

REGENCE MEDADVANTAGE

Regence MedAdvantage is our Medicare Advantage preferred provider organization plan. Regence MedAdvantage includes all Medicare benefits plus coverage for preventive dental, vision, and other value added services such as prescription drug discounts.

Benefit Specifications

Regence MedAdvantage includes a preventive dental benefit of \$500 per year. Members can go to any dentist and are covered up to \$500 annually for preventive dental services such as cleanings, x-rays, and exams.

Frequencies:


- Cleanings - 2 per calendar year
- Bitewings - 2 per year (whatever combination)
- Panoramic film - once every 3 years
- Fluoride - 2 times per calendar year for members 17 and under
- Exams - 2 per calendar year, any combo
- Intraoral complete series - once every 3 years
- Sealants, on permanent bicuspid and molars - only provided for members 17 and under

Dental codes that are covered for Regence MedAdvantage:

- D0120 Periodic oral evaluation
- D0140 Limited oral evaluation. Problem focused
- D0150 Comprehensive oral evaluation - new or established patient
- D0160 Detailed and extensive oral evaluation. Problem focused
- D0170 Re-evaluation, limited problem focused
- D0180 Comprehensive periodontal evaluation
- D0210 Intraoral - complete series (including bitewings)
- D0220 Intraoral - periapical first film
- D0230 Intraoral - periapical each additional film
- D0240 Intraoral - occlusal film
- D0270 Bitewing - single film
- D0272 Bitewings - two films
- D0274 Bitewings - four films
- D0277 Vertical bitewings - 7 -8 films
- D0330 Panoramic film
- D1110 Prophylaxis - adult
- D1120 Prophylaxis - child
- D1203 Topical application of fluoride (prophylaxis not included) - child
- D1204 Topical application of fluoride (prophylaxis not included) - adult
- D1351 Sealant
- D4910 Periodontal maintenance

Regence MedAdvantage Member Card

Sample Member Cards



Regence

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

MEDICARE ADVANTAGE | PPO

Group Name
REGENCE MEDADVANTAGE

Group No. **BC Plan** **BS Plan**

999999999 351 850

RX BIN 610623
RX PCN 02050000

ID 999999999999
Name 01 JON Q PUBLIC

Card Issue Date
10/11/07

M V RX
Y Y Y

MedicareRx
Prescription Drug Coverage
CMS-H3817 002

This card is for information only and does not certify eligibility or guarantee benefits.

www.myRegence.com


Submit Medical Claims to:
Regence
PO Box 30805
Salt Lake City, UT 84130

Important Numbers:
Customer Service 1 (800) 541-8981
TTY/TDD Line 1 (800) 382-1003
Med Preauth 1 (800) 824-8563
Nurseline 1 (800) 267-6729

Nonparticipating providers send claims to your local Blue Cross and/or Blue Shield Plan

"MEDICARE LIMITING CHARGES MAY APPLY"

VISION EXAM / HARDWARE
PREVENTATIVE DENTAL ONLY
SHOW CARD FOR RX DISCOUNT



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MEDICARE ADVANTAGE | PPO

Group Name
REGENCE MEDADVANTAGE + RX

Group No. **BC Plan** **BS Plan**

999999999 351 850

RX BIN 610623
RX PCN 02100000

Issuer (80840)
ID 999999999999
Name 01 SUZY PUBLIC

Card Issue Date
10/11/07

M V RX
Y Y Y

MedicareRx
Prescription Drug Coverage
CMS-H3817 002

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"MEDICARE LIMITING CHARGES MAY APPLY"

Submit Rx Claims to:
Pharmacy Services
PO Box 12625 M/S S2P
Salem, OR 97309-0625

Important Numbers:
Customer Service 1 (800) 541-8981
TTY/TDD Line 1 (800) 382-1003
Rx Preauth 1 (800) 437-1508



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MEDICARE ADVANTAGE | PPO

Group Name
REGENCE MEDADVANTAGE+RX ENHANCED

Group No. **BC Plan** **BS Plan**

999999999 351 850

RX BIN 610623
RX PCN 02100000

Issuer (80840)
ID 999999999999
Name 01 JOHNATHON Q PUBLIC

Card Issue Date
10/11/07

M V RX
Y Y Y

MedicareRx
Prescription Drug Coverage
CMS-H3817 003

This card is for information only and does not certify eligibility or guarantee benefits.

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**Please note, even though all of the member cards do not contain the "Preventive Dental Only" informational line, the preventive dental benefit exists.

Regence MedAdvantage Voucher

Sample Regence MedAdvantage Voucher



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CLAIM VOUCHER STATEMENT

Joe Dentist, DMD
123 SW Main St
Anytown, USA 12345

Provider Number NP0001234 00

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Date 08/15/07

NPI XXXXXXXXXXXX

MedAdvantage

PATIENT NAME	SERVICE DATE	GROSS CHARGES	FEE ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
					DEDUCTIBLE	COPAY/ OTHER		
TYPE OF SERVICE								
JANE SMITH	MEM #:	920123456	PAT ID:	GRP #:	123456789	CLM #:	012345678	
D0120 PERIODIC ORAL	03/01/07	40.00	.00	.00	.00	.00		40.00
D0220 INTRAORAL;	03/01/07	18.00	.00	.00	.00	.00		18.00
D0230 INTRAORAL;	03/01/07	16.00	.00	.00	.00	.00		16.00
D0230 INTRAORAL;	03/01/07	16.00	.00	.00	.00	.00		16.00
D0274 BITEWING; 4 FILMS	03/01/07	49.00	.00	.00	.00	.00		49.00
D1110 PROPHYLAXIS; AD	03/01/07	87.00	.00	.00	.00	.00		87.00
D2920 RECEMENT CROWN	03/01/07	90.00	.00	.00	.00	90.00	020	.00
** CLAIM TOTOALS **		316.00	.00	.00	.00	90.00		226.00
*** VOUCHER TOTALS ***		316.00	.00	.00	.00	90.00		226.00



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CLAIM VOUCHER STATEMENT

Joe Dentist, DMD
123 SW Main St
Anytown, USA 12345

Provider Number NP0001234 00

Page 2
Date 08/15/07

NPI XXXXXXXXXX

MedAdvantage

PATIENT NAME		SERVICE DATE	GROSS CHARGES	FEE ADJUSTMENT	PAID BY OTHERS	PATIENT RESPONSIBILITY		REASON CODE	BENEFITS PAID
TYPE OF SERVICE						DEDUCTIBLE	COPAY/ OTHER		
***** EXPLANATION OF		CODES	*****	*****	*****				
020	THIS SERVICE IS ALREADY DONE SO, SHOWN UNDER	NOT PLEASE TOTAL	COVERED PAY THE MEMBER	BY YOUR PLAN. PROVIDER OF RESPONSIBILITY	IF YOU SERVICE ON THIS	HAVEN'T THE AMOUNT FORM.			

Contact Information

Regence MedAdvantage Customer Service.....1 (800) 541-8981

Customer Service Fax.....(503) 391-4534

Submit claims to:

Regence BlueCross BlueShield of Oregon
PO Box 30805
Salt Lake City, UT 84130-0805

**For Regence MedAdvantage claims, you must include the 3 letter alpha prefix of the patient's ID number.