

# 2022 Regence Medicare Advantage Plan Information

Thank you for your interest in applying for the Regence BlueShield of Idaho Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Regence BlueShield of Idaho within 15 calendar days of the application receipt.

## Enrollment Packet – click links below to download and save documents

Star Rating: [HMO](#) / [PPO](#)

### [Online Application](#)

Benefit Summaries: [Blue MedAdvantage HMO & HMO+](#) / [Enhanced](#) / [Primary-Classic 01](#) / [Primary-Classic 02](#) / [Valiance](#) / [Align & Align Plus \(HMO\)](#) / [Align No Rx \(HMO\)](#)

[Provider Search](#)

[Pharmacy Search](#)

[Formulary](#)

### Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1<sup>st</sup> effective date for your new plan.

### Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15<sup>th</sup> and December 7<sup>th</sup>. ***If they are signed prior to October 15<sup>th</sup> they will be returned to you with a new application.*** If they are received after December 7<sup>th</sup>, you will not be able to change plans until the next AEP for January of the following year.

### Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC  
PO Box 26540  
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470  
Secure File Upload: [Click here](#)  
Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://www.medicare-idaho.com>

Y0062\_MULTIPLAN\_CDA INSURANCE Idaho 2022



Regence MedAdvantage + Rx Primary (PPO)  
Regence MedAdvantage + Rx Classic (PPO)

## 2022 Summary of Benefits

for residents of Bonner, Kootenai, Latah, and Nez Perce counties in Idaho and Asotin County in Washington

### For more information

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Visit our website at [regence.com/medicare](https://www.regence.com/medicare).

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

Current PPO members call **1-800-541-8981** (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).

Regence BlueShield of Idaho 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. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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

## What you need to know about this book

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The information listed is a summary of what we cover and **what you pay**. It does not list every service, coverage limitation or exclusion. A complete list of covered services can be found in our Evidence of Coverage (EOC) on our website at [regence.com/medicare](https://www.regence.com/medicare) or by calling **1-800-541-8981** (TTY: 711) to request a copy.

To join a Regence Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area of **Bonner, Kootenai, Latah, and Nez Perce counties in Idaho and Asotin County in Washington**.

Regence participates in the Blue Medicare Advantage PPO Network Sharing Program. While traveling you may be able to receive the same in-network benefits for Medicare-covered services just as you would at home. This network is available in select areas of 47 states, the District of Columbia and Puerto Rico. You can search for a participating provider at [bcbs.com/find-a-doctor](https://www.bcbs.com/find-a-doctor) or call Regence Customer Service at **1-800-541-8981** (TTY: 711) for assistance.

Out-of-network/noncontracted providers are under no obligation to treat Regence 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.

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](https://www.regence.com/medicare/resources/faq).

Cost-sharing may be less if you qualify for Extra Help. To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday.

If you want to know more about the coverage and costs of Original Medicare, look in your current **Medicare & You 2022** handbook. View it online at [medicare.gov](https://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.

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.

American Specialty Health Incorporated, Lively, MDLIVE, Mom's Meals, Medline, Papa, Inc., TruHearing and VSP Vision Care are separate companies that provide services to Regence members.

## Pre-enrollment checklist

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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 **1-800-541-8981**.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [regence.com/medicare](https://www.regence.com/medicare) or call **1-800-541-8981** 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.

### 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.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- 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.

## Medical Benefits

Plan costs & information	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic
<b>Plan number</b>	H1304-011-002	H1304-012-002
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium.	\$22	\$87
<b>Annual deductible</b> The amount you pay for medical services before the plan begins to pay. Deductible amounts reset every January 1.	\$0	\$0
<b>Maximum out-of-pocket responsibility</b> Annual limit on your out-of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.	\$6,200 in-network \$10,000 combined in- and out-of-network	\$5,500 in-network \$10,000 combined in- and out-of-network

Medical benefits	Regence MedAdvantage + Rx Primary		Regence MedAdvantage + Rx Classic	
	In-network	Out-of-network	In-network	Out-of-network
<b>Inpatient hospital coverage<sup>1</sup></b> Number of days allowed per stay is unlimited.	Days 1-5: \$395 / day Days 6+: \$0 / day	Days 1+: 30%	Days 1-4: \$395 / day Days 5+: \$0 / day	Days 1+: 30%
<b>Outpatient hospital services<sup>1</sup></b>				
<b>For wound care</b>	\$45	30%	\$40	30%
<b>For observation</b>	\$90	30%	\$90	30%
<b>For all other services</b>	\$325	30%	\$300	30%
<b>Ambulatory surgery center services<sup>1</sup></b>				
<b>For wound care</b>	\$45	30%	\$40	30%
<b>For all other services</b>	\$225	30%	\$200	30%
<b>Doctor visits</b>				
<b>Primary care provider</b>	\$0	30%	\$5	30%
<b>Specialist</b>	\$45	30%	\$40	30%
<b>Preventive care</b> Cost-sharing may apply if you receive other services during your preventive care visit.	\$0	30%	\$0	30%
<b>Emergency care</b> Copay waived if admitted to the hospital within 48 hours.	\$90	\$90	\$90	\$90

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

Medical benefits	Regence MedAdvantage + Rx Primary		Regence MedAdvantage + Rx Classic	
	In-network	Out-of-network	In-network	Out-of-network
<b>Urgently needed services</b>	\$45	\$45	\$40	\$40
<b>Diagnostic services/labs/imaging</b>				
<b>HbA1C testing</b>	\$0	30%	\$0	30%
<b>Lab services<sup>1</sup></b>	\$10	30%	\$5	30%
<b>Outpatient x-rays</b>	\$15	30%	\$10	30%
<b>Diagnostic tests and procedures<sup>1</sup></b>	\$10	30%	\$5	30%
<b>Diagnostic mammography</b>	\$0	30%	\$0	30%
<b>Diagnostic radiology (MRI, CT, etc.)<sup>1</sup></b>	\$250	30%	20%	30%
<b>Hearing services</b>				
<b>Medical hearing exam</b>	\$45	30%	\$40	30%
<b>Routine hearing<sup>2</sup></b> In-network coverage through TruHearing. Hearing aids covered only if obtained from TruHearing. 1 per ear, per year.	Exam: \$0 Hearing aids: \$699 or \$999 per aid	Exam: \$150 Hearing aids: Not covered out-of-network	Exam: \$0 Hearing aids: \$699 or \$999 per aid	Exam: \$150 Hearing aids: Not covered out-of-network
<b>Dental services</b>				
<b>Medical dental services</b>	\$45	30%	\$40	30%
<b>Preventive and diagnostic dental services<sup>2</sup></b> Covers preventive and diagnostic exams, bitewing and diagnostic x-rays, cleanings, and fluoride twice per year, full- mouth or panoramic x-rays once every 3 years, and certain periodontal services as needed.	\$0; \$1,000 benefit limit per year for covered services	50%; \$1,000 benefit limit per year for covered services	\$0; no limit for covered services	50%; no limit for covered services
<b>Restorative dental services<sup>2</sup></b> Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics, and oral surgery.	Available only as an optional supplemental benefit.		Available only as an optional supplemental benefit.	
<b>Vision services</b>				
<b>Medical vision services</b>	\$0	30%	\$0	30%
<b>Routine vision<sup>2</sup></b> In-network coverage through VSP Vision Care. Lenses limited to standard basic single-vision, lined bifocal, lined trifocal or lenticular. 1 pair of lenses and frames or a single purchase of contact lenses per year.	Exam: \$0 Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Exam: 30% Lenses: 50% Frames or contact lenses: \$100 allowance per year	Exam: \$0 Lenses: \$0 Frames or contact lenses: \$100 allowance per year	Exam: 30% Lenses: 50% Frames or contact lenses: \$100 allowance per year

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Medical benefits	Regence MedAdvantage + Rx Primary		Regence MedAdvantage + Rx Classic	
	In-network	Out-of-network	In-network	Out-of-network
<b>Mental health services<sup>1</sup></b> <b>Inpatient psychiatric hospital</b> There is a 190-day lifetime maximum.	Days 1-5: \$370 / day Days 6-190: \$0 / day	Days 1-190: 30%	Days 1-4: \$395 / day Days 5-190: \$0 / day	Days 1-190: 30%
<b>Outpatient therapy (individual and group)</b>	\$40	30%	\$40	30%
<b>Skilled nursing facility<sup>1</sup></b> Up to 100 days covered per benefit period.	Days 1-20: \$0 / day Days 21-53: \$188 / day Days 54-100: \$0 / day	Days 1-100: 30%	Days 1-20: \$0 / day Days 21-50: \$188 / day Days 51-100: \$0 / day	Days 1-100: 30%
<b>Physical therapy<sup>1</sup></b> Includes occupational therapy and speech language therapy.	\$20	30%	\$20	30%
<b>Ambulance (air/ground)<sup>1</sup></b> Copay applies for each one-way transport.	\$275	\$275	\$275	\$275
<b>Transportation</b>	Not covered	Not covered	Not covered	Not covered
<b>Medicare Part B drugs<sup>1</sup></b> Usually administered by a provider.	20%	30%	20%	30%
<b>Alternative care (Medicare-covered)</b> <b>Acupuncture</b> Limited to treatment of chronic low back pain.	\$20	30%	\$20	30%
<b>Chiropractic</b> Limited to manipulation of the spine to correct a subluxation.	\$20	30%	\$20	30%
<b>Alternative care (Additional covered)</b> <b>Acupuncture<sup>2</sup></b> <b>Chiropractic<sup>2</sup></b> Combined limit of 18 visits per year.	\$20 \$20	30% 30%	\$20 \$20	30% 30%
<b>Annual physical exam</b> In addition to the Medicare Annual Wellness Visit.	\$0	30%	\$0	30%
<b>Bathroom safety devices<sup>2</sup></b>	\$100 allowance every year		\$100 allowance every year	
<b>Durable medical equipment (DME)<sup>1</sup></b>	20%	50%	20%	50%

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Medical benefits	Regence MedAdvantage + Rx Primary		Regence MedAdvantage + Rx Classic	
	In-network	Out-of-network	In-network	Out-of-network
<b>Fitness program<sup>2</sup></b> Fitness program membership, home fitness kit with options such as a complimentary activity tracker, health coaching and more.	\$0 Provided exclusively through Silver&Fit		\$0 Provided exclusively through Silver&Fit	
<b>Meal delivery service<sup>2</sup></b> <b>Chronic health</b> 2 meals per day, up to 56 days, 112-meal limit. <b>Post discharge</b> 2 meals per day, up to 28 days, 56-meal limit. Requires enrollment in care management program.	\$0 Provided exclusively through Mom's Meals		\$0 Provided exclusively through Mom's Meals	
<b>Over the counter (OTC) items<sup>2</sup></b>	\$40 every three months		Not covered	
<b>Palliative care and support<sup>2</sup></b> Includes care planning, pain and symptom management and counseling services for patients, caregivers and families in case of serious illness.	\$0	30%	\$0	30%
<b>Personal emergency response system (PERS)<sup>2</sup></b> Benefit includes device and monthly monitoring services.	\$0 Provided exclusively through Lively		\$0 Provided exclusively through Lively	
<b>Podiatry services</b> <b>Medicare-covered</b> <b>Diabetic routine footcare<sup>2</sup></b> Limit of 6 visits per year.	\$45 \$0	30% 30%	\$40 \$0	30% 30%
<b>Virtual companionship<sup>2</sup></b> Virtual support services. Limit of 4 visits per month; up to 60 minutes per visit.	\$0 Provided exclusively through Papa, Inc.		\$0 Provided exclusively through Papa, Inc.	
<b>Virtual visits (telehealth)</b> Medical and mental health services by phone or video.	\$0	30%	\$5	30%

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## Prescription drug benefits

### Prescription deductible (the amount you pay before the plan begins to pay; resets every January 1)

Regence **MedAdvantage + Rx Primary**† \$0 (Tiers 1,2 and Tiers 3,4 insulins); \$200 (Tiers 3,4,5)

Regence **MedAdvantage + Rx Classic** \$0 (Tiers 1,2 and Tiers 3,4 insulins); \$200 (Tiers 3,4,5)

### Initial coverage (after the deductible, the amount you pay until you and the plan reach \$4,430 for covered drugs)

	Regence MedAdvantage + Rx Primary		Regence MedAdvantage + Rx Classic	
	1-month	3-month	1-month	3-month
<b>Tier 1: Preferred generic</b>				
Preferred retail	\$0	\$0	\$0	\$0
Mail order	\$0	\$0	\$0	\$0
Standard retail	\$10	\$30	\$10	\$20
<b>Tier 2: Generic</b>				
Preferred retail	\$13	\$39	\$13	\$26
Mail order	\$13	\$0	\$13	\$26
Standard retail	\$20	\$60	\$20	\$40
<b>Tier 3: Preferred brand</b>				
Select insulin drugs*	\$35	\$105	\$35	\$87.50
Preferred retail / mail order	\$40	\$120	\$40	\$100
Standard retail	\$47	\$141	\$47	\$117.50
<b>Tier 4: Non-preferred drug</b>				
Select insulin drugs*	\$35	\$105	\$35	\$87.50
Preferred retail / mail order	40%	40%	40%	40%
Standard retail	45%	45%	45%	45%
<b>Tier 5: Specialty</b>				
Preferred retail / mail order	29%	N/A	29%	N/A
Standard retail	29%	N/A	29%	N/A

### Coverage gap (the amount you pay after you and your plan have paid \$4,430 for covered drugs)

Generic drugs You pay 25%

Brand-name drugs\* You pay 25%

### Catastrophic coverage (the amount you pay after your total out-of-pocket costs reach \$7,050)

Generic drugs You pay the greater of \$3.95 or 5%

Brand-name drugs You pay the greater of \$9.85 or 5%

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 1-month supply.

† Includes Tier 1 preferred generic coverage for prescribed folic acid, vitamin B12, vitamin D and erectile dysfunction drugs. \* Covered insulins maintain the same copays through the Coverage gap you had during the Initial coverage.

## Optional Supplemental Benefits

Dental OSB plan costs	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic
<p><b>Monthly plan premium</b></p> <p>In addition to your monthly plan and Part B premiums.</p>	<b>\$24</b>	<b>\$24</b>
Dental OSB plan benefits	In- and out-of-network:	In- and out-of-network:
<p><b>Restorative comprehensive dental services<sup>2</sup></b></p> <p>Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics, and oral surgery.</p>	<p>50%</p> <p>\$1,000 benefit limit per year for covered services</p>	<p>50%</p> <p>\$1,000 benefit limit per year for covered services</p>

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

## Important information about your benefits

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### Routine hearing services

For more information about your routine hearing benefits or to find a hearing provider, call TruHearing at **1-855-542-1711** (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday. Or visit [truhearing.com/regenceid](https://truhearing.com/regenceid).

### Routine vision services

For more information about your routine vision benefits or to find a vision provider, call VSP Vision Care at **1-844-872-6065** (TTY: 711), 8 a.m. to 8 p.m., seven days a week. Or visit [vsp.com](https://vsp.com).

### Virtual companionship

Eligible members are able to receive support services such as grocery and pharmacy pick-up/delivery, virtual technology assistance, phone support with meaningful conversations, scheduling appointments with telehealth providers and more. For more information or to see if you qualify, call Papa Pals at **1-877-290-7229** (TTY: 711) 5 a.m. to 8 p.m. Pacific time, Monday through Friday, or 5 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit [joinpapa.com/regence](https://joinpapa.com/regence).

### The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, an expanded home fitness digital library with on-demand videos through the website or mobile app, choice of one home fitness kit from categories such as fitness activity trackers, yoga, Pilates, swim or strength, weekly 1-on-1 health coaching in a variety of topics, and much more. For more information or to sign up, call Silver&Fit at **1-888-797-8086** (TTY: 711), 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Or visit [silverandfit.com](https://silverandfit.com).

### Over-the-counter items

Members of select plans receive a prepaid discount card and a list of product categories that are eligible for the OTC program. Allowance renews each quarter; unused credit does not accumulate or carry over to the next quarter. The card can be used at participating retail locations or online at [athome.medline.com/card](https://athome.medline.com/card). For more information, call Regence Customer Service at **1-800-541-8981** (TTY: 711).

### Meal delivery service

No-cost meals for chronic condition or post-hospital stay nutritional support for those who qualify and participate in the plan's care/case management program. Mom's Meals delivers meals to all 50 states plus U.S. territories. For more information or to see if you qualify, call Regence Customer Service at **1-800-541-8981** (TTY: 711).

### Bathroom safety devices

Members are eligible to purchase select bathroom safety items, such as shower/bathtub grab bar and bench, commode rails or elevated toilet seats from suppliers or retailers. Installation and in-home assessment are not covered. For more information or to find out what items are covered call Regence Customer Service at **1-800-541-8981** (TTY: 711).

### Personal emergency response system (PERS)

Receive a Lively™ Mobile Plus medical alert device and monthly monitoring when arranged by the plan. For more information, call Lively at **1-800-358-9066** (TTY: 711). Or visit [lively.com/regenceid](https://lively.com/regenceid).

### Virtual visits (telehealth)

Primary care and mental health visits through a mobile app, video visit, or phone call may be available through your providers office. Contact them directly to see if they offer virtual visits or you may use MDLIVE if your local provider does not offer virtual visits. To schedule an appointment with MDLIVE, call **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit [mdlive.com](https://mdlive.com).

### 24-hour nurse line

Regence Advice24 gives you 24/7 access to a medical professional for self-care suggestions for minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-800-267-6729** (TTY: 711).

### Urgent and emergency care when you travel

If you travel outside the United States, the plan covers urgent care and medical emergencies in more than 190 countries around the world. Part D prescription drug coverage is not available outside the United States and its territories.

## Covered preventive care services

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Our plans cover the following Medicare-covered preventive services, along with any additional preventive services that Medicare approves during the contract year.

Abdominal aortic aneurysm screening  
Alcohol misuse screenings and counseling  
Annual wellness visit \*\*  
Bone mass measurements (bone density) \*\*  
Breast cancer screening (mammogram) \*\*  
Cardiovascular disease screenings  
Cardiovascular disease behavioral therapy  
Cervical and vaginal cancer screening  
Colorectal cancer screenings (multi-target stool DNA test, barium enemas, colonoscopy, fecal occult blood test or flexible sigmoidoscopies) \*\*  
Depression screening  
Diabetes screening \*\*  
Diabetes self-management training  
Glaucoma tests  
Hepatitis B virus (HBV) infection screening  
Hepatitis C screening test  
HIV screening  
Immunizations for flu, hepatitis B and pneumococcus  
Lung cancer screenings with Low Dose Computed Tomography (LDCT)  
Medicare Diabetes Prevention Program (MDPP)  
Nutrition therapy services  
Obesity screenings and counseling  
Prostate cancer screenings  
Sexually transmitted infections screening and counseling  
Tobacco use cessation counseling  
“Welcome to Medicare” preventive visit (one time) \*\*

\*\*These preventive services may be eligible for rewards. Registration in the Regence Empower Rewards program is required to be eligible to receive rewards. Rewards can only be earned for eligible activities rendered by a Regence Medicare provider to a patient who is an active Regence Medicare Advantage plan member at the time the service is rendered.