



Regence MedAdvantage + Rx Primary (PPO) 2024 Summary of Benefits

January 1, 2024 – December 31, 2024

for retirees of groups based in Utah

For more information

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

Contact Customer Service at **1-888-319-8904** (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).

Who can join?

To join a Regence Medicare Advantage Retiree Group Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for your employer's retiree plan and live within the United States. As long as you are eligible for your employer's retiree plan, you will have coverage in any state you live in (excluding U.S. territories).

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 participates in the Blue Medicare Advantage PPO Network Sharing Program. If you use a Regence MedAdvantage PPO network provider, or any other provider who participates in the PPO Network Sharing Program, you will receive in-network benefits for covered services. If you reside in a county or state that does not participate in the Blue Medicare Advantage PPO Network Program, you will still receive in-network benefits for covered services as long as your chosen provider accepts Medicare. If you choose to use an out-of-network provider when an in-network provider is available, you may pay more for your services, except in urgent and emergency situations.

Go to our website at [**regence.com/mrg**](http://regence.com/mrg) to search for a network provider 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 in-network vs. out-of-network care and services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Regence MedAdvantage + Rx Primary

Plan costs & limits

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.	\$6,700 for services you receive from in-network providers. \$13,300 for services you receive from in- and out-of-network providers combined.

Medical benefits	In-network	Out-of-network
Inpatient hospital coverage¹ Our plan covers an unlimited number of days per stay	\$410 per day: days 1-5 \$0 per day: days 6 and beyond	30%
Outpatient hospital services¹ Wound care services	\$45	30%
All other services	\$400	30%
Ambulatory surgery center services¹ Wound care services	\$45	30%
All other services	\$300	30%
Doctor visits Primary care provider	\$0	30%
Specialist	\$45	30%
Preventive care Medicare-covered services: Abdominal aortic aneurysm screening Alcohol misuse screening and counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit Cardiovascular disease testing	\$0	30%

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

Medical benefits	In-network	Out-of-network
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	30%
Emergency care Your copay is waived if admitted to the hospital within 48 hours.		
Emergency room visit	\$100	\$100
Worldwide emergency care	\$100	\$100
Urgently needed services		
Urgent care visit	\$45	\$45
Virtual urgent care visits - through our virtual care provider Doctor On Demand	\$0	Not covered
Worldwide urgent care visit	\$100	\$100
Diagnostic services/labs/imaging		
HbA1C testing	\$0	30%
Lab services ¹	\$25	30%
Outpatient x-rays	\$20	30%

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Medical benefits	In-network	Out-of-network
Diagnostic tests and procedures ¹	\$25	30%
Diagnostic mammography	\$0	30%
Diagnostic radiology (MRI, CT, etc.) ¹	\$275	30%
Hearing services		
Exam to diagnose and treat hearing and balance issues	\$45	30%
Routine hearing exam ² - 1 per calendar year, in-network services provided by TruHearing	\$0	\$150
Hearing aids ² - 1 per ear per calendar year, aids must be provided by TruHearing	\$699 or \$999 per aid	Not covered
Dental services		
Medicare-covered services	\$45	30%
Preventive and diagnostic dental services ² Oral exams, bitewing and diagnostic x-rays, cleanings or periodontal maintenance, and fluoride, 2 every calendar year Periodontal scaling/root planing, 1 every calendar year Full- mouth or panoramic x-rays, 1 every 3 years	\$0	50%
Vision services		
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	\$0	30%
Routine exam ² - 1 per calendar year, in-network services provided by VSP	\$0	30%
Routine eyewear ² - in-network services provided by VSP		
Lenses - standard basic single-vision, lined bifocal, lined trifocal or lenticular are covered	\$0	50%
Frames or contacts - allowance for in- or out-of-network every calendar year	\$100	\$100

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Medical benefits	In-network	Out-of-network
Mental health services		
Inpatient psychiatric hospital ¹ - 190-day lifetime maximum	\$387 per day: days 1-5 \$0 per day: days 6-190	30%: days 1-190
Outpatient therapy ¹ - individual or group	\$30	30%
Virtual mental health visits - through our virtual care provider Doctor On Demand	\$0	Not covered
Skilled nursing facility¹ Up to 100 days covered per benefit period	\$0 per day: days 1-20 \$203 per day: days 21-54 \$0 per day: days 55-100	30%: days 1-100
Outpatient rehabilitation services¹		
Occupational therapy	\$30	30%
Physical and speech language therapy	\$30	30%
Ambulance¹ Copay per each one-way Medicare-covered transport		
Ground ambulance	\$300	\$300
Air ambulance	\$300	\$300
Worldwide ground or air ambulance	\$300	\$300
Transportation	Not covered	Not covered
Medicare Part B drugs¹		
Chemotherapy drugs	0%-20% (depending on the drug)	30%
Other Part B drugs	0%-20% (depending on the drug)	30%
Part B insulin	20% up to \$35	30%
Acupuncture Medicare-covered services - limited to treatment of chronic low back pain	\$20	30%

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Medical benefits	In-network	Out-of-network
Chiropractic Medicare-covered services - limited to manipulation of the spine to correct a subluxation	\$20	30%
Diabetic services Diabetic monitoring supplies - in-network supplies limited to Ascensia Contour and Breeze or LifeScan OneTouch	\$0	50%
Continuous glucose monitor (CGM) and supplies ¹ - in-network limited to Dexcom and Abbott FreeStyle Libre	\$0	50%
Diabetes self-management training	\$0	30%
Lancets, lancet devices, therapeutic shoes, and inserts	\$0	50%
Diabetic routine footcare ² - 6 visits per calendar year	\$0	30%
Medicare diabetes prevention program (MDPP)	\$0	\$0
Durable medical equipment (DME)¹	20%	50%
Fitness program² Fitness membership through the Silver&Fit program	\$0	Not covered
Home delivered meals² Post discharge - 2 meals per day, up to 28 days, 56-meal limit per eligible episode	\$0	Not covered
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	Not covered

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Medical benefits	In-network	Out-of-network
Opioid treatment program services ¹	\$0	30%
Outpatient substance abuse ¹ Individual or group	\$30	30%

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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 for Tiers 1 and 2, Tiers 3 and 4 insulins, and most vaccines
\$250 for Tiers 3, 4 and 5

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	\$20
Tier 2: Generic		
Preferred retail	\$13	\$26
Mail order	\$13	\$0
Standard retail	\$20	\$40
Tier 3: Preferred brand		
Preferred retail	\$40	\$100
Mail order	\$40	\$100
Standard retail	\$47	\$117.50
Tier 4: Non-preferred drug		
Preferred retail	\$100	\$250
Mail order	\$100	\$250
Standard retail	\$100	\$250
Tier 5: Specialty		
Preferred retail / mail order	28%	N/A
Standard retail	28%	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 \$87.50 for a 100-day supply for covered insulin products regardless of the cost-sharing tier, even if you haven't paid your deductible.

Part D vaccine

Our plan covers most adult Part D vaccines at no cost to you, even if you haven't paid your deductible.

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 **1-888-319-8904**.

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. Call **1-888-319-8904** to request 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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.