



## Insurance Disclosure Statement

### Medical Care Coverage

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#### **What is a covered benefit?**

A covered benefit is a medical procedure, test, office visit or other medical expense that is covered by Regence BlueShield and generally must be medically necessary. Medically necessary benefits are clinically appropriate and effective services provided by a healthcare provider (such as a doctor or hospital) who or that is following generally accepted standards of medical practice and where the service is not primarily for convenience and is not more costly than other equivalent services. There are several reasons why a service might not be covered. One reason is that the latest scientific evidence suggests that a particular service has limited medical value or perhaps has not been proven as effective as other treatment options. An up to date Summary of Benefits and Coverage (SBC), including prescription drug benefits, plan limitations, and exclusions can be found at [regence.com](http://regence.com) or call Customer Service at 1 (888) 344-6347.

#### **What procedures may require preauthorization from Regence BlueShield and how do I obtain that authorization?**

Preauthorization is your assurance that a medical service will not be denied provided it is medically necessary. In most cases, your healthcare provider will initiate the preauthorization process. Your healthcare provider can also provide a list of services that need to be preauthorized, or you can call Customer Service for additional information about the preauthorization process.

#### **What are the premium rates?**

Regence BlueShield will send you a rate quote with any proposal. Once you're enrolled on coverage you will receive premium information each year at the time of your policy's renewal.

#### **What medical care costs are my responsibility?**

Your plan may have an annual deductible, which is the annual amount that you are solely responsible to pay before benefits are available from Regence for most covered services. Once you have reached your annual deductible amount, Regence BlueShield starts to pay a portion of your covered services during the remainder of that year. This is called coinsurance, and is often expressed as a percentage. Coinsurance may vary from plan to plan and may also depend on the network status of the providers you choose. In some cases, you'll pay a copay—a fixed dollar amount that is paid directly to the health care provider—when receiving medical care, such as a visit to the doctor or when picking up a prescription. See your benefit booklet or SBC for specifics.

#### **How can I be involved in decisions about benefits?**

Your feedback is very important to us. If you have suggestions for improvements about our services, we would like to hear from you. Send your comments to us at [regence.com](http://regence.com), or by US mail to the address below:

Regence BlueShield  
ATTN: Vice President, Customer Service  
P.O. Box 1071  
Portland, OR 97207

#### **What are participating providers?**

Regence BlueShield arranges network pricing discounts with health care providers, meaning that members pay less for services when they use providers in their network.

#### **How can I get a list of participating providers, health disclosure information, the appeals and grievance process, or additional information?**

You may request copies of participating provider lists, health disclosure information, the appeals and grievance procedures, and any documents or other information referred to in the contract or benefit booklet by calling Customer Service at 1 (888) 344-6347 or by visiting [regence.com](http://regence.com).

#### **How do I consult with a provider other than my Primary Care Provider (PCP)?**

Please refer to your Summary of Benefits and Coverage if you have questions about PCPs.

#### **Does Regence BlueShield directly employ healthcare providers?**

Regence BlueShield does not employ healthcare providers.



## **How does Regence BlueShield reimburse a provider network?**

Regence BlueShield pays providers a rate based on the following:

- For preferred and participating providers, the rate is based on a contracted amount.
- For nonparticipating providers, the amount is based on a reasonable amount.
- For providers accessed through the BlueCard® program, the amount generally is based on what a local BlueCross and/or BlueShield affiliate would pay the provider.

## **Prescription Drug Benefit Plan**

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A prescription drug benefit plan contains products covered under a formulary, which is a list of selected prescription medications routinely reviewed and updated. Members may be required to pay more if the drug does not appear in the formulary. The formulary is available at [regence.com](http://regence.com) or by calling Customer Service at 1 (888) 344-6347.

### **How much do I have to pay to get a prescription filled?**

You may pay a portion (or all) of the cost of the prescription drug, depending on your benefits plan. If unsure of your prescription payment, refer to your benefit booklet, Summary of Benefits and Coverage (SBC) or call Customer Service.

### **Do I have to use certain pharmacies to pay the least out of my pocket for prescription drugs?**

Yes. For the most current listing of participating pharmacies go to [regence.com](http://regence.com) or call Customer Service.

### **What should I do if I want to change any limitations, exclusions, substitutions or cost increases for drugs specified in this plan?**

Contact your employee benefits administrator to discuss coverage options if you receive your health care benefits through your employer group. Contact Customer Service if you are covered under an individual plan.

### **Does this plan limit or exclude certain drugs my healthcare provider may prescribe, or encourage substitutions for some drugs?**

Coverage for medications will be described in your benefit booklet. Certain medications that your healthcare provider may prescribe could be excluded or have limited coverage. Some examples are:

- Compounded medications;
- Medications used for cosmetic purposes;
- Brand name medications when a generically equivalent medication is available;
- Medications with maximum quantity or dose limits;
- Medications dispensed by non-participating pharmacies.

Also, some medications may require preauthorization before being covered.

### **What are the general categories of drugs excluded from coverage?**

Medications generally not covered include cosmetic, weight loss, and over-the-counter medications. However, other medications might not be covered under your plan. Refer to your benefit booklet.

## **Other Information**

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### **What is Regence BlueShield's accreditation status with national managed care accreditation organizations?**

Regence BlueShield currently holds URAC accreditation for both Health Plan version 7.1 and Case Management version 4.1. Regence BlueShield also collects and reports health employer data information set (HEDIS) information annually. For more information about national accreditation or HEDIS data, contact Customer Service and ask to speak with our Quality Programs Department.

### **What is Regence BlueShield's policy on confidentiality?**

Regence BlueShield has a written policy about how it protects member health information and confidentiality. For more information, please refer to the Notice of Privacy Practices at [regence.com](http://regence.com).