Regence HMO 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 1-855-522-8896. 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).

You will have to choose one of our network providers listed in this directory to be your **P**rimary **C**are **P**rovider (PCP). Generally, you must get your health care services from your PCP. Your PCP is the provider that will coordinate your medical care. You will find the PCPs in our network listed in the "Primary Care Providers" section of this directory. Our plan considers a physician (M.D. or D.O.), physician's assistant (P.A.), 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
- Internal Medicine
- Pediatrics (for members under the age of 18)

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 however, some services may require a referral (if your plan has referral requirements). 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. Your PCP will coordinate any needed referrals for your healthcare with our network providers. A referral is an approval from your PCP for you to see a specialist or other provider. In most cases, medical services obtained without a PCP referral will not be covered. Some services may also require prior authorization from the plan. When necessary, your PCP or referred specialist will obtain prior authorization from the plan for these services. Please review Chapter 3 of your EOC for more information on referral requirements for your plan.

In certain circumstances, you may get covered services from out-of-network providers. If your PCP determines there is a medical reason you must see an out-of-network provider, your PCP must obtain prior approval from the plan before services are rendered. If prior plan approval is not obtained, services will not be covered.

If you receive plan-approved care from an out-of-network provider, have the provider bill the plan by following the instructions on the back of your ID card. If you receive a bill from an out-of-network provider, submit the bill to the plan for processing. Addresses for claims submission are listed in the Evidence of Coverage or on the back of your member ID card. You may also contact Customer Service for assistance.

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.

You must use network providers except in emergency or urgent care situations, or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor our plan will be responsible for the costs.

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 1-855-522-8896 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.