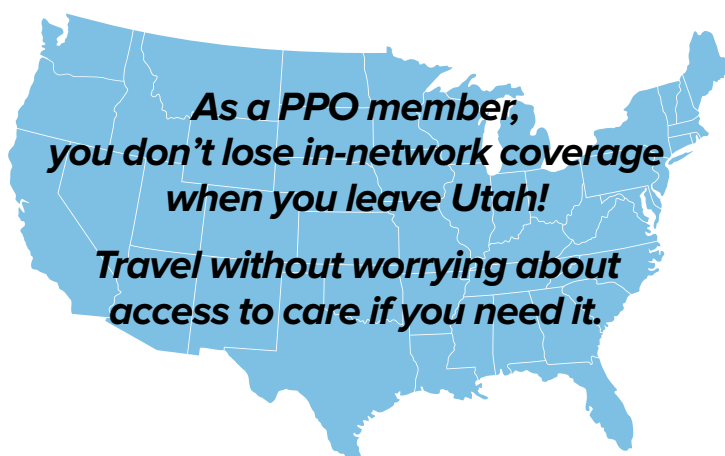
Clallam, Columbia, Cowlitz, Island, King, Kitsap, Klickitat, Lewis, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima counties—you can use our large provider network to receive in-network benefits, enjoying access to a large network of local physicians.

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 just a small copay or coinsurance specified by your plan for out-of-network non-urgent or routine care.

For urgent or emergency care:

- Your plan covers medical emergencies anywhere in the world, with the exception of prescription drugs.*
- Visits to a hospital emergency room are covered after a small copay.



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. Part D coverage is not available with the Regence MedAdvantage Basic plan.*

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**

Save hundreds to thousands 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 2013 (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. To take advantage of MemberPlus discounts, all appointments must be scheduled through TruHearing. Call 1-877-379-4526 and use group number REGE-MEDI to schedule your appointment.

- **LASIK discounts**

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

- **Alternative medicine**

You get discounts on chiropractic, acupuncture, naturopathic medicine and massage therapy.

- **Weight management programs**

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

- **Health and leisure activities at a discount**

You can enjoy a discounted membership fee for access to thousands of activities, including movie tickets, performing arts, sporting events, hotels and rental cars, as well as discounts on regular monthly rates and/or enrollment fees at participating local fitness clubs.

- **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, unlimited office visits and much more at 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 vision benefits.*



Compare benefits

Medical Coverage	① Regence MedAdvantage + Rx CLASSIC	② Regence MedAdvantage + Rx ENHANCED	③ Regence MedAdvantage BASIC (no Rx) ¹
Monthly premium	\$99	\$241	\$79
Annual medical deductible	\$125	\$0	\$50
Out-of-pocket maximum	\$3,400	\$2,800	\$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 rest of the year.

Wellness Benefits

Annual wellness exam	No copay; 100% covered by plan		
Preventive screenings	No copay; 100% covered by plan		
Immunizations	No copay for Original Medicare-covered immunizations: <ul style="list-style-type: none"> • 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		

Office and Diagnostic Care Benefits

	In/Out Network	In/Out Network	In/Out Network
Office visits / primary care doctor	\$15 / \$40 copay	\$10 / \$30 copay	\$15 / \$40 copay
Office visits / specialist	\$40 / \$40 copay	\$30 / \$30 copay	\$40 / \$40 copay
Diagnostic tests / X-rays	No copay / you pay 20% coinsurance	No copay / you pay 10% coinsurance	No copay / you pay 20% coinsurance
Diagnostic tests (MRI, CT, PET, nuclear medicine)	You pay 20% / 30% coinsurance		
Lab services	No copay		
Routine eye exams (one per year)	\$40 / \$40 copay	\$30 / \$30 copay	\$40 / \$40 copay
Vision hardware	We pay \$100 per year, in or out of network	We pay \$200 per year, in or out of network	We pay \$100 per year, in or out of network
Dental (preventive) (cleanings and X-rays)	You pay 30% / 30% coinsurance with \$500 allowed per year	You pay 20% / 20% coinsurance with \$500 allowed per year	You pay 20% / 20% coinsurance with \$500 allowed per year
Urgent care	\$15 / \$40 copay	\$10 / \$30 copay	\$15 / \$40 copay

¹Regence MedAdvantage Basic does not include prescription drug coverage.

Medical Coverage	1 Regence MedAdvantage + Rx CLASSIC	2 Regence MedAdvantage + Rx ENHANCED	3 Regence MedAdvantage BASIC (no Rx) ¹
Urgent, Surgical and Inpatient Care; Home Health; Durable Medical Equipment Benefits			
	In/Out Network	In/Out Network	In/Out Network
Ambulance (each way)	\$100 copay, in or out of network		
ER	\$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)	\$200 / \$300 copay per day for days 1 - 7; maximum of \$1,400 / \$2,100 per benefit period	\$150 / \$250 copay per day for days 1 - 7; maximum of \$1,050 / \$1,750 per benefit period	\$200 / \$300 copay per day for days 1 - 7; maximum of \$1,400 / \$2,100 per benefit period
Outpatient surgery	\$200 / \$300 copay	\$100 / \$200 copay	\$200 / \$300 copay
Skilled nursing facility (no 3-day hospital stay required; no benefit after 100 days)	Days 1-20: \$50 / \$75 copay per day Days 21-100: \$100 / \$125 copay per day	Days 1-20: \$50 / \$75 copay per day Days 21-100: \$0 / \$0 copay per day	Days 1-20: \$50 / \$75 copay per day Days 21-100: \$100 / \$125 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 medical-covered drugs (chemo, dialysis, etc.)	You pay 20% / 20% coinsurance	You pay 10% / 10% coinsurance	You pay 20% / 20% coinsurance
Medicare medical-covered immunosuppressive drugs for covered transplants	You pay 10% coinsurance, in or out of network	No coinsurance, in or out of network	You pay 10% coinsurance, in or out of network
Prescription Drug Coverage			
Annual Rx deductible	\$205	\$0	Not available
Tier 1: Preferred generics	\$7.50 copay	\$5 copay	Not available
Tier 2: Non-preferred generics	\$33 copay	\$33 copay	Not available
Tier 3: Preferred brands	\$45 copay	\$45 copay	Not available
Tier 4: Non-preferred brands	\$90 copay	\$90 copay	Not available
Tier 5: Specialty drugs*	28% coinsurance	33% coinsurance	Not available
Tier 6: Injectables*	28% coinsurance	33% coinsurance	Not available
Mail-order (90-day supply, Tiers 1-4)	Generics = 2 x cost share; Brands = 2.5 x cost share		Not available

*Tiers 5 and 6 are limited to a 30-day supply and may contain generics.

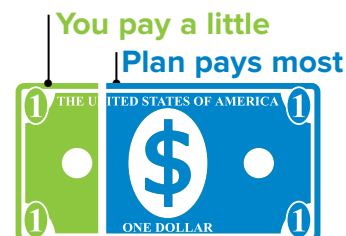
¹Regence MedAdvantage Basic does not include prescription drug coverage.

Prescription drug coverage

How it works

STAGES 1 & 2: Deductible and Initial Coverage Stages (first \$2,970 in total drug costs)

After you 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 a deductible, copays or coinsurance. You will stay in the Initial Coverage Stage until the total that you and the plan pay reaches \$2,970. See previous page for copays and coinsurance.



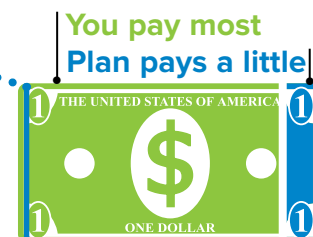
After your yearly prescription drug costs reach \$2,970 (includes your deductible if you choose the Regence MedAdvantage + Rx Classic plan), you enter the Coverage Gap Stage. Most people do not reach the Coverage Gap Stage.

STAGE 3: Coverage Gap Stage (until your total true out-of-pocket costs reach \$4,750)

The Coverage Gap Stage (also known as the "donut hole") is when you pay most of your own prescription drug costs. You pay 79% 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 \$4,750.

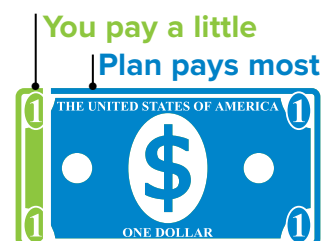
After your total true out-of-pocket costs (paid by you in the first three stages) reach \$4,750, you go into the Catastrophic Coverage Stage for the remainder of the calendar year.

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 \$4,750 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, 2013).



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, 2013, through Dec. 31, 2013. 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.

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 with assistance from one of our helpful 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.



STEP 1

Go to
www.regence.com/medicare.

STEP 2

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

To determine whether your drugs are on our formulary, you can access our formulary online or call one of our helpful sales representatives for assistance.



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.



STEP 1

Go to
www.regence.com/medicare.

In the “Pharmacies & Covered Drugs” section, click **Regence MedAdvantage (PPO)**.

STEP 2

In the “Covered Prescription Drugs (Formulary)” section, click **Online Formulary Search** to search for a specific drug, or click **(PDF) Comprehensive Formulary** to view our complete formulary.

Ready to enroll? Let's get started!

Before you apply:

- ✓ Decide which Regence Medicare Advantage PPO plan best suits your needs:

1 Regence MedAdvantage + Rx CLASSIC (PPO)	2 Regence MedAdvantage + Rx ENHANCED (PPO)	3 Regence MedAdvantage BASIC (PPO) (no Rx) ¹
<ul style="list-style-type: none"> • \$125 medical deductible • \$205 prescription drug deductible • Low out-of-pocket costs 	<ul style="list-style-type: none"> • \$0 medical deductible • \$0 prescription drug deductible • Lowest out-of-pocket costs 	<ul style="list-style-type: none"> • \$50 medical deductible • Low out-of-pocket costs

¹Regence MedAdvantage Basic does not include prescription drug coverage.

- ✓ Determine whether your doctor is in our network, which will provide you with the greatest cost savings.
- ✓ Check our formulary to verify that the prescription drugs you take will be covered.

Do you have additional questions?

Our sales representatives are available to help.

**1-888-REGENCE
(1-888-734-3623)**

TTY users should call 711.



Enrolling is easy

We have several ways for you to enroll, depending on what's easiest for you.



ENROLL ONLINE. Enjoy the convenience of applying online. Simply visit our website, 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 download an enrollment application from our website, www.regence.com/medicare, and mail it 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.



ENROLL BY PHONE. You can also enroll over the phone, with assistance from our Plan's knowledgeable Medicare sales representatives. Please call us at **1-888-REGENCE (1-888-734-3623)** for more information and to enroll. TTY users should call 711.

*If you need individualized help, please call
our Plan's Medicare sales representatives at
1-888-REGENCE (1-888-734-3623).*

TTY users should call 711.

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: *Clallam, Columbia, Cowlitz, Island, King, Kitsap, Klickitat, Lewis, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima counties.*
- 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.

What are the four different parts of Medicare?

Original Medicare is administered directly by the federal government and has two parts:

Medicare Part A—Covers most medically necessary hospital, skilled nursing facility, home health and hospice care.

Medicare Part B—Covers most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, X-rays, mental health care, and some home health and ambulance services.

Medicare Part C—Replaces your Original Medicare (Part A and Part B) coverage. Medicare Part C plans are also called Medicare Advantage plans. These health plan options are approved by Medicare and are run by private companies that sign a contract with Medicare.

You also have the option to get Part D as part of the Medicare Advantage benefits package.

Medicare Part D—Provides outpatient prescription drug coverage only through private companies. It is not provided directly by the government like Original Medicare is. Enrollment in Medicare Part D is voluntary. However, if you don't enroll in a Part D plan as soon as you are eligible, Medicare may charge you a penalty if you enroll later.

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, 2012 (Annual Enrollment Period)

If you are eligible for Medicare, you can enroll in or switch plans during the Annual Enrollment Period. Your coverage will take effect on January 1, 2013.

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, 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, 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.

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 a generous 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 are also able to have an annual physical exam, in addition to the Medicare-covered Annual Wellness Visit.

What is the advantage of choosing the Regence MedAdvantage + Rx Classic (PPO) or the Regence MedAdvantage + Rx Enhanced (PPO) plan?

Either of these plans gives you the convenience of having prescription drug coverage and your medical coverage in a single plan, serviced by our knowledgeable and caring customer service specialists. You don't have to call multiple plans to ask questions about your medical or prescription drug coverage, nor do you have to worry about incurring a penalty if you enroll during your initial enrollment period.

Is my choice of doctors or hospitals limited?

As a Regence Medicare Advantage PPO member, you have the freedom to see any provider without a referral. Your costs are usually lower when using a doctor or hospital from our network. Your out-of-pocket costs are usually higher when you use an out-of-network provider. You have access to thousands of providers through the Blue Medicare Advantage PPO Network Sharing Program.

Do I need a referral to see a specialist physician?

With Regence Medicare Advantage PPO plans, there are no referrals required to see a specialist physician, in or out of network. This includes providers participating in the Blue Medicare Advantage PPO Network Sharing program. Your costs are lowest when you use an in-network provider.

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

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. There's just a small copay in an urgent care center or a larger copay in a hospital emergency room. For non-urgent or routine care that is out-of-network, you'll pay the copay or coinsurance specified by your plan. 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 FinderSM website at <http://provider.bcbs.com> or use the free mobile application available at www.bcbs.com/mobile.

How can I find out whether my doctor, hospital and pharmacy are in your network?

Regence BlueShield offers one of the broadest provider networks in the area. The most up-to-date provider directories are located on our website at www.regence.com/medicare, or you can contact a Regence Medicare sales representative at 1-888-REGENCE (1-888-734-3623). Our telephone hours are 8 a.m. to 5 p.m., Monday through Friday.

Do all Regence Medicare Advantage PPO plans include prescription drug coverage?

The Regence MedAdvantage + Rx Classic PPO and Regence MedAdvantage + Rx Enhanced PPO plans include prescription drug coverage. The Regence MedAdvantage Basic PPO plan does not include prescription drug coverage.

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.

How can I get help with my prescription drug plan costs or get extra help with other Medicare costs?

People with limited incomes may qualify for Extra Help, also called a Low Income Subsidy (LIS), to pay for all or most of their monthly premiums, yearly deductible and prescription drug cost-sharing. If eligible, Medicare could pay for up to seventy-five percent (75%) of drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the Coverage Gap or a late-enrollment penalty. Many people are eligible for these savings and don't know it. For more information about the Extra Help program and to check your eligibility, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days per week. TTY users should call 1-877-486-2048.

Are annual physicals covered in addition to the Medicare Annual Wellness Visit?

In addition to the Medicare Annual Wellness Visit our members are also covered for an annual physical exam with no copay, coinsurance or deductible.

Do I have to file claims with Regence Medicare Advantage PPO plans?

There are no claim forms to complete when you see one of the Regence Medicare Advantage PPO providers. Furthermore, there are no claim forms when you see one of the thousands of providers across the country who participates in the Blue Medicare Advantage

PPO Network Sharing Program. There are doctors and hospitals participating in many states. 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.

When will my coverage be effective?

As soon as Medicare verifies your eligibility, we will notify you of your effective date. If you are newly eligible for Medicare, you may submit your enrollment form up to three months before your effective date. You will receive plan materials and your member card in the mail after we receive verification of your eligibility from Medicare.

How often will my rates change?

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

Does it cost more to buy coverage through an agent?

There's never an extra cost or obligation if you use one of our plan-appointed agents. Agents who are appointed to represent our plans provide a valuable service to clients and often can help you decide which of our Regence Medicare Advantage PPO plans is best for you.

How are eye exams covered?

Medical eye exams to diagnose and treat conditions like cataracts are Medicare-covered benefits, so they are also covered by Regence Medicare Advantage PPO plans. As a Regence Medicare Advantage PPO member, you get additional coverage for services not included with Original Medicare. We cover one routine vision exam per year and offer an allowance toward your purchase of eye glasses (frames and lenses) or contact lenses.

You have questions?

We have answers. (cont.)

What is a Medicare Part D formulary?

A formulary is a defined list of medications that have been selected for their medical effectiveness, positive results and value. When you fill your prescription at a participating network pharmacy, you will have lower out-of-pocket costs when you use a drug on the formulary. If a drug is not on the formulary, your out-of-pocket costs will be higher. A mail-order pharmacy is also available.

What is the mail-order program for Medicare Part D?

The voluntary mail-order program saves you money on generic and brand-name formulary prescription drugs and gives you the convenience of having medications delivered directly to your home. When you are prescribed a maintenance drug, ask your doctor to write you two prescriptions — one for a 30-day supply to be filled immediately at a local, participating pharmacy and one for a 90-day supply (plus any necessary refills) to be filled through mail-order. You will 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.

What is the Part D prescription drug plan Coverage Gap?

The “Coverage Gap” is the portion of the Medicare Part D plan when, after the member and the plan have spent a certain amount of money on covered prescription drugs (deductible and initial coverage periods), the member is 100% responsible for the costs of covered prescription drugs up to the maximum True Out-of-Pocket (TrOOP) limit. Regence MedAdvantage + Rx Enhanced PPO members have coverage for preferred generic prescription drugs during the Coverage Gap. Discounts on eligible generic and brand-name prescription drugs are also available to members who have reached the Coverage Gap. The discount will come off the price that the

plan has negotiated with the pharmacy for that specific prescription drug. Once the amount you have spent on prescription drugs during the year reaches the 2013 limit of \$4,750, the plan starts paying again. When this “Catastrophic Coverage” kicks in, the plan pays about 95% of all your prescription drug costs for the rest of the calendar year.

Is the prescription deductible included in the medical maximum out-of-pocket limit?

Your maximum out-of-pocket costs include only medical costs. If you choose the Regence MedAdvantage + Rx Classic plan, you will have a \$205 prescription drug deductible before you and the plan share the cost of your medications. This deductible amount does not accumulate toward your medical deductible. We also offer the Regence MedAdvantage + Rx Enhanced plan, which features a \$0 annual prescription drug deductible, and has a lower total maximum out-of-pocket amount for covered medical expenses.

Do I need to complete a separate application form for each person?

Yes. Complete one enrollment application for each person. Your information packet includes an application and postage-paid return envelope. For your convenience, you may also enroll online at www.regence.com/medicare or enroll over the phone by calling one of our Plan’s Medicare sales representatives at 1-888-REGENCE (1-888-734-3623).

Glossary of terms

Centers for Medicare & Medicaid Services (CMS)

The federal agency that runs the Medicare, Medicaid and Children's Health Insurance Programs.

Coverage determination (Part D)

The first decision made by your Medicare drug plan (not the pharmacy) about your drug benefits, including the following:

- Whether a particular drug is covered
- Whether you've met all the requirements for getting a requested drug
- How much you're required to pay for a drug
- Whether to make an exception to a plan rule when you request it

If the drug plan doesn't give you a prompt decision and you can show that the delay would affect your health, the plan's failure to act is considered to be a coverage determination. If you disagree with the coverage determination, the next step is an appeal.

Coinsurance

This is the percentage of the Medicare-approved amount that you have to pay for a medical service. For example, if your coinsurance is 20% and Medicare approves \$100, your portion of the bill will be \$20. With some plans, you must first meet an annual deductible before you have a coinsurance.

Copay or copayment

This is a flat amount the member pays for a specific service, such as a \$10 copayment to visit a doctor.

Cost-sharing

This refers to any time part of the cost of care or prescription drugs is shared with the member, either through copayments or coinsurance.

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's 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.



Glossary of terms (cont.)

Deductible

The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan or your other insurance begins to pay.

Durable Medical Equipment (DME)

Equipment needed for medical reasons that is sturdy enough to be used many times without wearing out. Examples of DME include wheelchairs, hospital beds or equipment that supplies a person with oxygen.

Emergency

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

Exclusions

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

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering Medicare Part D prescription drug benefits.

Generic drug

A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates generic drugs to be as safe and effective as brand-name drugs.

Inpatient hospital services

Services you get when you're admitted to a hospital, including bed and board, nursing services, diagnostic or therapeutic services, and medical or surgical services.

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.

Limiting charge

In Original Medicare, the highest amount of money you can be charged for a covered service by doctors and other health care suppliers who don't accept assignment. The limiting charge is 15% over Medicare's approved amount. The limiting charge applies only to certain services and doesn't apply to supplies or equipment.

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.

Medically necessary

Services or supplies that are needed for the diagnosis or treatment of your medical condition and meet accepted standards of medical practice.

Medicare Advantage disenrollment period (MADP)

Medicare Advantage plan members may disenroll from any Medicare Advantage plan and return to Original Medicare between January 1 and February 14 of every year. A request made in January will be effective February 1, and a request made in February will be effective March 1.

Medicare Advantage Plan (Part C)

A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare Advantage Prescription Drug (MA-PD) Plan

A Medicare Advantage plan that offers Medicare prescription drug coverage (Part D), Part A and Part B benefits in one plan.

Medicare-approved amount

In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount, and you're responsible for the difference.

Medicare Preferred Provider Organization (PPO) Plan

A type of Medicare Advantage Plan (Part C), available in some areas of the country, in which you pay less if you use doctors, hospitals and other health care providers that belong to the plan's network. You can use doctors, hospitals and providers outside the network for an additional cost.

Medicare prescription drug coverage (Part D)

Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

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

Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits.

Out-of-network

A benefit that may be provided by your Medicare Advantage plan. Generally, this benefit gives you the choice to get plan services from outside the plan's network of health care providers. In some cases, your out-of-pocket costs may be higher for an out-of-network benefit.

Out-of-pocket costs

Health or prescription drug costs that you must pay on your own because they aren't covered by Medicare or other insurance.

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).

Glossary of terms (cont.)

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.

Programs of All-inclusive Care for the Elderly (PACE)

A special type of health plan that provides all the care and services covered by Medicare and Medicaid as well as additional medically necessary care and services based on your needs as determined by an interdisciplinary team. PACE serves frail older adults who need nursing home services but are capable of living in the community. PACE combines medical, social and long-term care services, and prescription drug coverage.

Skilled Nursing Facility (SNF)

A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

Specified Low-Income Medicare Beneficiary (SLMB) Program

A state program that helps pay Part B premiums for people who have Part A and limited income and resources.

State Health Insurance Assistance Program (SHIP)

A state program that gets money from the federal government to give free, local health insurance counseling to people with Medicare.

State Pharmacy Assistance Program (SPAP)

A state program that provides help paying for drug coverage based on financial need, age or medical condition.

Urgently needed care

Care that you get for a sudden illness or injury that needs medical care right away but isn't life threatening.

Regence BlueShield is a Health plan with a Medicare contract. 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 2013 and/or on Jan. 1, 2014. 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



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