

**Regence MedAdvantage  
Regence MedAdvantage + Rx Core  
Regence MedAdvantage + Rx Classic  
Regence MedAdvantage + Rx Enhanced**



M0016 01458 08/2008

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



**Regence**

Together, we can take charge.<sup>SM</sup>

**Regence MedAdvantage\***  
**Regence MedAdvantage + Rx Core**  
**Regence MedAdvantage + Rx Classic**  
**Regence MedAdvantage + Rx Enhanced**

Use this simple comparison of premiums, copays and coinsurance to help you determine which Regence MedAdvantage plan best meets your needs.

We have a brand new option, the **Regence MedAdvantage + Rx Core** plan. It provides the quality and reassurance of Regence MedAdvantage, but its higher cost-sharing amounts mean you pay a much lower premium. See which Regence MedAdvantage plan meets your needs.

<b>Monthly Premiums:</b>	
Regence MedAdvantage	\$99
Regence MedAdvantage + Rx Core	\$60
Regence MedAdvantage + Rx Classic	\$132
Regence MedAdvantage + Rx Enhanced	\$149

**With Regence MedAdvantage plans, you have:**

- No deductibles for medical services
- Large selection of doctors, hospitals and other health care providers with no referrals
- Moderate copays for in-network doctor and specialist visits, routine physical exams and urgent care
- Dental coverage (at any dentist's office) for routine preventive care, up to \$500 per year (not available with **Regence MedAdvantage + Rx Core**)
- 24-hour nurse health-advice hotline
- **myRegence.com**—an online source of information to help you understand and manage your care, your coverage and—with its Prescription Medication interactive tools—your prescription drug needs

Choose Part D Prescription Drug coverage with **Regence MedAdvantage + Rx Core, Regence MedAdvantage + Rx Classic** or **Regence MedAdvantage + Rx Enhanced** and you have:

- More than 50,000 network pharmacies nationwide to choose from
- Convenient mail-order service
- \$4 copays for Tier 1 generic prescription drugs
- A formulary that includes all Medicare-covered Part D prescription drugs.

\*If you currently have Medicare Part D prescription drug coverage and wish to enroll in Regence MedAdvantage, you must obtain your Part D coverage as part of your Regence MedAdvantage coverage.

# Regence MedAdvantage Benefits at a Glance

Here is a snapshot of benefits in an easy-to-read table. This is only a summary. For a full description of benefits, please see the Summary of Benefits booklet or Evidence of Coverage. “In-network” in this table refers to our large Preferred Provider Organization network (PPO). See the provider directory or visit online at [www.regence.com/WARBS/products/medicare](http://www.regence.com/WARBS/products/medicare) to see if your doctor is in the network.

Description	Regence MedAdvantage + Rx Core		Regence MedAdvantage, Regence Classic, Regence MedAdvantage + Rx Enhanced		Considerations
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductible	\$0	\$0	\$0	\$0	No deductible for medical care and services
Out-of-pocket maximum	\$2,500	\$5,000	\$1,500	\$3,000	This is the total amount you will pay, out-of-pocket per calendar year for covered medical services
<b>Professional Services</b>					
Office visits	\$25 copay	\$35 copay	\$10 copay	\$25 copay	Covered in full after your copay
Routine physical exam	\$25 copay	\$35 copay	\$10 copay	\$25 copay	Covered in full after your copay
Urgent care	\$25 copay	\$35 copay	\$10 copay	\$25 copay	Copay waived if admitted to a hospital within 48 hours
Pap smears/Pelvic exams	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Covered in full
Prostate cancer screening exams	\$0 copay	\$0 copay	\$0 copay	\$0 copay	For men 50 and older
Immunizations (Medicare-covered)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Coverage for flu, pneumonia, and hepatitis B immunizations
<b>Hospital Services</b>					
Hospital stay	\$250 copay per day for days 1-5	\$500 copay per day for days 1-5	\$100 copay per day for days 1-5	\$200 copay per day for days 1-5	Covered in full for Medicare-covered services after your copay
Skilled nursing	\$25 copay per day	\$35 copay per day	\$0 copay per day	\$25 copay per day	Up to 100 days covered per benefit period
Inpatient mental health treatment	\$250 copay per day 1-5	\$500 copay per day 1-5	\$100 copay per day 1-5	\$200 copay per day 1-5	190-day lifetime maximum
Emergency room services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	Worldwide coverage. Copay waived if admitted to a hospital within 48 hours

### Other Services and Benefits

Eye examinations (routine, non-Medicare covered)	Not covered	Not covered	\$10 copay	\$25 copay	Covered in full after your copay once every two years. Not available with Regence MedAdvantage + Rx Core
Vision hardware (non-Medicare covered)	Not covered	Not covered	\$0 copay	\$0 copay	Covered in full, up to \$100, every two years. Not available with Regence MedAdvantage + Rx Core
Diagnostic hearing exams	\$25 copay	\$35 copay	\$10 copay	\$25 copay	Benefit applies to Medicare-covered services only
Dental services – Medicare-covered	\$25 copay	\$35 copay	\$10 copay	\$25 copay	Benefit applies to Medicare-covered services only
Dental services – preventive	Not covered	Not covered	\$0 copay	\$0 copay	Up to \$500 for routine preventive care per calendar year. Full-mouth debridement not covered. Not available with Regence MedAdvantage + Rx Core
Ambulance	\$100 copay	\$100 copay	\$100 copay	\$100 copay	Worldwide coverage for Medicare-covered services
Laboratory services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Covered in full for Medicare-covered services
Radiology services	You pay 20%	You pay 40%	\$0 copay	\$0 copay	Coverage in full after you pay coinsurance amount for Regence MedAdvantage + Rx Core Plan; other options pay in full with no copay
Outpatient surgery	\$250 copay	\$500 copay	\$0 copay	\$100 copay	Copays apply to out-of-network services and Regence MedAdvantage + Rx Core
Outpatient surgery services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	Covered in full for Medicare-covered services
Durable medical equipment	You pay 20%	You pay 40%	You pay 10%	You pay 20%	Benefit applies only to Medicare-covered equipment
Diabetes self-monitoring and training supplies	\$0 copay	\$0 copay	\$0 copay	\$0 copay	We pay 100% for lancets, test strips and glucometer supplies. (For insulin and syringes, see Part D coverage, Tier 2.)
Prosthetic devices	You pay 20%	You pay 40%	You pay 10%	You pay 20%	Covered in full for Medicare-covered services after your coinsurance

## Tiered Pharmacy Benefit

	Regence MedAdvantage + Rx Core	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced
<b>Deductible</b>	\$0	\$295	\$0
<b>Tier 1</b> Copay for Generics	\$4	\$4	\$4
<b>Tier 2</b> Copay for Preferred Brands	\$25	\$20	\$25
<b>Tier 3</b> Copay for Non-Preferred Brands	\$50	\$40	\$50
<b>Tier 4*</b> Coinsurance Miscellaneous Injectables	25%	25%	25%
<b>Tier 5*</b> Coinsurance Specialty Medications	25%	25%	25%

The following information shows what you may spend over a year's period.

Initial Coverage Limit	Before the total yearly drug costs (paid by you and your plan) reach \$2,700, your share is \$4/\$25/\$50/25%/25%, depending on the tier	After you've paid your yearly deductible and before the total yearly drug costs (paid by you and your plan) reach \$2,700, your share is \$4/\$20/\$40/25%/25% depending on the tier	Before the total yearly drug costs (paid by you and your plan) reach \$2,700, your share is \$4/\$25/\$50/25%/25%, depending on the tier
Coverage Gap	You pay 100% of discounted drug costs until the total out-of-pocket costs for the year reach \$4,350	You pay 100% of discounted drug costs until the total out-of-pocket costs for the year reach \$4,350	You pay the \$4 copay for Tier 1 generics, or 100% of discounted costs for all other Medicare Part D covered drugs, until the total out-of-pocket costs for the year reach \$4,350
Catastrophic Coverage	After \$4,350 in out-of-pocket costs is reached, you pay the greater of \$2.40/\$6.00 copay or 5% coinsurance, depending upon the tier		

\*Tiers 4 and 5 products are limited to a 30-day supply and may contain generic products.

*Deductibles, copays and coinsurance amounts are based on a 30-day supply of medications (31-day supply for long-term care) and are effective January 1, 2009 through December 31, 2009.*

## How to Reach Us

Whether you want to talk to a person about Medicare or prefer to research your answer yourself, there are lots of resources available. Regence has highly trained experts who are easy to reach and talk to.

Call us weekdays, between 8 a.m. and 5 p.m., Pacific time

Toll-free 1-888-REGENCE (1-888-734-3623)  
TTY users should call 711

We also have many resources available online:

Product details and forms for all of our Regence MedAdvantage plans:  
**[www.regence.com/WARBS/products/medicare](http://www.regence.com/WARBS/products/medicare)**

Or, you can contact your broker or agent.

This brochure includes only highlights of the Regence MedAdvantage plans. For complete information about benefits, eligibility and enrollment, please refer to the Summary of Benefits or contact us at the numbers above.

Regence MedAdvantage plans provide reimbursement for all medically necessary benefits regardless of whether they are received in-network. Members receive their highest benefits when they receive their care from in-network providers. Care received out-of-network may cost more.

Regence MedAdvantage is a PPO with a Medicare Advantage contract. CMS renews this contract annually and availability of this coverage beyond the end of the 2009 contract year is not guaranteed. Regence MedAdvantage plans are available to residents in Clallam, Columbia, Cowlitz, Island, King, Kitsap, Klickitat, Lewis, Pierce, San Juan, Skagit, Skamania, Snohomish, Thurston, Wahkiakum, Walla Walla, Whatcom and Yakima counties in Washington. Anyone who resides in our service area, has Medicare Parts A and B, and does not have End Stage Renal Disease (ESRD) may apply. Members must continue to pay their Part B premiums, may not receive Part D coverage from another carrier when enrolled in Regence MedAdvantage and may have only one Part D plan. Applicable eligibility and enrollment periods apply. Benefits, formularies and provider or pharmacy networks may change in the next contract year.



# Regence

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

PO Box 21267  
Seattle, Washington 98111

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