

# 2014 Overview



**Regence**  
*your health, connected.<sup>SM</sup>*

## Regence BlueAdvantage HMO Plan



**Regence BlueShield** serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

H1997\_06689 Approved

WA | 2014 | HMO

# Get started



**READ.** This booklet gives you all the tools you need to make an informed decision in choosing the Regence BlueAdvantage HMO Plan. Our easy-to-read charts outline the Regence BlueAdvantage HMO benefits and give you information about the many valuable extras you can enjoy as a Regence Plan member. Our step-by-step instructions make it easy for you to select your Primary Care Provider (PCP) and complete the enrollment process.



**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](http://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](http://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 primary care physician (PCP) in our searchable provider network file.

**Share this information  
with a friend!**



**Regence**

*your health, connected.™*

To request free Regence BlueAdvantage HMO 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](http://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.

# One team working together to support your health

Wouldn't you like to have one doctor who knows you and your unique health needs? One who can collaborate and coordinate with a team of specialists to help you get the quality care you deserve? Having one doctor who oversees all of your health care is one of the many advantages of being a member of Regence BlueAdvantage HMO.

Regence BlueAdvantage HMO is 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 with Medicare prescription drug coverage into one easy-to-use plan. It also includes additional benefits and programs, such as the SilverSneakers® Fitness Program and routine vision 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:

- ▶ **No medical deductible** and low out-of-pocket expenses.
- ▶ **A local network** of reputable doctors and specialists.
- ▶ **Benefits** beyond Original Medicare including routine vision screenings.
- ▶ **National and worldwide coverage** for urgent care and emergencies. Here in town, across the country or around the world, you can be secure knowing that Regence BlueAdvantage HMO provides coverage in a medical emergency—with no referral needed!
- ▶ **Healthways SilverSneakers® Fitness Program** with access to more than 11,000 participating fitness facility locations across the country, and includes a fitness membership or a home fitness kit. 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.

## Learn more inside

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

# Benefits built for better health

## Protect yourself with Regence BlueAdvantage HMO.

Our plan is designed with the benefits you need to keep yourself healthy. The Regence BlueAdvantage HMO Plan offers you coverage with no medical deductibles, low copays and low annual out-of-pocket maximum amounts. Once you have reached the out-of-pocket maximum amount, you get 100% coverage with no out-of-pocket costs for Medicare-covered medical benefits for the remainder of the year.

### Regence BlueAdvantage HMO

- ▶ \$0 medical deductible
- ▶ \$15 primary care visit copay
- ▶ Includes prescription drug coverage

Regence BlueAdvantage HMO provides more generous coverage than Original Medicare:

*Regence BlueAdvantage HMO also includes preventive care services at no cost to you!*

- ▶ **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.
- ▶ **Vision:** Coverage includes one routine eye exam per year.
- ▶ **Worldwide emergency and urgent care** when you travel domestically or abroad.
- ▶ **Annual physical exam:** In addition to the Medicare Annual Wellness Visit, Regence BlueAdvantage HMO members are also covered for an annual physical exam, with no copay, coinsurance or deductible.

**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.*



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



As a Regence BlueAdvantage HMO 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.\* 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.

*\*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 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.



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




## If you live in our service area:

Your primary care physician (PCP) will provide most of your routine care and can refer you to a specialist when you need it. They will conveniently coordinate your specialist referrals, diagnostic labs and tests or other medical needs. They take care of the paperwork so you can focus on what matters most—your health! Our service area includes these counties: King, Pierce and Snohomish counties in Washington.

## If you travel anywhere else in the United States or travel abroad:

- ▶ Your plan covers medical emergencies anywhere in the world.\*
- ▶ You'll pay a copay or coinsurance amount specified by your plan for urgent or emergency care.



*Travel without worrying  
about access to urgent  
and emergency care  
if you need it.*

*\*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 BlueAdvantage HMO 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, 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 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.

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



**myRegence.com**  
advise.navigate.reward.<sup>®</sup>  
Powered by The Regence Engine<sup>®</sup>

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 benefits with virtually no paperwork.

As a Regence BlueAdvantage HMO member, you'll find it easy to access your medical and prescription drug benefits. You need only one member ID card to access your health, drug and routine vision benefits.

The name of your PCP is printed on your member ID card. For covered services beyond what your PCP can deliver, your PCP will coordinate any paperwork needed to see a specialist. If you have a preference for a particular specialist or hospital, check with your PCP first to ensure you can get a referral to those providers.



# Locate or choose your PCP

and determine whether your drugs are on our formulary

## What is a primary care physician (PCP)?

When you enroll in the Regence BlueAdvantage HMO Plan, you must choose a plan provider to be your PCP. Your PCP will deliver your routine and basic care and will coordinate with a team of specialists when you need covered services beyond those your PCP can deliver. Your PCP will also coordinate the rest of the covered services you get as a member of our plan, such as:

- ▶ X-rays
- ▶ Laboratory tests
- ▶ Physical, occupational and speech therapies
- ▶ Specialty care, such as neurological or orthopedic treatment
- ▶ Inpatient hospital admissions
- ▶ Follow-up care

You will be asked to select a PCP from our HMO network at the time you enroll; however, you may change your PCP at any time with the change being effective the first day of the following month.

## Finding a PCP is easy!



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

In the "Regence BlueAdvantage HMO Provider Directory" section, click **Regence BlueAdvantage HMO 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](http://www.regence.com/medicare)**

In the "Pharmacies & Covered Drugs" section, click **Regence BlueAdvantage HMO**.

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

# Plan benefits

Medical Coverage	Regence BlueAdvantage HMO
Monthly premium	\$69
Annual medical deductible	\$0
Out-of-pocket maximum	\$3,400
<p><i>With the Regence BlueAdvantage Plan, once you have reached the out-of-pocket maximum amount you get 100% coverage with no out-of-pocket costs for Medicare-covered medical benefits for the remainder of the year.</i></p>	

Office and Diagnostic Care Benefits	
Benefits	In Network
Office visits / primary care physician	\$15 copay
Office visits / specialist	\$45 copay
Chiropractic services	\$20 copay
Podiatry services	\$45 copay
Outpatient mental health	\$40 copay
Diagnostic tests / X-rays	\$20 copay / You pay 20% coinsurance
Diagnostic tests (MRI, CT, PET, nuclear medicine)	You pay 20% coinsurance
Lab services	\$20 copay per day
Urgent care	\$35 copay

Urgent, Surgical and Inpatient Care; Home Health; Durable Medical Equipment Benefits	
Benefits	In Network
Ambulance (each way)	\$200 copay
Emergency room	\$65 copay (waived if admitted within 48 hours)
Hospital (unlimited days, except for inpatient psychiatric hospital care, which has a 190-day lifetime limitation)	\$350 copay per day for days 1 - 4; maximum of \$1,400 per benefit period

<b>Medical Coverage</b>		<b>Regence BlueAdvantage HMO</b>	
<b>Urgent, Surgical and Inpatient Care; Home Health; Durable Medical Equipment Benefits</b>			
<b>Benefits</b>		<b>In Network</b>	
<b>Outpatient surgery – Ambulatory surgical center</b>		\$275 copay	
<b>Outpatient surgery – Hospital</b>		\$350 copay	
<b>Skilled nursing facility (no 3-day hospital stay required; no benefit after 100 days)</b>		Days 1-100: \$50 copay per day	
<b>Home health care</b>		No copay	
<b>Durable medical equipment</b>		You pay 20% coinsurance	
<b>Medicare medical-covered drugs (chemo, dialysis, etc.)</b>		You pay 20% coinsurance	
<b>Medicare medical-covered immunosuppressive drugs for covered transplants</b>		You pay 20% coinsurance; in-network	

<b>Wellness and Preventive Benefits</b>	
<b>Annual wellness exam</b>	No copay; 100% covered by plan
<b>Preventive screenings</b>	No copay; 100% covered by plan
<b>Immunizations</b>	No copay for Original Medicare-covered immunizations: <ul style="list-style-type: none"> <li>• Pneumonia vaccine</li> <li>• One flu shot per year</li> <li>• Hepatitis B vaccine if you are at high or intermediate risk</li> <li>• Other vaccines if you are at risk and they meet the Medicare Part B coverage rules</li> </ul>
<b>SilverSneakers fitness membership</b>	No copay; 100% covered by plan

<b>Vision Benefits</b>	
<b>Benefits</b>	<b>In Network</b>
<b>Routine eye exams (one per year)*</b>	\$40 copay

\*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 BlueAdvantage HMO
<b>Annual Rx Deductible</b>	<b>\$310</b>
<b>STAGE 1: Initial Coverage Stage</b>	
<b>Tier 1:</b> Preferred Generics	\$3 copay
<b>Tier 2:</b> Non-preferred Generics	\$8 copay
<b>Tier 3:</b> Preferred Brands	\$45 copay
<b>Tier 4:</b> Non-preferred Brands	\$90 copay
<b>Tier 5:</b> Specialty Drugs <sup>1</sup>	25% coinsurance
<b>Mail Order (90-day supply)</b>	<b>Generics = 2x copay; Brands = 2.5x copay</b>
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.	
<b>STAGE 2: Coverage Gap Stage</b>	
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.	
<b>STAGE 3: Catastrophic Coverage Stage</b>	
Generic drugs	\$2.55 copay or 5% coinsurance
Eligible Brand drugs	\$6.35 copay or 5% coinsurance
If you reach the Catastrophic Coverage Stage, the plan will pay most of the cost of your drugs for the rest of the calendar year (through December 31, 2014).	

<sup>1</sup>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.

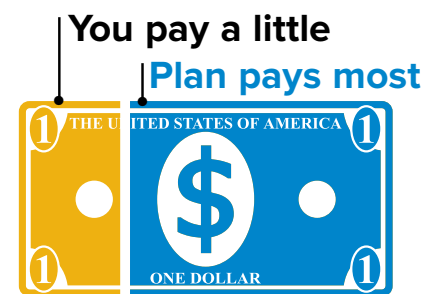
# Prescription drug coverage

## 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 BlueAdvantage HMO Plan has a \$310 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 (including your Regence BlueAdvantage HMO Plan deductible), 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.



### 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 and a \$6.35 copay for all other drugs.



# Ready to enroll? Let's get started!

## Before you apply:

- ✓ Determine whether your current PCP is in our Regence BlueAdvantage HMO network, or choose one from our Regence BlueAdvantage HMO provider directory.
- ✓ Check with your PCP to make sure you can get referrals to your preferred specialists or hospital.
- ✓ Check if your prescription drugs are covered in our formulary.

## Regence BlueAdvantage HMO

▶ \$0 medical deductible

▶ \$15 primary care visit copay

▶ Includes prescription drug coverage

## 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](http://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](http://www.regence.com/medicare) and download an enrollment application. Mail 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.

# You have questions? *We have answers.*

## Who is eligible to enroll in a Regence BlueAdvantage HMO Plan?

To receive coverage under a Regence BlueAdvantage HMO Plan, you must meet the following criteria:

- ▶ You live in one of the Regence BlueAdvantage HMO Plan service areas: King, Pierce and Snohomish counties 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 BlueAdvantage HMO Plan?

You can enroll in a Regence BlueAdvantage HMO 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](http://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 (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?**

The Regence BlueAdvantage HMO Plan offers you more coverage than Original Medicare, including a routine annual eye exam. 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 BlueAdvantage HMO members are also able to have an annual physical exam, in addition to the Medicare-covered Annual Wellness Visit.

## **Do I need to choose a primary care physician?**

Yes, as a BlueAdvantage HMO member, you must select a participating primary care physician (PCP) at the time you enroll.

## **Do I need a referral to see a specialist physician?**

Yes, and with Regence BlueAdvantage HMO your PCP will manage all of the paperwork when a referral is needed.

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

The Regence BlueAdvantage HMO Plan will cover you, after your copay amount for urgent care and medical emergencies anywhere in the world, with the exception of prescription drugs.

## **What is the coverage gap?**

The coverage gap (also called the "donut hole") is the stage in the prescription drug benefit when, after the member 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. 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 and 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.

## **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.

## **Health Maintenance Organization (HMO) Plan**

A type of Medicare Advantage Plan (Part C) available in some areas of the country. In most

HMOs, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency. Most HMOs also require you to get a referral from your primary care physician.

## **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.

# Glossary of terms (cont.)

## 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 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.

## 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 physician (PCP)

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.

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*Regence BlueShield is an HMO plan with a Medicare contract. Enrollment in Regence BlueShield 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 BlueAdvantage HMO

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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