

Regence BlueCross BlueShield of Oregon PPO Plans

Who can enroll in these plans?

All eligible members may enroll in the Regence BlueCross BlueShield plans no matter where they live or work.

How does the plan make sure my family and I will get the best quality care?

Regence BlueCross BlueShield provides you and your family the best quality care by making sure your care is based on the latest and highest quality medical standards. We base our Medical Policy on the best scientific evidence, and we measure and give physicians feedback on how well they meet current standards for preventive care and treatment of common conditions such as asthma, high blood pressure and diabetes. We believe that the medical profession is constantly learning and that the right answers require being a partner with your doctor. We provide information for you about quality care and how to maintain your health. We support new ideas and fund pilot programs to find ways to reward the best care. You can learn more about all of this in our Medical Director's letter to you at www.or.regence.com/pebb.

How does the plan help us keep our out-of-pocket costs down?

Regence helps keep out-of-pocket costs down by providing tools to help you make decisions that can affect your pocketbook. On myregence.com, you can use a calculator to estimate future costs, identify which providers are preferred and less expensive to you, and see which hospitals are recommended for both quality and costs. You can also check www.or.regence.com/pebb for generic drug options to lower your co-pay. We also provide wellness programs, with rewards for participating and care management programs such as Advicare that will work to keep you as healthy as possible so you can save your resources for other areas of your life.

What preventive services are covered?

Regence provides 100 percent coverage when you see a preferred provider for periodic health exams, well-child checkups, routine immunizations, mammography screenings and hearing screenings. Routine women's

exams are covered in full after a \$10 co-payment. If you choose to see a non-preferred provider, your coverage pays at 70 percent of allowed charges.

How does the plan cover emergency services – both inside and outside the service area?

Emergency services are covered at 85 percent for preferred facilities and providers and 70 percent for non-preferred facilities and providers. If you are experiencing a medical emergency that requires emergency care (see Glossary), your coverage will pay at the preferred level regardless of whether you see a preferred provider.

How will the plan cover my child who is attending an out-of-area college?

Your children will have coverage wherever they reside. The national BlueCard program allows your dependent child to receive services from an-out-of-state provider and receive benefits at 85 percent if they receive services from preferred providers or 70 percent if they receive services from non-preferred providers. To locate a preferred Blue Provider outside of Oregon, you can call (800) 810-BLUE (2583). This number is also on the back of your Regence ID card. Or visit www.bcbs.com for a list of providers worldwide.

How does the plan's prescription drug program work, and where can I see the formulary?

You pay a \$5 co-payment for each generic prescription medication; a \$15 co-payment for each preferred medication; and \$50 or 50 percent of the cost for brand-name medications (whichever is greater), plus the difference between generic and brand-name for multisource brands (see Glossary) dispensed by a participating pharmacy. If you purchase prescriptions from a non-participating pharmacy, you may be required to pay in full at the time of purchase and then submit for reimbursement. Your plan allows for a 34-day supply at a retail pharmacy and a 90-day supply through mail order. You can review the Regence Preferred brand-name medication list online at www.or.regence.com/pebb.

What is the plan's exceptions process?

You and your doctor can see if a drug is on the plan's formulary by doing a search on the Regencrx Web site. If your doctor prescribes a non-formulary drug, he or she can fill out the online Pharmacy Prior Authorization Request form on the Web site and fax it to Regence or submit it online.

The online form lets your doctor:

- See why the drug is not preferred by the plan
- Enter the formulary drugs you have tried for this condition and what your outcomes were with those drugs.

The plan may grant exceptions if formulary alternatives have failed to treat your condition or caused side effects that made you stop taking them. The plan makes exception decisions within 24 to 48 hours, when it has all needed information from your doctor.

If you are enrolled in the part-time and retiree plan, when you get an exception, the co-pay for the non-preferred drug will not apply to your deductible. The co-pay for a preferred brand drug *does* apply to your deductible.

What's different in the Part-time and Retiree Plan compared with the other plan?

This plan pays 50 percent, and you pay 50 percent of the first \$1,000 in eligible charges. Once you have reached \$1,000 in eligible charges, the plan begins to pay 80 percent of eligible charges for preferred providers and maximum annual out-of-pocket per person (\$6,000 per family) for preferred providers and \$4,000 out-of-pocket per person (\$12,000) per family for non-preferred providers. This plan does not offer a routine vision benefit.

What if I live in a rural area?

Some areas of the state have limited preferred providers. In these counties, PEBB has arranged for resident members to receive the preferred provider level of benefits from providers who are either preferred or participating in Regence BCBSO contracts.

The designated rural counties are: Baker, Crook, Curry, Deschutes, Gilliam, Grant, Harney, Jackson, Jefferson, Josephine, Klamath, Lake, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, and Wheeler.

If you see a provider who is not participating (has no arrangements with Regence to bill at a specific level), that provider may charge more than preferred or participating providers. Such a provider may bill you for amounts not reimbursed by Regence.

Where can I find out about the plan's limitations and exclusions?

Limitations and exclusions are available in the member handbook or on our Web site at www.or.regence.com/pebb. Click on "Benefits" and then "Limitations Applicable to Your Plan" or "General Exclusions."

Whom can I contact to learn more about the plan?

You can contact a Customer Service Representative at (800) 826-9813 (outside Portland) or (503) 220-3849 (Portland), or you can visit our Web site at www.or.regence.com/pebb.