

Pre-Sale Disclosure List for Groups and Agents

The following information is available upon request, as required by law.

- A summary of standard covered benefits on Regence BlueCross BlueShield of Oregon plans.
- Information about Regence BlueCross BlueShield of Oregon prescription drug benefits, if any, including a summary of covered prescription drug benefits, a copy of the current drug formulary, definitions of terms, and the policies regarding coverage of prescription drugs.
- A description of how consumers may be involved in decisions about benefits.
- A listing of exclusions, reductions, and limitations to covered benefits; any definition of medical necessity; and any coverage criteria on which they are based.
- A statement of carrier confidentiality policies.
- A statement of rates and any enrollee cost-sharing requirements is enclosed with this packet of materials.
- A clear explanation of the grievance process.
- Whether a Point of Service (POS) plan option is available to you and how that plan operates. (A POS plan is not currently available through Regence BlueCross BlueShield of Oregon.)
- A convenient means of obtaining participating provider listing and network restrictions.
- General questions and answers about Regence BlueCross BlueShield of Oregon mental health benefits.

This Notification Regarding Group Plan Coverage is provided to you as required by State and Federal Law.

IMPORTANT NOTICE: The following information is available upon request, as required by law.

- A clear explanation of the grievance process, including the grievance process for claim or service denial and for dissatisfaction with care. An explanation of the grievance process is attached below, under the Notification section.
- Any documents or information referenced in the contract or benefit brochure.
- How to, if necessary, consult a provider other than your Personal Care Provider (PCP).
- Procedures that may require prior authorization from Regence BlueCross BlueShield of Oregon and how that authorization may be obtained.
- Description of any reimbursement or payment arrangements between the company and a provider or network.
- Descriptions of and justifications for provider compensation programs.
- Annual accounting of all payments made by the company which have been counted against any payment limitations, visit limitations, or other overall limitations under the plan.
- Plan accreditation status with national managed care accreditation organizations, including effectiveness performance information using HEDIS and whether HEDIS data is publicly reported.

To receive information on the above, please call 1-800-365-3155.