Regence

Regence BlueAdvantage HMO

2024 Summary of Benefits

January 1, 2024 – December 31, 2024

for residents of Deschutes County in Oregon.

H6237-007-003

For more information

Visit our website at **regence.com/medicare**.

Prospective members call **1-844-734-3623** (TTY: 711) 8 a.m. to 5 p.m., Monday through Friday.

Current members call **1-855-522-8896** (TTY: 711). Customer Service hours are 8 a.m. to 8 p.m., Monday through Friday (October 1 through March 31, our telephone hours are from 8 a.m. to 8 p.m., seven days a week).

This document is available electronically and may be available in other formats.

What you need to know about this book

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage (EOC). You can also see the EOC on our website, **regence.com/medicare**.

Who can join?

To join Regence BlueAdvantage HMO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. Our service area includes Deschutes County in Oregon.

Tips for comparing your Medicare benefits

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Which doctors, hospitals, and pharmacies can I use?

Regence BlueAdvantage HMO has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, we may not pay for your covered services. You must choose a primary care provider (PCP) when you sign up for this plan.

Go to our website at **regence.com/medicare** to search for a network provider (including PCPs accepting new patients) or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

When reviewing the following charts, you'll see the cost differences for your care and services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Regence BlueAdvantage HMO

Plan costs & limits	
Monthly plan premium You must continue to pay your Medicare Part B premium.	$26
Annual deductible	$0
Maximum out-of-pocket responsibility Annual limit on your out- of-pocket costs for your Medicare-covered services. This amount does not include prescription drugs. If you reach the limit on out-of-pocket costs, we will pay the full cost for Medicare-covered services for the rest of the year.	$5,500 for services you receive from in-network providers.

Medical benefits	
Inpatient hospital coverage[1,3] Our plan covers an unlimited number of days per stay	$395 per day: days 1-5 $0 per day: days 6 and beyond
Outpatient hospital services[1]	
Wound care services	$35
All other services	$375
Ambulatory surgery center services[1]	
Wound care services	$35
All other services	$300
Doctor visits	
Primary care provider	$0
Specialist[3]	$35
Preventive care Medicare-covered services: Abdominal aortic aneurysm screening Alcohol misuse screening and counseling Annual wellness visit Bone mass measurement	$0

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

Medical benefits	
Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit Cardiovascular disease testing Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screenings Diabetes screenings HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling Vaccines (flu, pneumonia, COVID-19, Hepatitis B) "Welcome to Medicare" visit (one-time)	
Annual routine physical exam	$0
Emergency care Your copay is waived if admitted to the hospital within 48 hours. Emergency room visit	$120
Worldwide emergency care	$120
Urgently needed services Urgent care visit	$40
Virtual urgent care visits - through our virtual care provider Doctor On Demand	$0
Worldwide urgent care visit	$120
Diagnostic services/labs/imaging HbA1C testing	$0

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Medical benefits	
Lab services[1]	$5
Outpatient x-rays	$10
Diagnostic tests and procedures[1]	$5
Diagnostic mammography	$0
Diagnostic radiology (MRI, CT, etc.)[1]	$350
Hearing services	
Exam to diagnose and treat hearing and balance issues	$35
Routine hearing exam[2] - 1 per calendar year, exam must be provided by TruHearing	$0
Hearing aids[2] - 1 per ear per calendar year, aids must be provided by TruHearing	$699 or $999 per aid
Dental services	
Medicare-covered services	$35
Routine dental services - All routine dental services are covered up to a combined benefit maximum every calendar year	$1,000
Preventive services[2] (Class I) Oral evaluations, 2 per calendar year Prophylaxis (routine cleaning or periodontal maintenance), 2 per calendar year, any combination Bitewing x-rays, 1 set per calendar year Full mouth (FMX) or panoramic x-rays, 1 every 36 months Fluoride, 1 per calendar year	$0
Basic comprehensive services[2] (Class II) Periodontal scaling and root planing services, 1 per quad every 24 months Restorative fillings, 2 per calendar year Restorative crowns, 1 per calendar year and once per tooth every 5 years	50%

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Medical benefits	
Major comprehensive services[2] (Class III) Dentures (full or partial, new), 1 every 5 years Endodontics (root canals), 1 per calendar year Extractions (including local anesthesia), 2 per calendar year Periodontal full mouth debridement, 1 every 3 years	50%
Vision services Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	$0
Routine exam[2] - 1 per calendar year, must be provided by VSP	$0
Routine eyewear[2] - must be provided by VSP Lenses - standard basic single-vision, lined bifocal, lined trifocal or lenticular are covered Frames or contacts - allowance every calendar year	$0 $100
Mental health services Inpatient psychiatric hospital[1] - 190-day lifetime maximum	$395 per day: days 1-5 $0 per day: days 6-190
Outpatient therapy[1] - individual or group	$30
Virtual mental health visits - through our virtual care provider Doctor On Demand	$0
Skilled nursing facility[1] Up to 100 days covered per benefit period	$0 per day: days 1-20 $203 per day: days 21-48 $0 per day: days 49-100
Outpatient rehabilitation services[1] Occupational therapy	$35
Physical and speech language therapy	$35
Ambulance[1] Copay per each one-way Medicare-covered transport Ground ambulance	$275

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Medical benefits	
Air ambulance	$275
Worldwide ground or air ambulance	$275
Transportation	Not covered
Medicare Part B drugs[1]	
Chemotherapy drugs	0%-20% (depending on the drug)
Other Part B drugs	0%-20% (depending on the drug)
Part B insulin	20% up to $35
Acupuncture	
Medicare-covered services - limited to treatment of chronic low back pain	$20
Chiropractic	
Medicare-covered services - limited to manipulation of the spine to correct a subluxation	$20
Diabetic services	
Diabetic monitoring supplies - in-network supplies limited to Ascensia Contour and Breeze or LifeScan OneTouch	$0
Continuous glucose monitor (CGM) and supplies[1] - in-network limited to Dexcom and Abbott FreeStyle Libre	$0
Diabetes self-management training	$0
Lancets, lancet devices, therapeutic shoes, and inserts	$0
Diabetic routine footcare[2] - 6 visits per calendar year	$0
Medicare diabetes prevention program (MDPP)	$0
Durable medical equipment (DME)[1]	20%
Fitness program[2] Fitness membership through the Silver&Fit program	$0

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Medical benefits	
Home delivered meals[2] Post discharge - 2 meals per day, up to 28 days, 56-meal limit per eligible episode	$0
Chronic health needs - 2 meals per day, up to 56 days, 112-meal limit per eligible episode Requires enrollment in care management program The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.	$0
Opioid treatment program services[1]	$0
Outpatient substance abuse[1] Individual or group	$30
Over the counter (OTC) items[2] Allowance given every three months	$40
Personal emergency response system (PERS)[2] Includes 1 Lively Mobile Plus medical alert device and monthly monitoring services	$0

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Prescription drugs

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you.

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 31-day supply.

Annual prescription (Part D) deductible stage	$0

Initial coverage stage (the amount you pay until you and your plan have paid $5,030 for covered drugs)	**30-day**	**up to 100-day**
Tier 1: Preferred generic		
Preferred retail	$0	$0
Mail order	$0	$0
Standard retail	$10	$30
Tier 2: Generic		
Preferred retail	$12	$36
Mail order	$12	$0
Standard retail	$20	$60
Tier 3: Preferred brand		
Preferred retail	$40	$120
Mail order	$40	$120
Standard retail	$47	$141
Tier 4: Non-preferred drug		
Preferred retail	$100	$300
Mail order	$100	$300
Standard retail	$100	$300
Tier 5: Specialty		
Preferred retail / mail order	33%	N/A
Standard retail	33%	N/A

Supplemental drug coverage
Tier 1 - Preferred Generics include coverage for prescribed folic acid, vitamin B12, vitamin D and erectile dysfunction drugs. You pay the Initial coverage cost share during the Catastrophic coverage stage.

Insulin
You won't pay more than $35 for a 30-day supply or $105 for a 100-day supply for covered insulin products regardless of the cost-sharing tier.

Part D vaccine
Our plan covers most adult Part D vaccines at no cost to you.

Coverage gap stage (the amount you pay after you **and** your plan have paid $5,030 for covered drugs)

After you enter the Coverage gap, you pay 25% of the plan's cost for covered brand name drugs, and 25% of the plan's cost for covered generic drugs until your costs total $8,000, which is the end of the Coverage gap.

You pay covered insulin products at the Initial coverage cost share during the Coverage gap stage.

Catastrophic coverage stage (the amount you pay after **your** total out-of-pocket costs reach $8,000)

After your yearly out-of-pocket drug costs reach $8,000, you pay nothing.

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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

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.
- ☐ Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ Benefits, premiums and/or copayments/ coinsurance may change on January 1, 2025.
- ☐ 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).

Disclaimers

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

Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal.

Out-of-network/noncontracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You can submit a marketing complaint to us by calling the phone number on the back of your member ID card or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day/ 7 days a week. Please reference your agent's name if applicable.

Utilization Management (UM) is the way we review the type and amount of care you're getting. This involves looking at the setting for your care and its medical necessity. Clinical professionals make decisions based on our clinical review criteria, guidelines, and medical policies. Examples of UM procedures include pre-service review (prior authorization), concurrent review (including urgent concurrent review) and post-service review. Find more information in our Member FAQ on **regence.com/medicare/resources/faq.**

The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. Other names may be trademarks of their respective owners.

Doctor On Demand is a separate company that provides telehealth services. Lively is a separate company that provides Jitterbug products. Silver&Fit is a separate company that provides wellness and health information services. TruHearing is a separate company that provides discounted hearing products. VSP is a separate company that provides vision services.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-541-8981. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-541-8981. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-541-8981。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-541-8981。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-541-8981. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-541-8981. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-541-8981 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-541-8981. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-541-8981 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-541-8981. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على متر جم فوري، ليس عليك سوى الاتصال بنا على 1-800-541-8981. سيقوم شخص ما يتحدث العربية بمساعدتك.هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी पर्श्न के जवाब देने के िकए हमारे पास मुफ्त दुभाि◌ियाकया सेवाएँ उिपब्ध हैं. एक दुभाि◌ियाकया पर्◌ाप्त करने के ि◌िकए, बस हमें 1-800-541-8981 पर फोन करें. कोई व्यिक्त जो कहन्दी बोि◌िता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-541-8981. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-541-8981. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-541-8981. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-541-8981. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-541-8981 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。