



PIONEER EDUCATORS HEALTH TRUST

A Guide to PEHT Benefits

Lewis & Clark College



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INTRODUCTION

Pioneer Educators Health Trust (the “Trust”) was established in 2003 to provide quality health care to our members and their families. As a Multiple Employer Welfare Arrangement in the State of Oregon, the Trust includes the following Participating Member Institutions: George Fox University, Lewis & Clark College, Linfield College, Pacific University, and Reed College.

The Trust provides benefits for over 2,300 total members.

This group health plan provides you with great benefits that are quickly accessible and easy to understand, thanks to broad access to providers and innovative tools. With this health care coverage, you will discover more personal freedom to make informed health care decisions, as well as the assistance you need to navigate the health care system.

The Trust utilizes Regence BCBS of Oregon for provider networks, customer service, and claims processing.

The medical plan is a Preferred Provider (PPO) plan offering a large, statewide network that includes many doctors and hospitals. Our plan also offers coverage nationwide and in more than 200 countries and territories around the world through the Regence BlueCard Worldwide Program. Our PPO plan does not require that you select a primary care provider (PCP).

We offer a full array of tools to support the member experience. These tools range from healthy lifestyle suggestions to helping manage major health issues:

- **www.Regence.com**
 - Treatment Cost Estimator, award winning transparency tool
 - Benefit lookup option
 - Wellness and educational materials
 - Physician finder
 - Provider reviews
 - Electronic EOB statements
 - Regence iPhone Mobile App available to securely access your health information

A telehealth service through partnership with MDLive is offered for your convenience. Phone consultations with board-certified doctors who will diagnose and treat non-emergency medical conditions, prescribe medications, and send prescriptions to your pharmacy. Common ailments treated by telehealth include allergies, cold & flu, infections and rashes.

Thank you for making our Trust, your Choice!



MEDICAL, PRESCRIPTION, VISION AND ALTERNATIVE CARE PLAN

Effective Date: April 1, 2017

Benefit Summary	
In-Network Deductible per calendar year	\$1,500 Per Claimant \$4,500 Per Family (3 times the Claimant amount)
Out-of-Network Deductible per calendar year	\$3,000 Per Claimant \$9,000 Per Family (3 times the Claimant amount)
In-Network Maximum out-of-pocket expenses per calendar year	\$4,000 Per Claimant \$12,000 Per Family (3 times the Claimant amount)
Out-of-Network Maximum out-of-pocket expenses per calendar year	\$8,000 Per Claimant \$24,000 Per Family (3 times the Claimant amount)
After the maximum out-of-pocket is met, the Plan pays	100% for the remainder of the calendar year except where noted

Understanding Your Benefits
<ul style="list-style-type: none"> The Plan will begin to pay benefits for covered services in any calendar year only after your deductible is satisfied. Your deductible applies for all services unless otherwise specified. You have two Deductibles, one for services received by In-Network providers and a separate one for services received by Out-of-Network providers. Copayments do not count toward the deductible. Once you have satisfied any applicable deductible and any applicable copayment, the Plan pays a percentage of the allowed amount for covered services. When payment is less than 100%, you pay the remaining percentage. This is your Coinsurance (Claimant Responsibility).

You Select Your Provider and Control Your Out-of-Pocket Expenses
<ul style="list-style-type: none"> In-Network (Preferred). You choose to see a preferred provider and save the most in your out-of-pocket expenses. Choosing a preferred provider means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services. You can find a list of providers at Regence.com or by calling Customer Service at 866-240-9580. Out-of-Network (Participating). You choose to see a participating provider and your out-of-pocket expenses will generally be higher than if you choose preferred provider. <u>Choosing this category means you will not be billed for balances beyond any deductible, copayment, and/or coinsurance for covered services.</u> Out-of-Network (Non-Participating). You choose to see a provider that does not have a participating contract with the Claims Administrator and your out-of-pocket expenses will generally be higher than In-Network. <u>Also, choosing this category means you may be billed for balances beyond any deductible, copayment, and/or coinsurance.</u> This is sometimes referred to as balance billing.

Covered Medical Services (Per Claimant)	In-Network	Out-of-Network
	After Deductible You Pay	
Office Visits <ul style="list-style-type: none"> Each office visit including mental health/chemical dependency office visits, therapeutic injections and allergy shots For illness or injury 	\$25 copay (deductible waived)	40%
Specialist Visit	\$50 copay/visit, (deductible waived), other services 20%	40%
Preventive Care <ul style="list-style-type: none"> Preventive care services include routine well-baby care, routine physical examinations, routine immunizations and routine health screenings Provider counseling for tobacco use cessation Preventive care immunizations for children 	0% (deductible waived)	Participating 0% (deductible waived) Non-Participating 40%
Outpatient Laboratory and Radiology Services	20% (deductible waived)	40%
Professional Services <ul style="list-style-type: none"> Surgery, inpatient visits and diagnostic procedures 	20%	40%
Alternative Care <ul style="list-style-type: none"> Acupuncture and chiropractic spinal manipulation 24 visit limit per calendar year, combined Does not apply toward out-of-pocket limit 	20% (deductible waived)	20% (deductible waived)
Ambulance Services	20%	20%
Durable Medical Equipment	20%	40%
Emergency Room (Including Professional Charges) <ul style="list-style-type: none"> Copay applies to the facility charge; Copay waived if admitted directly to a hospital or facility on an inpatient basis 	\$250 copay per visit and 20% (deductible waived)	\$250 copay per visit and 20% (deductible waived)
Hospital Care <ul style="list-style-type: none"> Inpatient, Outpatient and Ambulatory Service Facility 	20%	40%
Maternity Care	20%	40%

Covered Medical Services (Per Claimant)	In-Network	Out-of-Network
	After Deductible You Pay	
Mental Health/Chemical Dependency Services - Inpatient, Residential and Outpatient	Outpatient: \$25 copay/visit, other services 20% (deductible waived) Inpatient: 20%	Participating Outpatient: \$25 copay/visit, other services 20% (deductible waived) Inpatient: 20% Non-Participating Outpatient: 40% (deductible waived) Inpatient: 40%
Rehabilitation Services ▪ Inpatient: 30 day limit per calendar year ▪ Outpatient: 25 visit limit per calendar year	20%	40%
Skilled Nursing Facility (SNF) Care ▪ 100 inpatient day limit per calendar year	20%	40%
Vision Services - Adult ▪ Exam: 1 routine eye exam per calendar year ▪ Hardware: \$250 per calendar year maximum benefit	0% (deductible waived)	0% (deductible waived)
Vision Services - Pediatric (under age 19) ▪ Exam: 1 routine eye exam per calendar year ▪ Hardware: 1 pair of lenses and 1 frame per calendar year	0% (deductible waived)	0% (deductible waived)

Prescription Medication Benefits			
Covered Prescription Medication Services (Per Claimant)	Copay Generic	Copay Formulary Brands	Copay Non-Formulary Brands
Prescription Medications from a Pharmacy ▪ 30-day supply for each prescription	\$20	\$40	\$60
Maintenance Medications from a Mail-Order Supplier ▪ 90-day supply for each prescription	\$30	\$60	\$90

Please note: This summary provides a brief description of the Plan benefits, limitations, and exclusions and is not a guarantee of payment. Once enrolled, you can view the Plan benefits online at the Claims Administrator Website, www.Regence.com. Please refer to the Plan for a complete list of benefits, the limitations and exclusions that apply, and a definition of medical necessity.

BlueCard® Program (Out-of-Area Services)

The BlueCard Program is a unique program that enables you to access hospitals and physicians when outside the four-state area Regence serves (Idaho, Oregon, Utah and Washington), as well as receive care in 200 countries around the world. Find a provider near you at www.bcbs.com or call **1 (800) 810-BLUE (2583)**.

This is only a summary. If you want more details about your coverage and costs, you can get the complete terms in the policy or plan document at www.Regence.com or by calling 1 (866) 240-9580.



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

Contact Customer Service at 1 (866) 240-9850

www.regence.com

OPTUMRx HOME DELIVERY – BRINGING MEDICATIONS TO YOU

Your pharmacy benefit includes mail service through OptumRx® Home Delivery, which means we can ship your maintenance medications to the location of your choice. Maintenance medications are used to treat chronic (long-term) conditions.

OptumRx offers the following to help you stay on track with your medications:

- Telephone support 24/7
- A personalized member website where you can manage your prescriptions, check your benefits and look up medication prices.
- Apps for iPhone and Android that help you can track your orders, renewal requests, and more.
- “Hassle-Free Fill,” which allows you to receive automatic refills of maintenance medications.
- “My Medication Reminders” – available through email or phone to help you stay on track with your medications.
- Education materials to help you learn about your medications or health conditions.

Need your medication right away? Request two prescriptions from your prescriber: one for an initial short-term supply (e.g., 30-day supply or the amount allowed by your plan) that your local pharmacy can fill immediately, and one for a 90-day supply with three refills (or the maximum amount allowed by your plan) for your doctor to submit to OptumRx Home Delivery.

HAVE YOU CONSIDERED ORDERING A 90-DAY SUPPLY?

- **It's better for your health.** Filling a prescription for a 90-day supply leads to a 15 percent increase in medication adherence, which leads to better outcomes.
- **It's better for your peace of mind** with fewer phone calls to make to renew your prescription.
- **It may be better for your pocketbook.** You may save money by ordering 90-day supplies of your maintenance medications.

**Free Standard
Shipping!**

How to Get Started

You have multiple registration options. Simply select one and follow the steps to register and order your first prescription.

Online – Visit the pharmacy section of your health plan portal or go directly to optumrx.com/mycatamaranrx to register for mail order. (Catamaran is an Optum company). Once you've received your registration confirmation, submit a new prescription.

Mail – Complete the registration form included in your enrollment packet or visit omedarx.com/mailorder to print a new registration form. Mail the registration form with your prescription to the address on the registration form.

Phone – Call Pharmacy Services at (888) 437-1508 and be ready to provide your member information.

E-prescribe – After you register, you can ask your physician or pharmacist to e-prescribe your new prescription*.

*By law, e-prescriptions are only valid if sent from a prescriber's office.

Paying for Your Order

Payment can be made by check or credit card at the time of your order. We accept all major credit cards and can keep your payment information on file for future orders. At your request, we keep your payment information secure in your private online account. Simply indicate you want us to keep your payment for future orders on your registration form or let us know when you place a phone order.

Looking Out for Your Costs

OptumRx Home Delivery reviews all prescriptions to see if a less-expensive generic equivalent is available. Generic medications are equivalent in safety and effectiveness to brand-names, but usually cost much less. It is a common pharmacy practice to substitute generic equivalents for brand-name medications if one is available and permitted by your prescriber. If you have questions about this practice, please call the number on your member ID card.

Keeping Your Information Secure

We keep your personal information private by following HIPAA compliant guidelines and other applicable state privacy laws, in addition to putting technology in place to keep online information secure.

Have questions or want to learn more about your prescription benefits?

Call Member Services at the number listed on your member ID card.

Specialty Pharmacy Care – Going Beyond Medication

When you have a condition that requires a specialty medication, we want to make sure you have access to the resources you need, such as education and monitoring, to make sure you get the most benefit from your treatment.

OmedaRx has partnered with **BriovaRx**, a specialty pharmacy, to bring you the medications and support you need to manage your specialty condition, including Cancer, Crohn's Disease, Hepatitis C, Multiple Sclerosis.

Support When You Need It

With BriovaRx, you have access to:

- Professional support with counseling and information about medications and their side effects
- 24-hour emergency pharmacy services over the phone
- Health care providers, face-to-face through video chat, to help you get started with your specialty medication
- Monthly calls to coordinate the refill shipment of your medication
- Express delivery to your home, work or doctor's office
- One-on-one support from a patient care coordinator
- Training on injections and safe storage of your medication
- Free supplies, including swabs and Sharps™ containers
- Help applying for financial assistance

How to Get Started

To fill your specialty medication, call BriovaRx at 855-4BRIOVA or 855-427-4682.

DENTAL PLAN WITH ORTHODONTIA

Effective Date: April 1, 2017

Benefit Summary	
Deductible per calendar year	\$50 Per Claimant \$150 Per Family (3 times the Claimant amount)
Maximum benefit per calendar year	\$1,500 Per Claimant

Understanding Your Benefits
<ul style="list-style-type: none"> The Plan will begin to pay benefits for covered services in any calendar year only after your deductible is satisfied unless otherwise specified. Once you have satisfied any applicable deductible, the Plan pays a percentage of the allowed amount for covered services up to the maximum benefit. When payment is less than 100%, you pay the remaining percentage. This is your Coinsurance (Claimant Responsibility). The Plan does not reimburse Dentists for charges above the allowed amount. A Dentist may bill you for any balances over our payment level in addition to any deductible and/or coinsurance amount.

Covered Dental Services (Per Claimant)	Claimant Responsibility
Preventive Dental Services <ul style="list-style-type: none"> Bitewing x-rays: 2 per calendar year Complete intra-oral mouth x-rays: Once in a 3-year period Cleanings: 2 per calendar year (in lieu of periodontal maintenance) Oral examinations: 2 per calendar year Panoramic mouth x-rays: Once in a 3-year period Sealants (bicuspid and molars only): Under 18 years of age Space Maintainers: Under 12 years of age Topical fluoride application: Under 18 years of age, 2 treatments per calendar year 	0% deductible waived
Basic Dental Services <ul style="list-style-type: none"> Endodontic services including root canal treatment, pulpotomy and apicoectomy Emergency treatment for pain relief Fillings consisting of composite and amalgam restorations General dental anesthesia or intravenous sedation (subject to necessity) Uncomplicated and complex oral surgery procedures Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings) Periodontal debridement: Once in a 3-year period Periodontal scaling and root planing: Once per quadrant in a 2-year period 	20%

Covered Dental Services (Per Claimant)	Claimant Responsibility
Major Dental Services <ul style="list-style-type: none"> Bridges: Except no benefits are provided for replacement made fewer than 7-years after placement Crowns, inlays and onlays: Except no benefits are provided for replacement made fewer than 7-years after placement Dentures (full and partial): Except no benefits are provided for replacement made fewer than 7-years after placement 	50%
Orthodontia Services <ul style="list-style-type: none"> Orthodontic treatment: No age limit Deductible does not apply \$1,500 per Claimant lifetime maximum benefit 	50%

This is only a summary. If you want more details about your coverage and costs, you can get the complete terms in the policy or plan document at www.Regence.com or by calling 1 (866) 240-9580.



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www.regence.com



ONLINE RESOURCES AT WWW.REGENCE.COM

Looking for a doctor or information on a claim? Interested in comparing treatment costs? Find everything you need to know about your health plan and ways to take care of yourself all in one place: www.regence.com.

Consider health care decisions and explore treatment options to help you plan your budget:

- Compare cost and quality of hospitals, clinics, and providers.
- Research treatment options and out-of-pocket cost estimates.
- Learn about medical conditions and medications.
- Explore health articles and videos.

Discover tools to track your coverage and make informed decisions about your health care:

- Review details about your coverage.
- Manage your claims online and eliminate paper Explanation of Benefits.
- Find a doctor or specialist and read patient reviews.

Healthy living has its own rewards, but Regence Rewards points can help:

- Earn points for completing a General Health Assessment.
- Receive points for healthy everyday activities—such as eating fruits and veggies and walking the dog, or joining an online wellness program.
- Redeem points for a \$25 gift card.

REGENCE WELLNESS TOOLS

Curious about your health? Want to start making healthier habits? Take the confidential General Health Assessment on www.regence.com to get a quick look at your current health status. You'll also know which online workshops can help you achieve your personal health goals:

Blood glucose

- Diabetes Prevention
- Nutrition
- Exercise

Blood pressure

- Cardiovascular Disease Prevention
- Nutrition
- Exercise

Body Mass Index (BMI)

- Weight Management Part 1
- Weight Management Part 2
- Diabetes Prevention
- Nutrition

Cholesterol

- Cardiovascular Disease Prevention
- Nutrition
- Exercise

Drug & alcohol

- Introduction to Stress management
- Cardiovascular Disease Preventions

Emotional health

- Introduction to Stress Management
- Exercise

Exercise

- Exercise
- Walking

Preventive health

- Nutrition
- Exercise
- Preventive Health for Females
- Preventive Health for Males

Smoking

- Introduction to Stress Management
- Exercise

When you participate in the online program—including taking the General Health Assessment—you earn points toward a \$25 gift card!

Well Tip

Track your results to see your progress as you improve your health!

PRIMARY CARE TELEHEALTH

Need a quick visit with a doctor? Want to save time and money? Try your MDLIVE telehealth benefit!

VISIT A DOCTOR OVER THE PHONE, VIDEO OR APP

We all have times when we need to see a doctor, but it's inconvenient—there's no time, the office is closed, or you're on the road. You know that feeling: "I wish I could just talk to a doc over the phone and get what I need fast!"

Now you can.

Your health plan includes a telehealth benefit, powered by MDLIVE, a national leader in telehealth. You can talk to any of MDLIVE's board-certified doctors any time by phone, video, or through the app – **24 hours a day, 7 days a week, 365 days a year.**

CARE YOU CAN COUNT ON

You can consult board-certified doctors who will diagnose and treat non-emergency medical conditions, prescribe medications, and send prescriptions to your pharmacy.

On average, MDLIVE doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine.

Well Tip

Go to www.MDLIVE.com and register today! Create your online account in advance so when you need care, you'll be ready.

Common ailments treated via telehealth include:

All ages		Pediatric care
<ul style="list-style-type: none"> Allergies Cold & flu Ear infections Headache Infections Pink eye 	<ul style="list-style-type: none"> Rashes Sinus infection Sore throat Sunburn 	<ul style="list-style-type: none"> Cold & flu Constipation Ear infections Nausea Pink eye

WHAT YOU NEED TO KNOW

MDLIVE is easy to use. Here are some basic things to know:

- MDLIVE can be a great option when your child isn't feeling well outside business hours; dependents will need a parent present during the visit.
- The average wait time to connect with a physician is less than 15 minutes.
- You can use MDLIVE as often as you need to.
- Each visit is processed as a health plan claim.
- An office visit copay applies (PCP or Specialist). Any additional services are paid in accordance to the Benefit Schedule.
- This is more than a nurse advice line. With MDLIVE, a doctor can diagnose, treat, and prescribe medications.
- You will work with an MDLIVE doctor, not your regular doctor.
- With your permission, the MDLIVE doctor will share your treatment information with your regular doctor.



BEHAVIORAL HEALTH IS IMPORTANT TOO!

Your MDLIVE benefit includes a behavioral health program, powered by Breakthrough. It gives you access to mental health specialists for a wide variety of concerns—from grief counseling, family stress and marital problems, to other issues that impact your quality of life, as well as management of some psychiatric medications.

WHAT YOU NEED TO KNOW

Breakthrough is easy to use. Here are some basic things to know:

- Behavioral health visits are offered as video visits.
- Per-visit rates for behavioral health vary depending on your needs and the type of provider you access.
- Behavioral health visits are scheduled in advance, and are not offered “on-demand” like primary care, but you can usually schedule a counseling visit within a few days.

THE BLUE CARD PROGRAM

As a BlueSM member, you have more freedom to choose the doctors and hospitals that best suit you and your family. Your membership gives you a world of choices. Within the United States, you’re covered whether you need care in urban or rural areas. Outside of the United States, you have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.

With the BlueCard Program, you can locate doctors and hospitals quickly and easily. With your Blue Plan ID card handy, follow these steps:

- Visit the Blue National Doctor & Hospital Finder at www.BCBS.com to locate doctors and hospitals, along with maps and directions to find them.
- Blue Cross and Blue Shield Association launched a Blue National Doctor and Hospital Finder app for iPhone, iPad, and iPod Touch, allowing you to quickly search for healthcare providers nationwide. There is no charge to download the app from the App Store, but rates from your wireless provider may apply.
- Call BlueCard Access at 1.800.810.BLUE (2583) for the names and addresses of doctors and hospitals in the area where you or a covered dependent need care.

If you’re a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.

DESIGNED TO SAVE YOU MONEY

In most cases, when you travel or live outside your Blue Plan’s service area, you can take advantage of savings the local Blue Plan has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

TAKE CHARGE OF YOUR HEALTH, WHEREVER YOU ARE

WITHIN THE UNITED STATES

1. Always carry your current Blue ID card.
2. To find nearby doctors and hospitals, call BlueCard Access at 1.800.810.BLUE (2583) or visit the Blue National Doctor & Hospital Finder at www.BCBS.com.
3. Call your Blue Plan for precertification or prior authorization, if necessary. Refer to the phone number located on your Blue ID card. Note: This phone number is different from the BlueCard Access number mentioned above.
4. When you arrive at the participating doctor’s office or hospital, show the provider your ID card.

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the usual out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance).
- Receive an explanation of benefits from your Blue Plan.

AROUND THE WORLD

1. Verify your international benefits with your Blue Plan before leaving the United States as coverage may be different outside the country.
2. Always carry your current Blue ID card.
3. If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.
4. Please see below for the steps that should be taken for inpatient and professional services.

Inpatient claim: Call the BlueCard Worldwide Service Center at 1.800.810.2583 or collect at 1.804.673.1177 when you need inpatient care. In most cases, you should not need to pay upfront for inpatient care at participating BlueCard Worldwide hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment, and coinsurance) you normally pay. The hospital should submit the claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call your Blue Plan for precertification or preauthorization. Refer to the the phone number on your Blue ID card. Note: this number is different from the phone number listed above.

Professional claim: You pay upfront for care received from a doctor and/or non-participating hospital. Complete a BlueCard Worldwide International claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from your Blue Plan, the BlueCard Worldwide Service Center, or online at www.bcbs.com/bluecardworldwide.

To learn more about the BlueCard Program, call your local Blue Plan or visit www.BCBS.com.

REGENCE REWARDS

Already taking good care of yourself? Looking for incentive for being healthier?

Now, there's even more motivation to have a salad for lunch and add exercise into your day. With Regence Rewards, you can track your activities and earn points toward a \$25 gift card each year.

Earn Rewards points for:

- Brushing and flossing your teeth
- Taking your vitamins
- Getting active and using our cardio log or steps tracker
- Eating right and logging your foods
- Getting a massage
- Going to the doctor
- Taking the General Health Assessment
- Completing a Wellness Workshop (17 workshops to choose from)
- And more!

Visit www.regence.com and sign in today.



TREATMENT COST ESTIMATOR

How much is an ultrasound? What does your treatment involve?

As a Regence member, you have access to a Treatment Cost Estimator. This tool helps you compare prices and receive out-of-pocket estimates based on real claims data for hospital stays, MRIs, surgeries, X-rays and more. With it, you can see how much medical services might cost depending on where you go.

The Treatment Cost Estimator can:

- Look up average out-of-pocket costs for common medical conditions, surgeries, tests, and exams.
- Find and compare treatment options, facilities, and providers.
- Alert you on options to save money.
- Highlight the option that would cost you the least.



Treatment Estimate: Meniscectomy (Knee)			
	Hospital A	Surgical Center A	Surgical Center B
Cost Estimate	\$7,577 - \$8,374	\$2,332 - \$2,755	\$3,698 - \$4,068
Distance	1.73 miles	8.64 miles	1.95 miles
Members who received this treatment	10	51	71
Your Total Out-of-Pocket Costs	\$2,611 - \$2,770	\$1,562 - \$1,646	\$1,835 - \$1,913
The more you use the Regence Treatment Cost Estimator, the more you'll discover not all doctors are the same. Depending on what you're looking for, you could see a wide range of estimates for the same procedure or treatment.			

The Treatment Cost Estimator is designed to help you confidently manage your health care budget to avoid surprises and see how the decisions you and your doctor make can help save you money.

You also get a clear view of what to expect during your treatment, including time involved. Best of all, the estimated costs are based off where you are in meeting your deductible and out-of-pocket maximums.

You'll find helpful tips on selecting the right place of service, ways to save money, and questions to ask your doctor to help you make informed choices about your treatment plan. Once you have the information you need, you can find top-rated medical facilities and talk with your provider about the best treatment option for you.

Visit www.regence.com and sign in today.

ER OR URGENT CARE?

When you need medical care right away and your doctor's not available, it's good to know you have options. But, how do you know when it's best to go to an emergency room (ER) versus an urgent care clinic?

THE ER – FOR TRUE MEDICAL EMERGENCIES

While an ER may be your first thought, it may not be your best choice. Visits to the ER can be costly and time-consuming. They should be reserved for life-threatening emergencies, such as:

- Serious accidents
- Uncontrollable bleeding
- Broken bones
- Symptoms of a heart attack or stroke
- Severe shortness of breath or dizziness
- Coughing up blood
- Suicidal feelings

URGENT CARE – FOR NON-LIFE-THREATENING PROBLEMS

For medical problems that aren't medical emergencies, you may be better off going to an urgent care clinic. You'll receive quality care in a fraction of the time – at a fraction of the cost. Consider urgent care for:

- Cuts or wounds where bleeding is controlled
- Strains, sprains or bruises
- Asthma attacks
- Infections
- Flu-like symptoms
- Stomach pains or diarrhea
- Rashes, insect bites or sunburn



REGENCE ADVANTAGES

Shopping for goods and services? Looking for healthy savings? Learn what Regence can do for you.

As a Regence member, you can enjoy savings on the following health-related products and services. This discount program is offered to all Regence members at no additional cost (although some discounted programs offered by vendors may carry separate fees). **Regence Advantages is not insurance but is offered in addition to your medical and/or dental plan(s) to help you stay healthy and live better.**

- **EyeMed Vision Care®:** Save 35% on a complete pair of glasses (frames and lenses). Save 15% on non-disposable contacts and \$10 on contact fittings. Discounts are available at leading retailers and many private practice locations.
- **QualSight®:** QualSight makes LASIK easy for members. You can save 40–50% on the national average price of Traditional LASIK or receive savings on procedures such as Custom Bladeless (all laser) LASIK. Find out if you are a potential candidate for this life-changing procedure today.
- **Zenni Optical:** Get high-quality, affordable and stylish prescription eyeglasses direct from the factory. You receive 5% off Zenni's already low prices, with complete prescription eyewear starting at \$6.95. Zenni's online store offers over 3,000 frame styles. Turn any pair of Zenni eyeglasses into sunglasses with a wide selection of tinted lenses.
- **TruHearing**:** Save up to 60% on hearing aids with TruHearing. Each purchase includes a 45-day money-back guarantee and extended three-year manufacturers' warranties, which include one-time loss and damage coverage, along with 48 batteries per hearing aid.
- **Beltone Hearing Care™**:** Members receive set retail prices as low as \$995 for Beltone hearing aids, plus free hearing screening, three-year manufacturer's warranty, loss and damage coverage, and a three-year supply of batteries.
- **Amplifon Hearing Health Care**:** Save 40% on diagnostic services, including hearing exams, and get savings on hearing aids. You'll enjoy a 60-day no-risk trial; one-year follow-up care; a three-year warranty, including coverage for loss and damage; and two years of free batteries (160 per hearing aid) with a lowest-price guarantee.
- **Epic® Dental:** Save 25% on smile-protecting supplies, including mouthwash, gums, mints and toothpaste. All contain xylitol, a natural ingredient that fights cavities.
- **Dental Optimizer Lollipops:** Stop cavities and decay with all-natural lollipops from Dental Optimizer. They eliminate cavity-causing bacteria, while leaving healthy bacteria intact. Save 15% on lollipops and other products.
- **National Allergy Supply:** Save 15% on products for non-drug allergy relief, including pillow and mattress encasings, air filtration, asthma management tools, green cleaning products and personal care products. Enjoy discount prices, outstanding service and a 60-day unconditional return policy with no restocking fees.
- **CHP CAMaffinity Program:** You're eligible for the CHP CAMaffinity Program, which provides a 20% discount on complementary and alternative medicine (CAM) services offered through The CHP Group's network of chiropractors, acupuncturists, naturopathic physicians and massage therapists.
- **CHP Active and Healthy:** This discount program gets you up, moving and saving money! With discounts on thousands of vendors (e.g., health clubs, ski resorts, sporting events, museums) for a small annual fee, it's your source for deals on healthy and fun activities.
- **Take Shape for Life® Independent Certified Health Coach, Tonja Noretto:** Save \$25 or more on your first month's order! This safe weight management and health program uses clinically proven Medifast® products and a personal health coach for one-on-one guidance and encouragement. Lose weight and manage disease and health through nutritional intervention, free access to health care professionals, educational materials, and the "Habits of Health" system. There are no hidden costs or start-up fees.
- **Jenny Craig®:** When you're ready to lose weight, Jenny Craig is there to help you reach your goal and get the most out of life. Join for free and save 10% on all food purchases. Over \$100 in savings.*
- **Safe Beginnings®:** Save 15% on Safe Beginnings products, including safety gates, cabinet locks, outlet covers, window guards, and many other baby-proofing products.
- **CorCell® Saving Baby's Cord Blood®:** Cord blood stem cells are being used to treat more than 80 diseases, and research is ongoing to find treatments for more. Regence has partnered with CorCell to offer members a special low price of only \$900 on umbilical cord blood collection.

- **Everest Funeral Planning and Concierge Service:** Save \$50 on the enrollment fee for Everest's funeral-planning services. Advisors are there 24 hours a day to help you make informed decisions about funeral-related issues.
- **Banfield Pet Hospital®:** You receive a waived enrollment fee for Banfield Pet Hospital's Optimum Wellness Plans®, packages of preventive care that include annual blood work, vaccinations, de-worming, unlimited office visits, plus more. Banfield is the largest veterinary hospital in the world with 850 locations nationwide.
- **Gatheredtable:** Gatheredtable makes homemade meals easier with customized weekly meal plans and grocery lists in your inbox. Edit menus and add recipes from the internet to eat better and save time and money. Enjoy a 10-day free trial. Then save 50% on a 1-year subscription. You pay \$60 for a year. That's just \$5/month!
- **Mom's Meals NourishCare:** Mom's Meals is a leading provider of nutrition solutions delivered to any home nationwide. The delicious fresh-made meals are dietitian-designed and chef-prepared, and they include menus for health conditions. Choose from 70 fully prepared nutritious meal choices.
- **WINFertility:** For 15 years, WINFertility has been a trusted resource, linking those dealing with infertility with a network of accessible, affordable and proven fertility specialists. WINFertility offers you lower-than-market-rate treatment bundles consisting of the medical services and medications required to help you have a baby.

*Waiver of \$99 enrollment fee. Monthly fees of \$19 required. Cost of food (\$15-\$23/day) and shipping not included. Member is responsible for all payments for the Jenny Craig Program. Active program enrollment and program eligibility status required, which includes meeting with a consultant and adhering to the full Jenny Craig meal plan based on stage of weight loss. Upon request, must provide proof of eligibility for participation in organization's wellness program that is registered with Jenny Craig. Food discount not applicable to shipping cost and only valid for personal consumption. No cash value. Not valid with any other offer or discounts. Only available at participating locations and Jenny Craig Anywhere. Not valid at www.jennycraig.com. New members only. Restrictions apply

** Discounts through Amplifon Hearing Health Care (also includes extended family), TruHearing and Beltone are available to members and their parents and grandparents.



NOTES

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



This communication highlights some of your Pioneer Educators Health Trust benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Pioneer Educators Health Trust reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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