

Regence PPO Plan Provider Directory

This directory is current as of today. The directory provides a list of our plan's current network providers.

For any questions about the information contained in the directory, please call our Customer Service department at 1-800-541-8981. Our hours are 8 a.m. to 8 p.m. Monday through Friday. From October 1 through March 31, our telephone hours are 8 a.m. to 8 p.m. seven days a week. TTY users should call 711. Live online chat assistance is also available from 8 a.m. to 5 p.m. PT, Monday through Friday. To access online chat, sign in and select Support and click on Chat Now to connect with us.

To get detailed information about your health care coverage, please see your Evidence of Coverage (EOC).

As a member of our plan, you are not required to select a Primary Care Provider (PCP). Some services have lower cost sharing when delivered by a PCP. Our plan considers a physician (M.D. or D.O.), physician's assistant (P.A.), osteopathic physician's assistant – certified (O.P.A.C.), or nurse practitioner (N.P.) with one of the following specialties to be a primary care provider:

- Adult Medicine
- Family Practice
- General Medicine
- Geriatric Medicine
- Gynecology
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics

The network providers listed in this directory have agreed to provide you with your health care, vision, and dental services. You may go to any of our network providers listed in this directory. If you have been going to one network provider, you are not required to continue to go to that same provider. Other providers are available in our network. In certain areas of the United States, there are Medicare-eligible providers participating in the Blue Cross and Blue Shield Association's Blue Medicare Advantage PPO Network Sharing program. If you see one of these Medicare Advantage PPO network providers, you will pay in-network cost sharing. Please contact Customer Service to find out if there are participating providers where you will be traveling.

Out-of-network providers are under no obligation to treat Regence enrollees, except in emergencies. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. You may also refer to your EOC for more information, including the cost sharing that applies to out-of-network services.

You may choose to receive care from out-of-network providers who participate in Medicare. Our plan covers services from both in-network and out-of-network providers, as long as the services are covered benefits and are medically necessary. If you use an out-of-network provider, your share of the costs for your covered services may be higher, except when receiving emergency and urgent care services. We cannot pay a provider who does not participate in Medicare.

It is best to ask an out-of-network provider to bill us first. If you have already paid for the covered services, we will reimburse you for our share of the cost for those services. If an out-of-network provider sends you a bill you think we should pay, you may send it to us for processing. Please contact Customer Service for assistance with how to submit a claim to us.

You may obtain emergency services from the closest available provider and may obtain urgently needed services from any qualified provider when out of our plan's service area or when network providers are unavailable.

Again, if you use an out-of-network provider, your share of the costs for your covered services may be higher, except when receiving emergency and urgent care services.

Our plan Primary Care and Behavioral Health service providers are required to meet minimum standards for appointment wait times (access to care). Dependent on the situation they are as follows:

- If your need is urgent or an emergency – immediately
- If your need is not urgent or an emergency, but medical attention is required – within 7 business days
- If your need is routine and preventive care – within 30 business days

Know all your care options. Find gender-affirming care providers and explore other LGBTQ+ benefits that our plan offers by contacting our Customer Service department.

To request a hard copy of our provider directory, please call our Customer Service department at 1-800-541-8981 from 8 a.m. to 8 p.m. Monday through Friday. From October 1 through March 31, our telephone hours are 8 a.m. to 8 p.m. seven days a week. TTY users should call 711. Live online chat assistance is also available from 8 a.m. to 5 p.m. PT, Monday through Friday. To access online chat, select Support and click on Chat Now to connect with us.

We will mail a hard copy of the provider directory to you within three (3) business days of your request. We may ask whether your request for a hard copy is a one-time request, or if you are requesting to receive the provider directory in hard copy permanently.

If you request it, your request for hard copies of the provider directory remains until you leave our plan or request hard copies be discontinued.