

2021 Regence Medicare Advantage Plan Information

Thank you for your interest in applying for the Regence BlueShield of Washington Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Regence BlueShield within 15 calendar days of receipt of the enrollment request.

Enrollment Packet – click links below to download and save documents

Star Rating: [HMO](#) / [PPO](#)

[Apply Online](#)

Summary of Benefits: [Metro](#) / [Non-Metro](#) / [Whatcom-Skagit](#)

Provider Search: [Align & Align Plus HMO](#) / [HMO & HMO Plus](#) / [Primary, Classic & Enhance PPO](#)

[Pharmacy Search](#)

[Formulary](#)

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. *If they are signed prior to October 15th they will be returned to you with a new application.* If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: [Click here](#)
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613.
Our website: <https://medicare-washington.com>

Y0062_MULTIPLAN_CDA INSURANCE Washington 2021



MEDICARE ADVANTAGE PLANS

2021 Enrollment Guide

for residents of King, Kitsap, Pierce and Snohomish counties

Choose Blue. Choose Regence.

When you choose Regence you get the trust and support of a local health plan combined with the world-recognized provider acceptance and network coverage of a Blue Plan. We're opening doors to top hospitals, medical centers and providers so you can get high-quality care at a more affordable cost.

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	Insert: Star ratings



You don't have to spend a lot to get a lot

Get all the extra benefits you need to stay healthy at no extra cost.



Preventive dental

\$0 routine exams and X-rays
\$0 cleanings and topical fluoride
2 routine dental visits per year



Virtual doctor visits (telehealth)

Medical care and mental health visits are available by mobile app, video or phone



Comprehensive dental

\$0 diagnostic services with most plans*
Up to \$1,000 coverage for restorative care on select plans*



Over-the-counter supplies

\$40 quarterly prepaid card available with select plans
Use at participating retail locations or online at **NationsOTC.com**



Routine vision exam and hardware

\$0 annual vision exam
\$0 lenses and a yearly allowance for frames or contacts



Silver&Fit® fitness program

\$0 basic fitness center membership
NEW expanded home fitness options:
Up to two Home Fitness Kits per year from 34 unique options
One Stay Fit Kit per year with options that include yoga, strength training, or a complimentary Fitbit or Garmin fitness tracker
Weekly coaching phone sessions



Routine hearing exam and hearing aids

\$0 routine hearing exam
Coverage for up to 2 hearing aids



Alternative care

Acupuncture, chiropractic, therapeutic massage and naturopathy benefits



Home safety and support

\$0 personal emergency response device (PERS) with free monthly monitoring
\$0 virtual companionship services with phone visits, grocery drop off, and more**
\$0 meal delivery for post-hospital stay or chronic condition nutritional support**



Regence Empower™

Participate in self-paced online health education programs, and track your activities and health goals

**Optional comprehensive dental coverage can be added for an additional monthly premium. See the Summary of Benefits for more details about our plan's supplemental and optional benefits.*
***Eligibility criteria applies.*

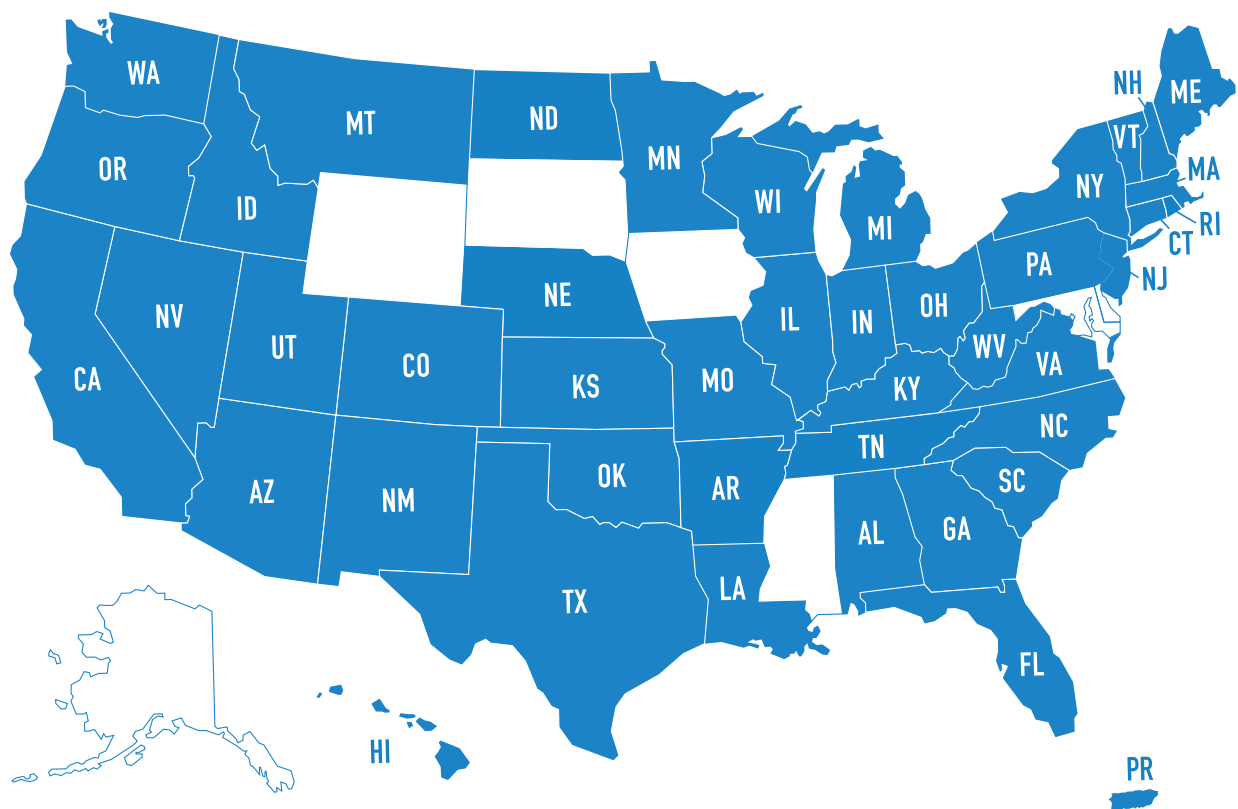




Coverage that travels with you

Our HMO and PPO plans cover urgent and emergency medical care in 190+ countries around the world. You won't pay any more than you would at home. Learn more at [bcbsglobalcore.com](https://www.bcbsglobalcore.com).

Access to care across the country

You can split time between residences or travel around the United States without paying too much for the care you need. Regence PPO plans provide in-network coverage for routine medical care in any of the states shaded in blue below (in-network providers may not be in all areas of a state). To find an in-network provider, visit [bcbs.com/find-a-doctor](https://www.bcbs.com/find-a-doctor).



-  In-network PPO coverage
-  Out-of-network PPO coverage

Be ready for whatever life brings your way

Life can be unpredictable, but your Regence Medicare Advantage plan has you covered now and in the future.

Need your annual checkup?

Your plan includes a no-cost annual physical exam, plus all your Medicare-covered preventive services and immunizations, so it's easy to maintain your good health.

Can't get to the doctor?

Virtual doctor visits (telehealth) are a convenient alternative to an office visit. Speak to a board-certified doctor or psychiatrist in the comfort of your own home. If needed, they'll send prescriptions directly to your pharmacy.

Want to stay safe and healthy at home?

Feel more confident with a no-cost medical alert device that includes automatic fall detection and provides 24-hour emergency response at the push of a button. Our fitness benefit now includes weekly health coaching and expanded home fitness options when going to the gym isn't feasible. You may also be eligible for virtual companionship services for phone visits, grocery and pharmacy pick-up/delivery, technology assistance and more.

Need easier access to your medications?

Filling a three-month supply of your medication saves you a trip to the pharmacy and may save you money. Or avoid the pharmacy and sign up for home-delivery with free standard shipping anywhere in the United States.

Unsure of what kind of care you need?

Our confidential nurse line gives you 24/7 access to a medical professional to discuss symptoms, get home care options or determine if you need to see a doctor.

Managing a chronic condition?

Our specialized care management programs offer one-on-one health support, including help coordinating supplies, prescriptions, caregiver support and more. You may also qualify for nutritional support with meal delivery services at no cost.

Financial circumstances impacting your life or health?

You may qualify for help with medical costs, heating bills, meal programs or more. Compassionate advocates can help if you're eligible for lower premium and prescription drug costs. They can also enroll you in social or community-based programs.

Are you or a family member facing a serious illness?

Palliative care provides no-cost, patient-centered support for people with serious illness or injury. Services include medical care coordination, pain/symptom management, counseling services and more.

New to Medicare?

Medicare can be confusing. Below are answers to some common questions.

How can I find out if my doctors and prescription drugs are covered?

Make a list of your doctors and prescriptions and call us at **1-888-REGENCE** (1-888-734-3623). Or visit **regence.com/medicare** to search our list of providers, pharmacies and covered drugs.

I have VA benefits. Can I sign up for Regence Medicare Advantage?

Yes. Medicare Advantage doesn't replace VA benefits, and you can still use VA medical and prescription benefits. But Medicare Advantage offers extra benefits, more provider choices and worldwide travel coverage for urgent and emergency care.

Can I have a Medicare Advantage plan and a separate Part D plan?

No. Federal regulations don't allow you to enroll in a separate Part D prescription drug plan in addition to a Medicare Advantage plan. If you want prescription drug coverage, choose a Medicare Advantage plan with prescription benefits.

What if I work past age 65?

If you have coverage through your employer, you may be able to delay Medicare until you retire. However, if your employer has fewer than 20 employees, you may need to sign up for Medicare at 65 even if you still work. Consult your employer's benefit manager or your Social Security office for more information.

Do your plans cover me when I travel?

Yes. All Regence Medicare Advantage plans cover urgent and emergency care anywhere in the world, except for Part D prescription drugs.

What if I frequently visit or live part-time in another state?

A Regence PPO plan gives you in-network coverage for routine medical care in states with participating Blue PPO network providers.

How can I get help with Medicare costs?

The Low-Income Subsidy program (also called "Extra Help") helps pay all or most of your monthly plan premium, yearly deductibles and prescription costs. Contact your Social Security office for more information.

Does it cost more to enroll with an agent?

No. There is never an extra cost or obligation if you enroll with an agent or broker. Agents are trained insurance professionals who can help you decide which plan is the best fit for you.

When will my coverage be effective?

If you're new to Medicare, we'll notify you of your effective date as soon as Medicare verifies your eligibility. If you're switching plans during the Annual Enrollment Period (Oct. 15 - Dec. 7), your coverage will take effect on Jan. 1 of the following year.

What is the difference between HMO and PPO plans?

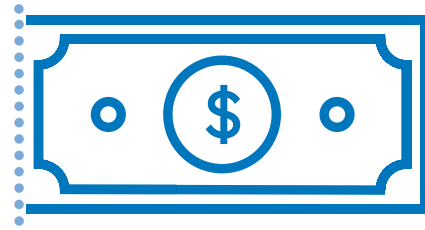
HMO plans provide low-cost health coverage and the confidence of having your primary care doctor manage your care within a local provider network. PPO plans give the flexibility to choose any provider that accepts Medicare (you may pay more) and allows you to see specialists without a referral.

Prescription costs in the coverage gap

Deductible

Meet your plan's prescription deductible

You first need to meet your plan's annual prescription deductible. Your deductible amount resets every calendar year on Jan. 1. There is no deductible for generic medications on Tiers 1 and 2.

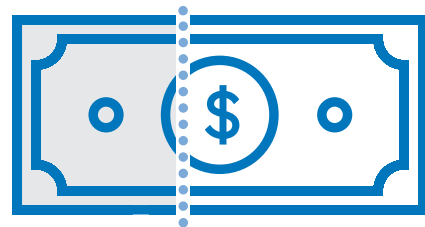


Pay the plan's prescription deductible (\$0 for Tiers 1 and 2)

Initial coverage

Pay a copay or coinsurance for each fill until total spent by you and plan reaches \$4,130

After you meet your deductible, you pay a copay or coinsurance for each prescription until the amount you and your plan spend on prescriptions reaches the initial coverage limit. Then you enter the coverage gap. Not everyone will enter the coverage gap.

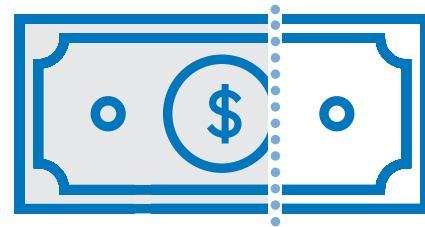


Pay a copay or coinsurance until prescription costs reach \$4,130

Coverage gap

Pay 25% of negotiated price for generic and brand-name drugs until your prescription spending reaches \$6,550

After the initial coverage limit is met, you enter the coverage gap. You pay 25% of your plan's negotiated price for generic and brand-name drugs until your spending on prescription drugs reaches the total out-of-pocket threshold. Then you enter catastrophic coverage.



Pay 25% until your total spend on prescriptions reaches \$6,550

Catastrophic coverage

Pay the greater of 5% or \$3.70 for generic drugs; pay the greater of 5% or \$9.20 for brand-name drugs

When you enter catastrophic coverage, you pay only a small amount for your covered drugs for the rest of the year. Your plan pays the rest.



Pay 5% or \$3.70 for generics and 5% or \$9.20 for brand-name drugs

Before you enroll



Look up your doctors and medications

Visit **regence.com/medicare** and use our search tools to make sure your doctor is in our provider network and your medications are covered under our formulary (list of covered prescription drugs).

We recommend using in-network providers to help you save money. You will always get the highest level of coverage and lowest costs when you see an in-network provider. HMO plans do not cover services from out-of-network providers except in urgent or emergency care situations.



Join a webinar

Attend a free, no-obligation informational webinar where you can find out more about Medicare, ask questions and learn more about your Regence Medicare plan options. Visit us at **regence.com/medicare** to register for webinars and events, watch informational videos and find other helpful resources.



Or let us do the work for you

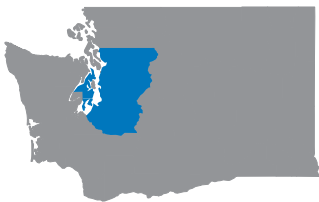
Regence Medicare plan advisors are ready to help you choose a plan, find a doctor or look up your medications. You can even skip the paperwork and let us complete your enrollment over the phone. Simply call **1-844-REGENCE** (734-3623) (TTY: 711), 8 a.m. to 5 p.m., Pacific time, Monday through Friday.



Ready to enroll?

1. Fill out and sign the enrollment form included in this guide.
2. Verify that the information from your Medicare card is listed correctly on your enrollment application. Or make a copy of your Medicare card and attach it to your enrollment application.
3. Return your completed and signed enrollment form in the enclosed postage-paid return envelope. Do not send any payment with your enrollment application.

Or visit **regence.com/go/shop** to choose a plan and enroll online.



MEDICARE ADVANTAGE HMO PLANS

2021 Summary of Benefits

for residents of King, Kitsap, Pierce and Snohomish counties

The information listed is a summary of what we cover and **what you pay**. It does not list every service, coverage limitation or exclusion. You must choose a primary care provider (PCP) from the plan's provider network when you enroll in an HMO plan.

	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
Plan number	H1997-009	H1997-002
Monthly plan premium	\$0	\$48
Annual deductible		
Medical	\$0	\$0
Prescription	\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$100 (Tiers 3,4,5)
Maximum out-of-pocket responsibility	\$6,200	\$5,900
	In-network	In-network
Inpatient hospital coverage^{1,3}	Days 1-4: \$430 / day Days 5+: \$0 / day	Days 1-4: \$390 / day Days 5+: \$0 / day
Ambulatory surgery center services¹		
For wound care	\$45	\$45
For all other services	\$300	\$250
Outpatient hospital services¹		
For wound care	\$45	\$45
For observation	\$90	\$90
For all other services	\$350	\$300
Doctor visits		
Primary care provider	\$0	\$0
Specialist ³	\$45	\$45
Preventive care	\$0	\$0
Emergency care	\$90	\$90

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.
3- Services may require a physician referral.

To join a Regence Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our **King, Kitsap, Pierce** and **Snohomish** counties service area.

Regence Valiance (HMO) (no Rx)	What you should know
H1997-008	
\$0	You must continue to pay your Medicare Part B premium.
\$0	Amount you pay for health care services before your health plan begins to pay. Deductible amounts reset every calendar year on January 1.
Not covered	
\$5,900	Annual limit on your out-of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.
In-network	
Days 1-4: \$390 / day Days 5+: \$0 / day	There is no limit/maximum to number of days.
\$40	
\$225	
\$40	
\$90	
\$275	
\$0	
\$40	
\$0	Cost-sharing may apply if you receive other services during your preventive care visit.
\$90	Copay waived if admitted to the hospital within 48 hours.

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3- Services may require a physician referral.

	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
	In-network	In-network
Urgently needed services	\$45	\$45
Diagnostic services/labs/imaging		
Lab services ¹	\$0 - \$20	\$0 - \$20
Outpatient X-rays	\$20	\$20
Diagnostic tests and procedures ¹	\$20	\$20
Diagnostic radiology (MRI, CT, etc.) ¹	20%	20%
Hearing services		
Medical hearing exam	\$45	\$45
Routine hearing exam ²	\$0	\$0
Hearing aids (1 per ear, per year) ²	\$699 or \$999 per aid	\$699 or \$999 per aid
Dental services		
Medical dental services	\$45	\$45
Preventive dental services ²	\$0	\$0
Comprehensive dental services - diagnostic ²	Not covered; available as an optional supplemental benefit	\$0
Comprehensive dental services - restorative ²	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit
Vision services		
Medical vision services	\$0	\$0
Routine vision exam ²	\$0	\$0
Routine vision hardware ²	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: \$0 Frames or contact lenses: \$100 allowance per year

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum. **3-** Services may require a physician referral.

In-network	
\$40	
\$0 - \$25	Lower copay amount applies to HbA1C testing; higher copay applies to all other lab services.
\$20	
\$25	
20%	
\$40	
\$0	Routine hearing services provided by TruHearing® for in-network coverage. Hearing aids covered only if obtained from TruHearing.
\$699 or \$999 per aid	
\$40	
\$0	Covers preventive exams, bitewing X-rays, cleanings and topical fluoride two times per calendar year. Full-mouth X-rays covered once every three years.
\$0	Covers diagnostic exams and intraoral-periapical X-rays two times per calendar year.
Not covered; available as an optional supplemental benefit	Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics and oral surgery.
\$0	
\$0	Routine vision services provided by VSP® Vision Care for in-network coverage. Covered lenses include basic single-vision, lined bifocal, lined trifocal or lenticular lenses. One pair of lenses/frames or single purchase of contact lenses per year.
Lenses: \$0 Frames or contact lenses: \$100 allowance per year	

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.
3- Services may require a physician referral.

	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
	In-network	In-network
Mental health services¹		
Inpatient	Days 1-4: \$390 / day Days 5-190: \$0 / day	Days 1-4: \$390 / day Days 5-190: \$0 / day
Outpatient therapy (individual and group)	\$40	\$40
Skilled nursing facility¹	Days 1-20: \$0 / day Days 21-100: \$167 / day	Days 1-20: \$0 / day Days 21-100: \$167 / day
Physical therapy¹	\$40	\$40
Ambulance (air/ground)¹	\$260	\$275
Transportation	Not covered	Not covered
Medicare Part B drugs¹	20%	20%
Alternative care		
Acupuncture (Medicare-covered)	\$20	\$20
Acupuncture (additional) ²	\$20	\$20
Chiropractic (Medicare-covered)	\$20	\$20
Chiropractic (additional) ²	\$20	\$20
Massage therapy ²	\$20	\$20
Naturopathy ²	\$20	\$20
Annual physical exam	\$0	\$0
Fitness program (Silver&Fit®)²	\$0	\$0
Meal delivery service²		
Chronic health status	\$0	\$0
Post-discharge	\$0	\$0

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.
3- Services may require a physician referral.

In-network	
Days 1-4: \$390 / day Days 5-190: \$0 / day	There is a 190-day lifetime maximum.
\$40	
Days 1-20: \$0 / day Days 21-100: \$167 / day	Up to 100 days covered per benefit period.
\$40	Includes occupational therapy and speech language therapy.
\$260	Copay applies for each one-way transport.
Not covered	
20%	Usually administered in a hospital setting, like chemotherapy drugs.
\$20	Limited to treatment of chronic low back pain.
\$20	Up to 18 visits per year combined with additional chiropractic visits.
\$20	Limited to manipulation of the spine to correct a subluxation.
\$20	Up to 18 visits per year combined with additional acupuncture visits.
\$20	Limit of 6 visits per year; up to 60 minutes per visit.
\$20	Limit of 6 visits per year.
\$0	In addition to the Medicare Annual Wellness Visit.
\$0	Fitness center membership, home fitness options including a complimentary Fitbit, weekly health coaching and more.
\$0	Requires enrollment in care management program. Chronic health: 2 meals/day for 56 days, 112-meal limit.
\$0	Post-discharge: 2 meals per day, 28 days, 56-meal limit.

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.
3- Services may require a physician referral.

	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
	In-network	In-network
Over-the-counter items²	\$40 every 3 months	Not covered
Palliative care and support²	\$0	\$0
Personal emergency response system (PERS)²	\$0	\$0
Podiatry services		
Medicare-covered	\$45	\$45
Diabetic routine foot care ²	\$0	\$0
Virtual companionship²	\$0	\$0
Virtual visits (telehealth)	\$0	\$0

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.
3- Services may require a physician referral.

In-network	
\$40 every 3 months	Unused balance does not accumulate or carry over from quarter to quarter.
\$0	Includes care planning, pain/symptom management and counseling services for patients, caregivers and families in case of serious illness.
\$0	Benefit includes device and monthly monitoring services.
\$40	
\$0	Limit of 6 visits per year.
\$0	Virtual support services by phone. Limit of 4 visits per month; up to 60 minutes per visit.
\$0	Medical and mental health services provided by MDLIVE® or other provider by phone or video.

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.
3- Services may require a physician referral.

	Regence BlueAdvantage HMO	Regence BlueAdvantage HMO Plus
Prescription deductible	\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$100 (Tiers 3,4,5)

Initial coverage (after deductible, what you pay until you and the plan pay \$4,130 for prescription drugs)

Tier 1: Preferred generic	1-month	3-month	1-month	3-month
Preferred retail	\$3	\$0	\$3	\$0
Mail order	\$0	\$0	\$0	\$0
Standard retail	\$10	\$20	\$10	\$20
Tier 2: Generic				
Preferred retail / mail order	\$12	\$24	\$12	\$24
Standard retail	\$19	\$38	\$19	\$38
Tier 3: Preferred brand				
Preferred retail / mail order	\$40	\$100	\$40	\$100
Standard retail	\$47	\$117.50	\$47	\$117.50
Tier 4: Non-preferred drug				
Preferred retail / mail order	40%	40%	40%	40%
Standard retail	45%	45%	45%	45%
Tier 5: Specialty				
Preferred retail / mail order	28%	N/A	31%	N/A
Standard retail	28%	N/A	31%	N/A

Coverage gap (what you pay after you and your plan pay \$4,130 for prescription drugs)

Generic drugs	You pay 25%
Brand-name drugs	You pay 25%

Catastrophic coverage (what you pay after your total out-of-pocket costs reach \$6,550)

Generic drugs	You pay the greater of \$3.70 or 5%
Brand-name drugs	You pay the greater of \$9.20 or 5%

You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a one-month supply (three-month supply is not available). Cost-sharing may change if you qualify for Extra Help. To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday.

Optional supplemental dental benefits

	Dental Option I (for BlueAdvantage HMO plan)	Dental Option II (for BlueAdvantage HMO Plus and Valiance plans)
Monthly plan premium (in addition to your monthly plan and Part B premiums)	\$24	\$24
	In-network	In-network
Comprehensive dental services² Diagnostic	50%; \$1,000 benefit limit per calendar year for all comprehensive dental services	Included in standard medical benefits
Restorative		50%; \$1,000 benefit limit per calendar year

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.
3- Services may require a physician referral.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-855-522-8896**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **regence.com/medicare** or call **1-855-522-8896** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Covered preventive care services

Our plans cover the following Medicare-covered preventive services, along with any additional preventive services that Medicare approves during the contract year.

Abdominal aortic aneurysm screening	Colorectal cancer screenings (multi-target stool DNA test, barium enemas, colonoscopy, fecal occult blood test or flexible sigmoidoscopies)	Tomography (LDCT)
Alcohol misuse screenings and counseling	Depression screening	Medicare Diabetes Prevention Program (MDPP)
Annual Wellness Visit	Diabetes screening	Nutrition therapy services
Bone mass measurements (bone density)	Diabetes self-management training	Obesity screenings and counseling
Breast cancer screening (mammogram)	Glaucoma tests	Prostate cancer screenings
Cardiovascular disease screenings	Hepatitis B virus (HBV) infection screening	Sexually transmitted infections screening and counseling
Cardiovascular disease behavioral therapy	Hepatitis C screening test	Immunizations for flu, hepatitis B and pneumococcus
Cervical and vaginal cancer screening	HIV screening	Tobacco use cessation counseling
	Lung cancer screenings with Low Dose Computed	“Welcome to Medicare” preventive visit (one time)

Important information about benefits

Routine hearing services

For more information about your routine hearing benefits or to find a hearing provider, call TruHearing at **1-855-542-1711** (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday. Or visit **truhearing.com**.

Routine vision services

For more information about your routine vision benefits or to find a vision provider, call VSP Vision Care at **1-844-299-3401** (TTY: 1-800-428-4833), 5 a.m. to 6 p.m. Pacific time, Monday through Friday, or 7 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **vsp.com**.

Virtual companionship

Eligible members are able to receive support services, such as grocery and pharmacy pick-up/delivery, technology assistance, phone visits and more. For more information or to see if you qualify, call Papa Pals at **1-877-310-0303** (TTY: 711) 5 a.m. to 8 p.m. Pacific time, Monday through Friday, or 5 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **Joinpapa.com/Regence**.

The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, plus an expanded home fitness program with two home fitness kits, one Stay Fit kit (Fitbit, Garmin, yoga or strength training), weekly 1-to-1 health coaching, and more. For more information or to sign up, call Silver&Fit at **1-888-797-8086** (TTY: 711), 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Or visit **SilverandFit.com**.

Over-the-counter items

Members of select plans receive a prepaid discount card and a list of product categories that are eligible for the OTC program. Allowance renews each quarter; unused credit does not accumulate or carry over to the next quarter. The card can be used at participating retail locations or online at **NationsOTC.com**. For more information, call Regence Customer Service at **1-855-522-8896** (TTY: 711).

Meal delivery service

No-cost meals for chronic condition or post-hospital stay nutritional support for those who qualify and participate in the plan's care/case management program. Mom's Meals delivers meals to all 50 states plus U.S. territories. For more information or to see if you qualify, call Regence Customer Service at **1-855-522-8896** (TTY: 711).

Personal emergency response system (PERS)

Receive a Lively™ Mobile Plus medical alert device and monthly monitoring per calendar year when arranged by the plan. For more information, call GreatCall at **1-800-358-9066** (TTY: 711). Or visit **greatcall.com/RegenceWA**.

Virtual visits (telehealth)

Primary care and mental health visits are available by mobile app, video or phone. For more information or to schedule an appointment, call MDLIVE at **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit **mdlive.com**.

24-hour nurse line

Regence Advice24 gives you 24/7 access to a medical professional for self-care suggestions for minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-800-267-6729** (TTY: 711).

Urgent and emergency care when you travel

If you travel outside the United States, the plan covers urgent care and medical emergencies in more than 190 countries around the world. Part D prescription drug coverage is not available outside the United States and its territories.

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MEDICARE ADVANTAGE PPO PLANS

2021 Summary of Benefits

for residents of King, Kitsap, Pierce and Snohomish counties

The information listed is a summary of what we cover and **what you pay**. It does not list every service, coverage limitation or exclusion.

	Regence MedAdvantage + Rx Primary (PPO)		Regence MedAdvantage + Rx Classic (PPO)	
Plan number	H5009-009		H5009-008	
Monthly plan premium	\$38		\$78	
Annual deductible	\$0		\$0	
Medical				
Prescription	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)		\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)	
Maximum out-of-pocket responsibility	\$6,700 in-network \$10,000 combined in- and out-of-network		\$6,200 in-network \$10,000 combined in- and out-of-network	
	In-network	Out-of-network	In-network	Out-of-network
Inpatient hospital coverage¹	Days 1-4: \$450 / day Days 5+: \$0 / day	Days 1+: 50%	Days 1-4: \$400 / day Days 5+: \$0 / day	Days 1+: 50%
Ambulatory surgery center services¹				
For wound care	\$50	50%	\$40	50%
For all other services	\$375	50%	\$325	50%
Outpatient hospital services¹				
For wound care	\$50	50%	\$40	50%
For observation	\$90	50%	\$90	50%
For all other services	\$450	50%	\$400	50%
Doctor visits				
Primary care provider	\$20	50%	\$10	50%
Specialist	\$50	50%	\$40	50%
Preventive care	\$0	50%	\$0	50%

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

To join a Regence Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our **King, Kitsap, Pierce** and **Snohomish** counties service area.

Regence MedAdvantage + Rx Enhanced (PPO)		Regence Valiance (PPO) (no Rx)		What you should know
H5009-002		H5009-001		
\$157		\$0		You must continue to pay your Medicare Part B premium.
\$0		\$0		Amount you pay for health care services before your health plan begins to pay. Deductible amounts reset every calendar year on January 1.
\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)		Not covered		
\$5,400 in-network \$10,000 combined in- and out-of-network		\$6,200 in-network \$10,000 combined in- and out-of-network		Annual limit on your out-of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.
In-network	Out-of-network	In-network	Out-of-network	
Days 1-5: \$350 / day Days 6+: \$0 / day	Days 1+: 50%	Days 1-4: \$390 / day Days 5+: \$0 / day	Days 1+: 50%	There is no limit/maximum to number of days.
\$35	50%	\$40	50%	
\$300	50%	\$300	50%	
\$35	50%	\$40	50%	
\$90	50%	\$90	50%	
\$350	50%	\$350	50%	
\$5	50%	\$5	50%	
\$35	50%	\$40	50%	
\$0	50%	\$0	50%	Cost-sharing may apply if you receive other services during your preventive care visit.

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

	Regence MedAdvantage + Rx Primary (PPO)		Regence MedAdvantage + Rx Classic (PPO)	
	In-network	Out-of-network	In-network	Out-of-network
Emergency care	\$90	\$90	\$90	\$90
Urgently needed services	\$50	\$50	\$40	\$40
Diagnostic services/labs/imaging				
Lab services ¹	\$0 - \$30	50%	\$0 - \$15	50%
Outpatient X-rays	\$30	50%	\$15	50%
Diagnostic tests and procedures ¹	\$30	50%	\$15	50%
Diagnostic radiology (MRI, CT, etc.) ¹	20%	50%	20%	50%
Hearing services				
Medical hearing exam	\$50	50%	\$40	50%
Routine hearing exam ²	\$0	\$150	\$0	\$150
Hearing aids (1 per ear, per year) ²	\$699 or \$999 per aid	Not covered	\$699 or \$999 per aid	Not covered
Dental services				
Medical dental services	\$50	50%	\$40	50%
Preventive dental services ²	\$0	50%	\$0	50%
Comprehensive dental services - diagnostic ²	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	\$0	50%
Comprehensive dental services - restorative ²	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit	Not covered; available as an optional supplemental benefit

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Regence MedAdvantage + Rx Enhanced (PPO)		Regence Valiance (PPO) (no Rx)		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$90	\$90	\$90	\$90	Copay waived if admitted to the hospital within 48 hours.
\$35	\$35	\$40	\$40	
\$0 - \$10	50%	\$0 - \$20	50%	Lower copay amount applies to HbA1C testing; higher copay applies to all other lab services.
\$10	50%	\$20	50%	
\$10	50%	\$20	50%	
20%	50%	20%	50%	
\$35	50%	\$40	50%	
\$0	\$150	\$0	\$150	Routine hearing services provided by TruHearing® for in-network coverage. Hearing aids covered only if obtained from TruHearing.
\$599 or \$899 per aid	Not covered	\$699 or \$999 per aid	Not covered	
\$35	50%	\$40	50%	
\$0	50%	\$0	50%	Covers preventive exams, bitewing X-rays, cleanings and topical fluoride two times per calendar year. Full-mouth X-rays covered once every three years.
\$0	50%	\$0	50%	Covers diagnostic exams and intraoral-periapical X-rays two times per calendar year.
50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year	Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics and oral surgery.

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

	Regence MedAdvantage + Rx Primary (PPO)		Regence MedAdvantage + Rx Classic (PPO)	
	In-network	Out-of-network	In-network	Out-of-network
Vision services				
Medical vision services	\$0	50%	\$0	50%
Routine vision exam ²	\$0	50%	\$0	50%
Routine vision hardware ²	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year
Mental health services¹				
Inpatient	Days 1-4: \$400 / day Days 5-190: \$0 / day	Days 1-190: 50%	Days 1-4: \$400 / day Days 5-190: \$0 / day	Days 1-190: 50%
Outpatient therapy (individual and group)	\$40	50%	\$40	50%
Skilled nursing facility¹	Days 1-20: \$0 / day Days 21-100: \$167 / day	Days 1-100: 50%	Days 1-20: \$0 / day Days 21-100: \$167 / day	Days 1-100: 50%
Physical therapy¹	\$40	50%	\$40	50%
Ambulance (air/ground)¹	\$275	\$275	\$275	\$275
Transportation	Not covered	Not covered	Not covered	Not covered
Medicare Part B drugs¹	20%	50%	20%	50%
Alternative care				
Acupuncture (Medicare-covered)	\$20	50%	\$20	50%
Acupuncture (additional) ²	\$20	50%	\$20	50%
Chiropractic (Medicare-covered)	\$20	50%	\$20	50%

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Regence MedAdvantage + Rx Enhanced (PPO)		Regence Valiance (PPO) (no Rx)		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$0	50%	\$0	50%	
\$0	50%	\$0	50%	Routine vision services provided by VSP® Vision Care for in-network coverage. Covered lenses include basic single-vision, lined bifocal, lined trifocal or lenticular lenses. One pair of lenses/frames or single purchase of contact lenses per year.
Lenses: \$0 Frames or contact lenses: \$150 allowance per year	Lenses: 50% Frames or contact lenses: \$150 allowance per year	Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Lenses: 50% Frames or contact lenses: \$100 allowance per year	
Days 1-5: \$350 / day Days 6-190: \$0 / per day	Days 1-190: 50%	Days 1-4: \$390 / day Days 5-190: \$0 / day	Days 1-190: 50%	There is a 190-day lifetime maximum.
\$35	50%	\$40	50%	
Days 1-20: \$0 / day Days 21-100: \$160 / day	Days 1-100: 50%	Days 1-20: \$0 / day Days 21-100: \$160 / day	Days 1-100: 50%	Up to 100 days covered per benefit period.
\$35	50%	\$40	50%	Includes occupational therapy and speech language therapy.
\$250	\$250	\$250	\$250	Copay applies for each one-way transport.
Not covered	Not covered	Not covered	Not covered	
20%	50%	20%	50%	Usually administered in a hospital setting, like chemotherapy drugs.
\$20	50%	\$20	50%	Limited to treatment of chronic low back pain.
\$20	50%	\$20	50%	Up to 18 visits per year combined with additional chiropractic visits.
\$20	50%	\$20	50%	Limited to manipulation of the spine to correct a subluxation.

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

	Regence MedAdvantage + Rx Primary (PPO)		Regence MedAdvantage + Rx Classic (PPO)	
	In-network	Out-of-network	In-network	Out-of-network
Alternative care (cont.) Chiropractic (additional) ²	\$20	50%	\$20	50%
Massage therapy ²	\$20	50%	\$20	50%
Naturopathy ²	\$20	50%	\$20	50%
Annual physical exam	\$0	50%	\$0	50%
Fitness program (Silver&Fit®)²	\$0	Not covered	\$0	Not covered
Meal delivery service² Chronic health status	\$0	Not covered	\$0	Not covered
Post-discharge	\$0	Not covered	\$0	Not covered
Over-the-counter items²	Not covered	Not covered	Not covered	Not covered
Palliative care and support²	\$0	50%	\$0	50%
Personal emergency response system (PERS)²	\$0	Not covered	\$0	Not covered
Podiatry services Medicare-covered	\$50	50%	\$40	50%
Diabetic routine foot care ²	\$0	50%	\$0	50%
Virtual companionship²	\$0	Not covered	\$0	Not covered
Virtual visits (telehealth)	\$20	50%	\$10	50%

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Regence MedAdvantage + Rx Enhanced (PPO)		Regence Valiance (PPO) (no Rx)		What you should know
In-network	Out-of-network	In-network	Out-of-network	
\$20	50%	\$20	50%	Up to 18 visits per year combined with additional acupuncture visits.
\$20	50%	\$20	50%	Limit of 6 visits per year; up to 60 minutes per visit.
\$20	50%	\$20	50%	Limit of 6 visits per year.
\$0	50%	\$0	50%	In addition to the Medicare Annual Wellness Visit.
\$0	Not covered	\$0	Not covered	Fitness center membership, home fitness options including a complimentary Fitbit, weekly health coaching and more.
\$0	Not covered	\$0	Not covered	Requires enrollment in care management program. Chronic health: 2 meals/day for 56 days, 112-meal limit. Post-discharge: 2 meals per day, 28 days, 56-meal limit.
\$0	Not covered	\$0	Not covered	
Not covered	Not covered	\$40 every 3 months	\$40 every 3 months	Unused balance does not accumulate or carry over from quarter to quarter.
\$0	50%	\$0	50%	Includes care planning, pain/symptom management and counseling services for patients, caregivers and families in case of serious illness.
\$0	Not covered	\$0	Not covered	Benefit includes device and monthly monitoring services.
\$35	50%	\$40	50%	
\$0	50%	\$0	50%	Limit of 6 visits per year.
\$0	Not covered	\$0	Not covered	Virtual support services by phone. Limit of 4 visits per month; up to 60 minutes per visit.
\$5	50%	\$5	50%	Medical and mental health services provided by MDLIVE® or other provider by phone or video.

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	Regence MedAdvantage + Rx Primary (PPO)	Regence MedAdvantage + Rx Classic (PPO)	Regence MedAdvantage + Rx Enhanced (PPO)
Prescription deductible	\$0 (Tiers 1,2) \$300 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)	\$0 (Tiers 1,2) \$250 (Tiers 3,4,5)

Initial coverage (after deductible, what you pay until you and the plan pay \$4,130 for prescription drugs)

Tier 1: Preferred generic	1-month	3-month	1-month	3-month	1-month	3-month
Preferred retail	\$3	\$0	\$3	\$0	\$3	\$0
Mail order	\$0	\$0	\$0	\$0	\$0	\$0
Standard retail	\$10	\$20	\$10	\$20	\$10	\$20
Tier 2: Generic						
Preferred retail / mail order	\$13	\$26	\$13	\$26	\$8	\$16
Standard retail	\$20	\$40	\$20	\$40	\$15	\$30
Tier 3: Preferred brand						
Preferred retail / mail order	\$40	\$100	\$40	\$100	\$40	\$100
Standard retail	\$47	\$117.50	\$47	\$117.50	\$47	\$117.50
Tier 4: Non-preferred drug						
Preferred retail / mail order	40%	40%	40%	40%	40%	40%
Standard retail	45%	45%	45%	45%	45%	45%
Tier 5: Specialty						
Preferred retail / mail order	27%	N/A	28%	N/A	28%	N/A
Standard retail	27%	N/A	28%	N/A	28%	N/A

Coverage gap (what you pay after you and your plan pay \$4,130 for prescription drugs)

Generic drugs	You pay 25%
Brand-name drugs	You pay 25%

Catastrophic coverage (what you pay after your total out-of-pocket costs reach \$6,550)

Generic drugs	You pay the greater of \$3.70 or 5%
Brand-name drugs	You pay the greater of \$9.20 or 5%

You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a one-month supply (three-month supply is not available). Cost-sharing may change if you qualify for Extra Help. To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday.

Optional supplemental dental benefits

Optional supplemental benefits are not available for the Regence Valiance plan and Regence MedAdvantage + Rx Enhanced plan as they already include these benefits.

	Dental Option I (for Primary PPO plan)		Dental Option II (for Classic PPO plan)	
Monthly plan premium (in addition to your monthly plan and Part B premiums)	\$24		\$24	
	In-network	Out-of-network	In-network	Out-of-network
Comprehensive dental services²				
Diagnostic	50%; \$1,000 benefit limit per calendar year for all comprehensive dental services	50%; \$1,000 benefit limit per calendar year for all comprehensive dental services	Included in standard medical benefits	Included in standard medical benefits
Restorative			50%; \$1,000 benefit limit per calendar year	50%; \$1,000 benefit limit per calendar year

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Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-541-8981**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **regence.com/medicare** or call **1-800-541-8981** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

Covered preventive care services

Our plans cover the following Medicare-covered preventive services, along with any additional preventive services that Medicare approves during the contract year.

Abdominal aortic aneurysm screening
Alcohol misuse screenings and counseling
Annual Wellness Visit
Bone mass measurements (bone density)
Breast cancer screening (mammogram)
Cardiovascular disease screenings
Cardiovascular disease behavioral therapy
Cervical and vaginal cancer screening

Colorectal cancer screenings (multi-target stool DNA test, barium enemas, colonoscopy, fecal occult blood test or flexible sigmoidoscopies)
Depression screening
Diabetes screening
Diabetes self-management training
Glaucoma tests
Hepatitis B virus (HBV) infection screening
Hepatitis C screening test
HIV screening
Lung cancer screenings with Low Dose Computed

Tomography (LDCT)
Medicare Diabetes Prevention Program (MDPP)
Nutrition therapy services
Obesity screenings and counseling
Prostate cancer screenings
Sexually transmitted infections screening and counseling
Immunizations for flu, hepatitis B and pneumococcus
Tobacco use cessation counseling
“Welcome to Medicare” preventive visit (one time)

Important information about benefits

Routine hearing services

For more information about your routine hearing benefits or to find a hearing provider, call TruHearing at **1-855-542-1711** (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday. Or visit **truhearing.com**.

Routine vision services

For more information about your routine vision benefits or to find a vision provider, call VSP Vision Care at **1-844-299-3401** (TTY: 1-800-428-4833), 5 a.m. to 6 p.m. Pacific time, Monday through Friday, or 7 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **vsp.com**.

Virtual companionship

Eligible members are able to receive support services, such as grocery and pharmacy pick-up/delivery, technology assistance, phone visits and more. For more information or to see if you qualify, call Papa Pals at **1-877-310-0303** (TTY: 711) 5 a.m. to 8 p.m. Pacific time, Monday through Friday, or 5 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **Joinpapa.com/Regence**.

The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, plus an expanded home fitness program with two home fitness kits, one Stay Fit kit (Fitbit, Garmin, yoga or strength training), weekly 1-to-1 health coaching, and more. For more information or to sign up, call Silver&Fit at **1-888-797-8086** (TTY: 711), 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Or visit **SilverandFit.com**.

Over-the-counter items

Members of select plans receive a prepaid discount card and a list of product categories that are eligible for the OTC program. Allowance renews each quarter; unused credit does not accumulate or carry over to the next quarter. The card can be used at participating retail locations or online at **NationsOTC.com**. For more information, call Regence Customer Service at **1-800-541-8981** (TTY: 711).

Meal delivery service

No-cost meals for chronic condition or post-hospital stay nutritional support for those who qualify and participate in the plan's care/case management program. Mom's Meals delivers meals to all 50 states plus U.S. territories. For more information or to see if you qualify, call Regence Customer Service at **1-800-541-8981** (TTY: 711).

Personal emergency response system (PERS)

Receive a Lively™ Mobile Plus medical alert device and monthly monitoring per calendar year when arranged by the plan. For more information, call GreatCall at **1-800-358-9066** (TTY: 711). Or visit **greatcall.com/RegenceWA**.

Virtual visits (telehealth)

Primary care and mental health visits are available by mobile app, video or phone. For more information or to schedule an appointment, call MDLIVE at **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit **mdlive.com**.

24-hour nurse line

Regence Advice24 gives you 24/7 access to a medical professional for self-care suggestions for minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-800-267-6729** (TTY: 711).

Urgent and emergency care when you travel

If you travel outside the United States, the plan covers urgent care and medical emergencies in more than 190 countries around the world. Part D prescription drug coverage is not available outside the United States and its territories.

Visitor/travel program (PPO plans only)

By using a participating provider of the Blue Medicare Advantage PPO Network Sharing Program, you receive the same in-network benefits for Medicare-covered services as you would at home. This network is available in select areas of 43 states and Puerto Rico. You can search for a participating provider at **bcbs.com/find-a-doctor** or call Regence Customer Service at **1-800-541-8981** (TTY: 711).

Regence Medicare Advantage Plans
Monthly Plan Premium for People who get Extra Help from Medicare
to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

HMO plans available in King, Kitsap, Pierce and Snohomish counties in Washington

Your level of extra help	Monthly Premium for Regence BlueAdvantage HMO*	Monthly Premium for Regence BlueAdvantage HMO PLUS*
100%	\$0.00	\$12.00
75%	\$0.00	\$21.00
50%	\$0.00	\$30.00
25%	\$0.00	\$39.00

PPO plans available in King, Kitsap, Pierce and Snohomish counties in Washington

Your level of extra help	Monthly Premium for Regence MedAdvantage + Rx PRIMARY (PPO)*	Monthly Premium for Regence MedAdvantage + Rx CLASSIC (PPO)*	Monthly Premium for Regence MedAdvantage + Rx ENHANCED (PPO)*
100%	\$2.00	\$42.00	\$121.00
75%	\$11.00	\$51.00	\$130.00
50%	\$20.00	\$60.00	\$139.00
25%	\$29.00	\$69.00	\$148.00

*This does not include any Medicare Part B premium you may have to pay.

Regence BlueAdvantage HMO, Regence BlueAdvantage HMO Plus, Regence MedAdvantage + Rx Primary (PPO), Regence MedAdvantage + Rx Classic (PPO) and Regence MedAdvantage + Rx Enhanced (PPO) premiums include coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

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

If you have any questions, please call Customer Service at **1-800-541-8981** (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday (from October 1 through March 31, 8:00 a.m. to 8:00 p.m., seven days a week).

You must continue to pay your Medicare Part B premium. Regence optional supplemental benefit plan members must continue to pay their optional supplemental benefit plan premium.