

CASCADE DESIGNS®

Member Guide

Using Your RGA Benefits | Health Plan Basics | Additional Programs & Services

Plan year 2023-2024



Group Administrators

An Independent Licensee of the Blue Cross and Blue Shield
Association Serving Select Counties in Washington

Your Guide to Better Healthcare with RGA

Thank you for being a member of Regence Group Administrators (RGA). Whether you are new to RGA or have been a member for years, we want to make sure you have the tools and resources you need to make the most of your health plan.

Your healthcare journey is a very personal experience. And, at times, it can be rather confusing and complicated. RGA is here, on the phone and online, to make it easy for you to find the answers you need to make more informed healthcare decisions. Whether you need to find a doctor, know what's covered on your plan, or need simple explanations of confusing healthcare terms, RGA is here to help you understand your benefits so that you can stay healthy and save money.

About This Guide

Please take a few minutes to review this guide. It provides information about how to use your health plan benefits including:



How to find an in-network healthcare provider



How to submit a claim



How to understand your explanation of benefits statements



Online tools and resources available to help you along the way



Additional programs and services offered as a complement to your health plan



This booklet is meant to be a summary of member services only. Benefits and coverage levels vary by plan and are explained in more detail in your Summary Plan Description and other formal plan documents. Please refer to those documents for details on your medical coverage including deductibles, co-payments, co-insurance, and covered services.

Regence Group Administrators provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.



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Visit accessrga.com and select Washington to log in to your RGA account

Welcome to the RGA Member Portal

Quickly and easily access your benefits and services in one place using our secure member portal.

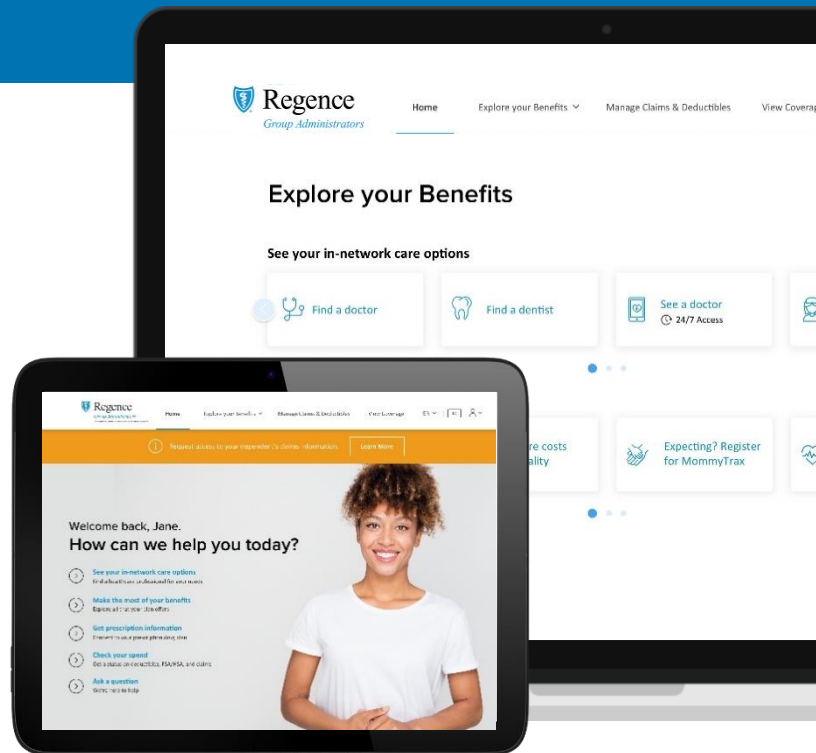
Connect to Your Health Plan

- Access claims, deductibles, and spending for the whole family
- Find in-network doctors or hospitals in your area
- Connect to your prescription drug plan
- View, print, or share your ID card
- Verify your coverage for services
- Explore exclusive discounts and more

Creating an account for the first time?

Before you start, you will need your Employee ID number located on your Member ID card. *If you don't have your Employee ID number, please call our Customer Care number at the bottom of the page.*

1. Visit accessrga.com and choose Washington. Then select the button "RGA Member Login" at the top of your screen.
2. On the log in page, select "Create an Account Now" and follow the directions by entering your full name, Employee ID, and date of birth as shown on your Member ID card.
3. Confirm your email address using the verification code that was sent to you. You're ready to use the member portal!



The member portal is only supported in the latest version of Chrome, Edge, Safari, and Firefox

**Note: Not all tiles shown above are available to all health plans. Some plans will display different tiles and resources.*

Already have an account?

You are ready. Log in to the new member portal using your usual email address and password.

Don't Forget Your Saved Bookmarks

The web address to the new member portal has changed. If you have saved bookmarks from the portal, please update them to the new web addresses when you first log in.



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If you have any questions or need any help, contact our **RGA Customer Care Team** by calling the number on the back of your Member ID card Monday-Friday 6:00 am– 6:00 pm PT.

Welcome to the RGA Mobile App

Quickly and securely access your benefits and services at home or on the go.

Use the RGA mobile app to access helpful tools such as:

Find an In-Network Provider or Hospital: With one click, take the guesswork out of finding a doctor, hospital, or clinic in your plan's network

Access Claims and Benefits: Check the status of open claims, view yearly deductibles, copays, and out-of-pocket maximums for the entire family

View Your Digital Member ID Card: Never misplace your Member ID card again!

Manage Your Message Center: Send and receive secure messages to and from our dedicated Customer Care team

Click to Call: Get connected at the touch of a button to speak with our Customer Care team

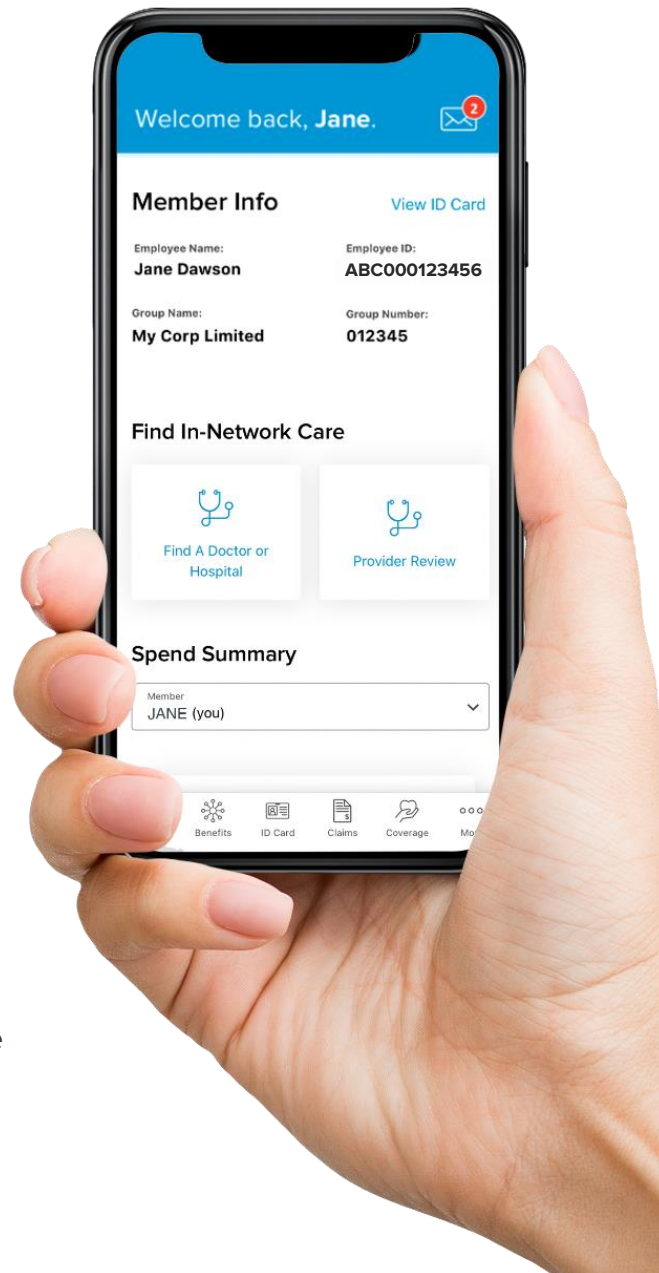
Connect to More: Keep services and discounts offered by your plan at your fingertips

Get Started

Download for free on Apple and Google Play Stores



After downloading the RGA mobile app, sign in with your existing account or create your account at accessrga.com and choose Washington. Then select the button “RGA Member Login” at the top of your screen. Use your Employee ID number found on your Member ID card and follow the directions from the log in page to create your account.



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If you have any questions or need any help, contact our **RGA Customer Care Team** by calling the number on the back of your Member ID card Monday-Friday 6:00 am– 6:00 pm PT.

How to Tell Your Doctor's Office About RGA

Many people think that Regence Group Administrators (RGA) is actually Regence BlueShield. This is an honest mistake. We both manage health benefits. And our names and our logos are almost the same. That's because we are, in fact, related. But RGA is a separate company with our own health plans, and different addresses and phone numbers.

Why does this matter to me?

Your doctor's office might contact Regence BlueShield by mistake and be told that you are not showing up as a member. That is because your doctor's office called the wrong health plan. The payment of claims may be delayed, or even denied, if your claim is sent to Regence instead of Regence Group Administrators.

Make sure they contact [Regence Group Administrators](#).

How can I help clear the confusion?

- 1 When showing your RGA member ID card to your doctor's office, make sure to tell them that you are with [Regence Group Administrators](#) and not Regence.



- 2 Point out the different phone numbers, mailing address, and claims payer ID on the back of your member ID card.

The diagram shows the back of a Regence member ID card. On the left, two yellow arrows point to the card: one labeled "How to submit claims" pointing to the "Regence contracted providers" section, and another labeled "Mailing address" pointing to the "Send inquiries to the Mail Administrator at" section. On the right, two yellow arrows point to the card: one labeled "Your RGA Customer Care number" pointing to the "Customer Care" phone number, and another labeled "Other numbers to call to confirm health benefits coverage" pointing to the "Provider Locator" and "Eligibility" phone numbers. The card itself contains the following text:

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Regence contracted providers, please submit EDI claims to Availity, using payer ID RGA01 or paper claims to the address below.

Other providers: Please submit claims to your local BlueCross BlueShield Plan for BlueCard processing. Call your local Plan for questions on claims.

Send inquiries to the Mail Administrator at:
PO Box 52890
Bellevue, WA 98015-2890

www.accessrga.com
Customer Care: 866-738-3924
Provider Locator: 800-810-2583
Eligibility: 800-676-2583
Pharmacy Benefits: 800-XXX-XXXX

Important - Preauthorization may be a plan requirement. To avoid potential benefit penalties, call Customer Care.

RGA provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

This card is not an authorization for services or a guarantee of payment.

Pharmacy benefits administrator



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If either you or your doctor's office have any questions about your member benefits or plan coverage, contact RGA at **1-866-738-3924** or visit [accessrga.com](#)

Visit [accessrga.com](#) and select Washington to log in to your RGA account

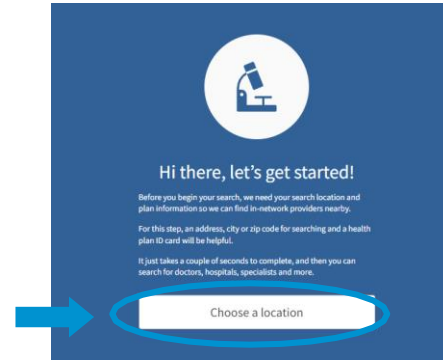
Nationwide Coverage for Members in Every State

Wherever you are based, RGA membership gives you access to the advantages and local support offered by the Blue Cross Blue Shield Association (BCBSA) via the BlueCard® national program. Members seeking care outside of the Pacific Northwest (Washington, Oregon, Idaho, and Utah), can use the tips below to navigate our national services.

Before your visit

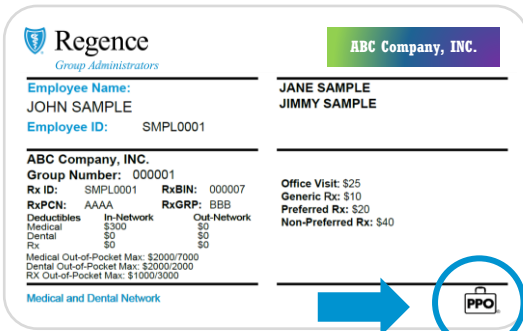
Check that your medical or dental provider is in-network at <https://wa.accessrga.com/find-a-provider>

- Enter your location when the new screen pop-up appears for in-network providers in your area.



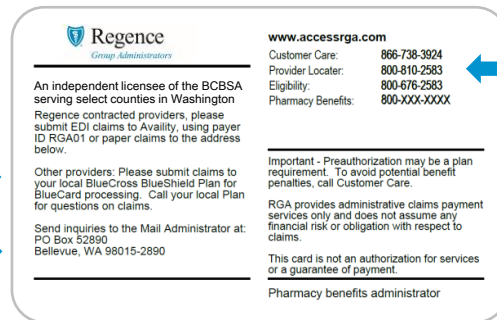
During your visit

Bring your RGA card with you and show it to your provider, making sure the provider notices:



How to submit MEDICAL claims

How to submit DENTAL AND VISION HARDWARE claims



Phone numbers to confirm eligibility and benefit coverage

On the front:

The **suitcase logo** indicates you are a member of the BlueCard® program.

On the back:

You can find accurate information to submit **claims** and to direct **inquiries**.

*Note: Not all benefit details above apply to all health plans. ID cards will display different information based on your health plan.

After your visit

How to submit a claim to the RGA national network:

- **Medical** claims should be sent to the Blue plan in your state. Normally your provider submits the claim for you. If you have to submit your own claim, please have your provider fill out the dedicated form (CMS 1500 HCFA) and contact RGA Customer Care Team to confirm where and how you can send it.
- **Dental and Vision Hardware** claims should be sent to: RGA PO Box 52890 – Bellevue, WA 98015-2890 (as indicated in the back of your card). Claim inquiries should be addressed to RGA Customer Care Team, or you may submit your claims or questions to RGA in your member portal.



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The **RGA Customer Care Team** is available Monday-Friday from 6am-6pm PT by calling the number on the back of your Member ID card.

Visit [accessrga.com](https://wa.accessrga.com) and select Washington to log in to your RGA account

Buyer Beware – The Risks of Choosing an Out-Of-Network (OON) Provider

Important Out-of-Network Benefit Notice

What is a Network?

A network is a group of doctors, hospitals, and other healthcare providers. In-network refers to a health care provider that has a contract to provide your health plan health care services to its plan members at a pre-negotiated rate. Out-of-network refers to a health care provider who does not have a contract.

In-Network Providers

- Will not bill you for charges over the contracted rate
- Usually covered at a higher percentage by your plan
- Applies to your standard deductible
- Applies to your standard out-of-pocket maximum
- File claims for you
- Meets our quality standards

Out-of-Network Providers

- Can bill you however much they want to charge
- Usually covered at a lower percentage by your plan
- May have a separate deductible
- May have separate out-of-pocket maximum
- Will require you to submit claims on your own
- We have not reviewed their quality
- Can require pre-payment

How Your Plan Pays OON Services

Out-of-Network Pricing

Because OON providers can bill you whatever price they want, your plan looks at the average regional price for the service you are receiving (using Medicare rates as a benchmark, which is typically significantly lower than an in-network contracted rate). This is called the **Maximum Allowable Amount**, and then pays a percentage based on your plan's benefit coverage design.

Out-of-Network Balance Bill Risk Warning!

You may be billed for the remaining balance for anything above the Maximum Allowable Amount even if your benefit shows Out-of-Network coverage at 100%.¹ In this instance, **the Plan will pay 100% of the maximum allowable amount, not 100% of the charges billed by the provider.**

In-Network vs Out-of-Network Surgery Cost Example

You choose an INN Provider	You choose an OON Provider
Provider charges \$20,000 for a surgery	Provider charges \$45,000 for a surgery
Plan covers \$15,000, the pre-negotiated rate amount	Plan covers \$10,000, 100% of the maximum allowed amount
Provider is not allowed to bill you for the difference	Provider may bill you for the \$35,000 difference



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1. Depending on the type of service, you may have balance billing protections under the Transparency in Coverage (Tic).

Visit accessrga.com and select Washington to log in to your RGA account

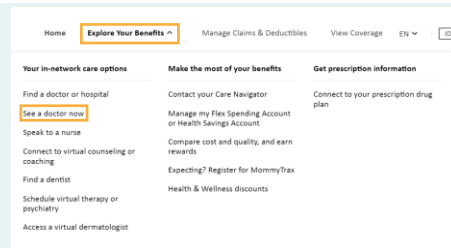
Find a Doctor or Hospital in the RGA Network

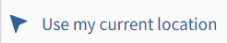
Your plan gives you access to the largest healthcare provider networks in the Pacific Northwest and a large provider network when you travel within the U.S. Choose In-network providers for quality care at the best price, and the best protection from balance billing.

Connect through your RGA member portal


Visit accessrga.com and select Washington. Then select the RGA Member Login button on the top of the page for access to the full search experience.

- 1 After logging in to your RGA account, select “Explore Your Benefits,” and then choose “Find a Doctor or Hospital.”

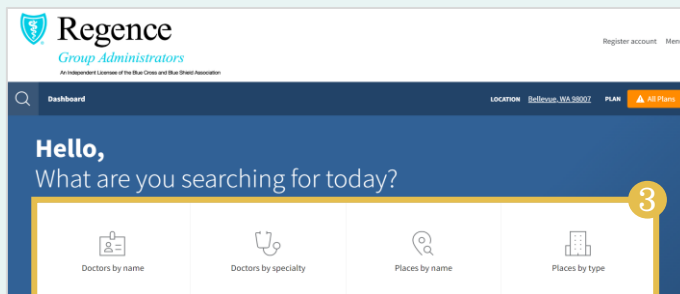


- 2 Enter a location. You can also switch to your current location by 

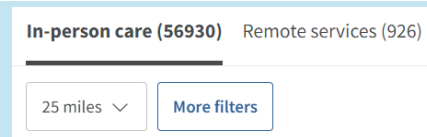


- 3 On the main screen, select one of the category boxes and enter the required information and click on the  to generate results

- **Doctors by name:** search by a specific doctor.
- **Doctors by specialty:** search doctors who specialize in a certain condition.
- **Places by name:** search by hospital name
- **Places by type:** search by labs, hospitals, urgent care facility or emergency services.



- 4 Refine your search results by using the “More Filters,” on the left side of the screen or view doctors that provide telemedicine by clicking on the “Remote Services,” tab on the top left.



- 5 Results can be viewed on a map by clicking the “Map,” button on the top right hand side.

Always call the provider AND facility to verify in-network status before scheduling and before receiving services. Not all services performed by in-network providers are covered. Please review your Summary Plan Documents (Click View Coverage tab and Click on Benefit Plan Details) for more information about covered and excluded services.



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If either you or your doctor’s office have any questions about your member benefits or plan coverage, contact RGA Customer Care by calling the number on the back of your Member ID card, Monday-Friday, 6:00 AM-6:00 PM PT.

Visit accessrga.com and select Washington to log in to your RGA account

Total Care for the Whole Patient

Value-Based Care

Total Care recognizes doctors that focus on *health* care instead of sick care. These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and wellness coaching, as well as working with patients with chronic conditions to better meet their care needs. Total Care is coordinated, patient-focused and, in many cases, more affordable healthcare.

Coordinated Care for Better Health

As strong patient advocates, Total Care doctors focus on:

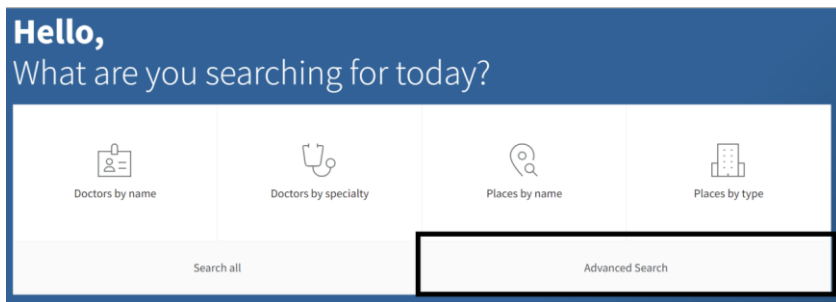
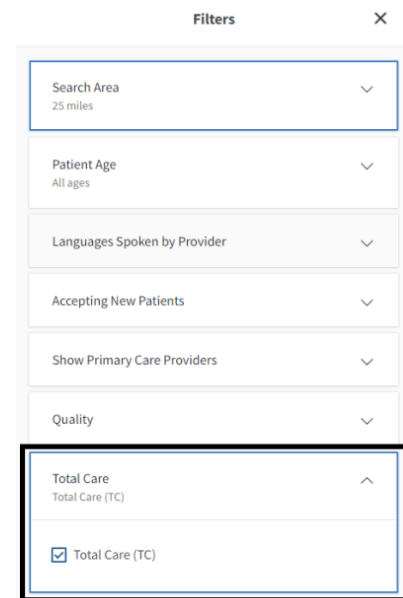
- Helping patients stay healthy through preventive care and wellness programs.
- Supporting patients in making better healthcare decisions.
- Coordinating patients' care across the healthcare spectrum.
- Expanding access to primary care through extended office hours and follow-up calls.
- Reducing or eliminating unnecessary emergency room visits.

Total Care

Find a Total Care Doctor

All Total Care doctors will show a Total Care logo under the quality section. You may also filter your search for Total Care doctors by following the steps below:

- 1 Visit wa.accessrga.com/find-a-provider
- 2 Enter your zip code
- 3 Click on “Advanced Search”
- 4 Select the “Total Care” box



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Visit accessrga.com and select Washington as the state in which the employer sponsoring this health plan is headquartered.

Blue Distinction

Specialty Care



When you or your family need specialty care, you want access to providers who best fit your needs. Choosing the right doctor or hospital is important. Some doctors and hospitals may have more expertise in certain areas of specialty care than others, which can impact the quality and results of the care you receive.

That's why Blue Cross and Blue Shield companies created a national recognition program-Blue Distinction Specialty Care-to make it easier for you to find quality care that's right for you.

Recognizing Quality and Value

Hospitals and doctors are recognized through Blue Distinction, with two designations available across eleven areas of specialty care:

Blue Distinction® Center

Demonstrate quality care and treatment expertise

Blue Distinction® Center+

Demonstrate more affordable care in addition to quality care and treatment expertise

- Bariatric Surgery
- Cancer Care*
- Cardiac Care
- Cellular Immunotherapy – CAR-T*
- Fertility Care
- GeneTherapy*
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery*
- Transplants

Quality is key. Only those providers that first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for designation as a Blue Distinction Center+.

*Blue Distinction Center designation only.

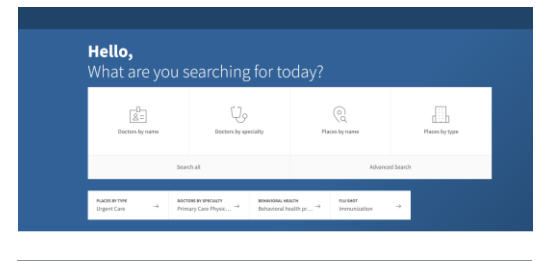
Evaluating What Matters

Blue Distinction Center and Blue Distinction Center+ designations are awarded to doctors and hospitals based on a thorough, objective evaluation of their performance in the areas that matter most-quality care and treatment expertise. Blue Distinction designated providers have a proven history of delivering better quality care than those without these recognitions.

Finding a Blue Distinction Center Near You

Blue Distinction Centers and Blue Distinction Centers+ are available nationwide-and finding one is easy. To locate a provider:

- Visit <https://wa.accessrga.com/find-a-provider>
- Type "blue distinction" in the search all or select places by type and filter by "Blue Distinction Center"
- Call the toll-free number on your membership card



Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact RGA. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact RGA and ask your provider before making an appointment. Neither BCBSA nor any Blue Plans are responsible for noncovered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers. RGA, an Independent Licensee of the BCBSA.

Network Extenders




The following offerings are an extension of your provider network. In-patient and residential treatment may require a prior-authorization.

Network Extender	Focus	Digital & In-Person	State(s) Available*	Get Started
 Eleanor health	<ul style="list-style-type: none"> • Substance Use Disorder • General Mental Health 	Yes	WA	Call 1-866-323-2596 or Visit www.eleanorhealth.com
 charlie health	<ul style="list-style-type: none"> • Trauma • Substance Use Disorder • LGBTQ Support • Intensive Outpatient • Dialectical Behavioral Therapy <p><i>Specializes in teens and young adults</i></p>	Yes	WA, OR, ID, UT	Call 1-866-540-1828 or Visit www.charliehealth.com
 Hazelden Betty Ford Foundation	<ul style="list-style-type: none"> • Substance Use Disorder • Mental Health Treatment 	Yes	WA, OR	Call 1-877-361-9611 or visit www.hazeldenbettyford.org
 zoomcare	<ul style="list-style-type: none"> • Urgent Care • Primary Care • Specialty Care 	Yes	WA, OR, ID	Visit zoomcare.com/schedule or download the iOS or Android App
 dispatchhealth	<ul style="list-style-type: none"> • Urgent Care • House Calls 	No, In-Person Only	WA, OR, ID	Visit request.dispatchhealth.com

*May not be available in all state counties. Standard deductibles and copay apply. Charlie Health, Eleanor Health, Haselden Betty Ford, ZoomCare, and Dispatch Health are separate companies.

Digital Behavioral Health Network Extenders

The following **digital only** offerings are an extension of your provider network and are available in Oregon, Utah, Idaho and select counties in Washington.*

Network Extender	Focus	Offering	Get Started
	General Mental Health <ul style="list-style-type: none"> • Stress • Anxiety • Depression • Eating disorders • Substance use • Sleep • Identify struggles • Chronic issues • Trauma & grief • Relationships, healthy living 	<p>Counseling and therapy – Find an available therapist in minutes and send private messages (text, voice, and video) the same day you register for support.</p> <p>Medication Evaluation & Management- Find an available psychiatric prescriber in minutes. With Talkspace Psychiatry, you can schedule video appointment with an in-state, licensed provider who specializes in psychiatric evaluation.</p>	<p>Register at talkspace.com/partnerinsurance</p> <p>Complete the QuickMatch™ provider finder tool</p> <p>Review your best matches and choose your personal provider</p> <p>Schedule a complimentary 10-minute introductory session or message right away</p>
	Obsessive Compulsive Disorder (OCD)	<p>Connect with a licensed therapist trained in OCD and Exposure and Response Prevention (ERP) for live face-to-face sessions.</p> <p>Get support between sessions from personalized self-help tools and peer support communities.</p>	<p>Visit www.nocd.com or call 312- 766-6780</p>
	Substance Use Disorders <ul style="list-style-type: none"> • Opioid Use Disorder (OUD) • Alcohol Use Disorder (AUD) 	<p>Receive whole person, coordinated outpatient care from expert clinicians with backgrounds in family medicine and psychiatry.</p> <p>Boulder Care combines medication, peer coaching, care coordination, and other recovery tools to help people achieve happier, healthier lives.</p>	<p>Visit start.boulder.care or call (866) 347 -9635</p>

Standard deductibles and copay apply. Talkspace, NOCD, and Boulder are separate companies. Not available in the following WA counties: Kittitas, Benton, Franklin, Adams, Whitman, Lincoln, Spokane, Stevens, Orielle, Pend, Ferry, Okanogan, and Chelan.

Nationwide Coverage for Members in Every State

When you're a Regence Group Administrators (RGA) member, you have the peace of mind knowing that wherever you are, you are able to access your health plan benefits.

Coverage across the country

No matter where you are in the United States, you will be covered under your RGA Plan. If you are temporarily in or reside outside of the Pacific Northwest (Washington, Oregon, Idaho, and Utah), you have access to the network and savings discounts negotiated with healthcare providers in each state.

Around the world

Coverage terms with non-US providers may be different. Before leaving the United States, verify your international benefits with RGA's Customer Care Team at **1-800-869-7093** available 6 am – 6 pm PT, Monday – Friday.

How to access your national coverage:

✓ Always carry your current RGA member ID card with you.

✓ To find in-network doctors and hospitals, log in to the RGA member portal at accessrga.com and select "Find a doctor or hospital."

✓ Click on the image of the state or region where you would like to search.

✓ Enter the city, state, and zip code where you would like to search.

✓ Call RGA's Customer Care Team at **1-800-869-7093** available 6 am – 6 pm PT, Monday – Friday for any required pre-certification or pre-authorization.

✓ When you arrive at the in-network doctor's office or hospital, show them your RGA member ID card. On the back of the card, the provider can find the information and contact details to inquire about your benefit coverage and to find out how to submit the claim.

In an emergency, go directly to the nearest hospital.



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Health Plan Benefits While Traveling Abroad

When you're a Regence Group Administrators (RGA) member, you have the peace of mind knowing that wherever you are, you are able to access your health plan benefits.

Around the world

Through the Blue Cross Blue Shield Global Core program, you have access to doctors and hospitals all over the globe.



Before leaving the United States, verify your international benefits with RGA as coverage may be different outside the country.



Always carry your current RGA member ID card with you.



If you need to locate a doctor or hospital while traveling outside the U.S., call the **Blue Cross Blue Shield Global Core Service Center** at **1-800-810-2583** or call collect at **1-804-673-1177** (available 24 hours a day, seven days a week). An assistance coordinator and a medical professional, will arrange an appointment or hospitalization, if necessary.



Be sure to also contact RGA Customer Care at **1-866-738-3924** for any required precertification or prior authorization.

For inpatient care arranged by the Global Service Center:

The Service Center will arrange direct billing, which means **the hospital will submit the claim on your behalf**. You should not have to pay upfront for inpatient care at participating Blue Cross Blue Shield Global Core hospitals, except for the out-of-pocket expenses (non-covered services, deductible, copayment, and coinsurance) you would usually pay.

For outpatient care, or inpatient care not arranged through the Global Service Center:

You may need to pay upfront for care received from a non-participating doctor and/or hospital. To get reimbursed, complete a Blue Cross Blue Shield Global Core International Claim Form - available from the Blue Cross Blue Shield Global Core website (www.bcbsglobalcore.com) and on the RGA Member Portal under "Download Member Forms. Then send the compiled form with the bill(s) to the Global Service Center - the address is on the form.



The BCBS Global Core app is available for Apple and Android devices. Visit the appropriate app store or www.bcbsglobalcore.com/home/mobileapp/ to download the latest app for your device (rates from your wireless provider may apply).

In an emergency, go directly to the nearest hospital.



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PETHTRW-06292022

Getting Started with Your RGA Vision Plan

Know what's covered

Access your vision benefits online from the RGA member portal.

**If this is your first time on the member portal, you will need to register and create an account. Be sure to have your RGA member ID card available.*

1 Go to accessrga.com and select Washington state.

3 After logging in to the RGA member portal, you can select “View Coverage” in the top navigation bar.

2 Select the RGA Member Login button on the top of the page.



4 Then click on “Benefit Plan Details” and open your “Vision Benefits Summary.”

Find a Provider For Your Eye Exam

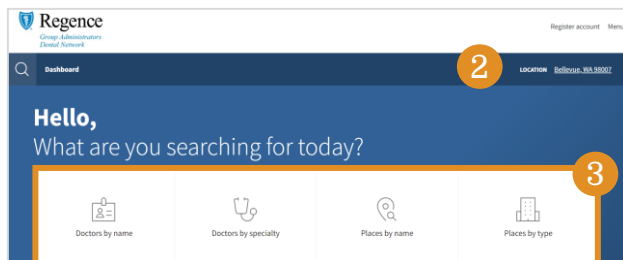
Log in to the RGA member portal to find a vision care provider in the RGA network.

Note: The advantage of using an in-network provider is that they will bill RGA on your behalf.

1 After logging in, select “Find a Doctor” on your home dashboard

2 Enter a location. You can also switch to your current location by selecting the arrow.

3 Click the box “Doctors by specialty”, and enter optometry, ophthalmology, or search by “Doctors by name,” for a specific provider.



Submit Your Vision Claim

If you received an eye exam from an out-of-network vision care provider or purchased hardware (glasses or contact lenses), you need to submit a claim in order to get reimbursed.

Collect and include receipts that indicate who the provider was and what service was performed (including Diagnosis and CPT codes). Make sure that your provider won't bill RGA.

To submit your claim on our portal

1 Log in to the member portal and select “Manage Claims and Deductibles” in the top navigation bar. From this screen, scroll down and select the blue “Submit a claim” button.

2 Complete and submit the digital claim form and upload your itemized receipts using the step-by-step instructions on the screen.

You can always call RGA's Customer Care Team with questions, Monday through Friday from 6 am to 6 pm PT at 1-866-738-3924.

Disclaimer: Always call the provider AND facility to verify in-network status before scheduling and before receiving services. Not all services performed by in-network providers are covered. Please review your Summary Plan Documents (Click View Coverage tab and Click on Benefit Plan Details) for more information about covered and excluded services.



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PVSGSRW-05182023

Getting Started with Your Pharmacy Benefit Plan

You have options for taking control of your care: check drug costs, find an in-network pharmacy, fill new prescriptions, order refills, and more online or on-the-go.

Access Your Benefits

You can connect to your pharmacy benefits from your RGA member portal by going to accessrga.com and selecting Washington.

- 1 Log in to your RGA account, select “Explore Your Benefits,” and then select “Connect to Your Drug Plan.”
- 2 The first time you visit the pharmacy benefit manager’s website, you will need to create an account. Note that even if you have an RGA account, you will need to create a separate account for this website. Be sure to have your RGA member ID card available.
- 3 Once logged in, you can manage your profile, discover ways to save, and view your prescription history including up to 24 months of all prescriptions processed for which you used your pharmacy benefits.

Find Pharmacies in Your Network

Your pharmacy benefits manager offers an expansive national network of more than 68,000 participating pharmacies across the United States.

Find an in-network pharmacy near you by going to the “Pharmacy Locator” on the pharmacy benefit manager’s website. Search using your current zip code or city and state, and narrow results by specific pharmacies.

You can fill a prescription and use your pharmacy benefits at any pharmacy that is a part of the retail network.

Know Your Coverage

Find out if a medication is covered by your plan and how much it will cost using the **Check Drug Cost & Coverage** tool, where you can also find **Drug Savings Opportunities** and sign up to be notified via email when a lower-cost prescription is available.

Helpful Hint

Scan this QR code and load your pharmacy plan's mobile app. Scan your prescription to fill it, receive refill reminders, know when your medication is available at the pharmacy, and take your ID card and medication list with you.



If you have questions about your pharmacy benefits or need help accessing your pharmacy benefits call the Pharmacy Benefits number found on the back of your RGA member ID card.



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PPCGSRW-06292023 /106-55649A 083021

Prescription and Pharmacy Helpful Hints

If your pharmacy is not able to fill your prescription or process your pharmacy benefits, refer to these questions to help you determine the source of the problem and possible solution.

Does the pharmacy have your most up-to-date information?

Make sure to show your current RGA member ID card each time you fill a prescription. The pharmacy may have an incorrect or old ID card on file. Also, be sure the pharmacy is using the RxID number on the front of your ID card and not your Employee ID number. If the pharmacy needs assistance, it can contact the Pharmacy Benefits number on the back of your ID card.

Does the prescription require a prior authorization?

Your doctor may prescribe a medication that requires prior authorization due to your plan's formulary (list of covered drugs). In those cases, your doctor will need to request a prior authorization, either by phone or by fax.

We will notify you and your doctor after the information provided is reviewed to determine if the medication meets the criteria for coverage by your plan. If the prior authorization is approved, the pharmacy will fill your prescription.

If your doctor changes the dosage or frequency of your prescription, or increases the number of refills, your doctor may need to re-authorize your prescription before the pharmacy can fill it.

Is the prescription covered under your plan?

Some prescriptions may be excluded from your plan — even ones you've filled before if there has been a change on a formulary or list of covered drugs. Call the Pharmacy Benefits number on the back of your ID card to determine if your prescription is currently covered. If not, a generic equivalent or similar drug may be available for you to fill. In some cases, a new prescription from your doctor may be required.

If you are still experiencing a problem, or if you need a prescription immediately and your benefits are being denied at the pharmacy, **contact our Customer Care Team** by calling the number on the back of your Member ID card. We're available 6 am – 6 pm PT, Monday – Friday.



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PECHRW-09022023

Specialty Medications

If you are taking or are prescribed a specialty medication, a member of our Specialty Medication Support team may reach out to help you receive the medication at a lower cost.

Specialty Medication Steerage Program

Our Specialty Medication Support Team works to transition specialty medications to a lower level of care where and when it is safe to do so.

Transitioning to a lower level of care means you will receive the same treatment, with appropriate clinical support, at a lower cost — and often at a more convenient location, such as a freestanding infusion site or your home.

While not all medications are appropriate for this program, our team continuously looks for ones that are. If there is an opportunity to transition your care to a lower level, our Specialty Medication Support team will coordinate with both you and your provider so that your treatment is not interrupted.



What is a specialty medication?

Specialty medications are given as an infusion or injection and are used to treat complex and chronic conditions. While there are not that many of them, they can be expensive, as they require special handling and careful oversight from a trained healthcare provider.



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PECHTH-06152023

Your Health Savings Account (HSA)

With a HealthEquity HSA, your contributions, interest, and growth are tax-free. If you have a qualified high-deductible health plan, an HSA can help you pay for qualified medical, dental, and vision expenses. You also have options for investing.

To start saving, access your HealthEquity benefits through your RGA portal by going to accessrga.com.



Look for your welcome kit in the mail. It will come directly from **HealthEquity**

Access your benefits

You can access your HealthEquity benefits through your RGA portal by going to accessrga.com and selecting Washington.

1

Log in to your RGA account, select “Explore Your Benefits,” and then select “Manage your Flex Spending or Health Savings Account.” This will take you to the HealthEquity website.

2

The first time you visit HealthEquity.com, you will need to create an account. Note that even if you have an RGA account, you will need to create a separate account for HealthEquity.com.

3

Click “Login” and select “HealthEquity” from the dropdown in the top right corner.

4

Click “Create username and password.” HealthEquity will walk you through the rest.

5

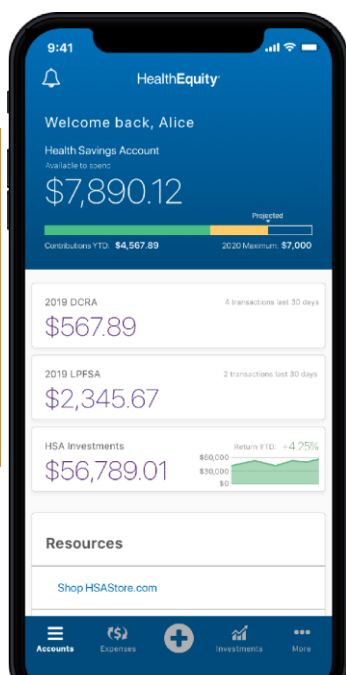
From your HealthEquity member portal, you can view your account balance and details, pay a provider, make contributions, upload documentation, download statements and forms, and track your investments.

6

Maximize your health savings now and into the future. Visit <https://healthequity.com/learn/hsa/> to determine your potential tax savings and future balances, and to learn about your investment options and what you can spend your funds on.

Manage your account on-the-go

Take advantage of convenient access with HealthEquity’s mobile app, available on the Apple Store and Google Play.



Note: Your app screen may vary from example shown here. Different information will display based on your health plan.

For help accessing or using your HSA funds, contact HealthEquity’s Member Services Team at 1-866-346-5800 or memberservices@healthequity.com.

Maximize Your Savings

Visit accessrga.com and select Washington to log in to your RGA account

HealthEquity is a separate company that provides consumer driven health services for RGA members.

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How to Submit a Claim to RGA

If you receive medical, dental or vision services from an out-of-network (OON) provider, you may be asked to pay the charges upfront. In some cases, the OON health care professional will file the claim for you; however, they are not required to do so.

If the procedure/service is covered under your Plan's available out-of-network benefits (subject to any applicable deductibles or copay), you may be eligible for reimbursement.

To submit a claim for reimbursement, choose the option below that is best suited for you:



Option 1: Electronic Submission

A DocuSign

- 1 Go to <https://wa.accessrga.com/news-and-resources/member-forms>
- 2 Scroll to **Member Reimbursement Claim Form** and click **Complete Online**
- 3 Complete and submit the form and a copy of your itemized receipt, bill, and/or invoice through DocuSign

- OR -

B RGA Member Portal

- 1 Login to the member portal: <https://memportal.accessrga.com/login?context=rgawa>
- 2 In the member portal, click on **Manage Claims & Deductibles**, click on **Submit a Claim**, and follow the prompts - be sure to also upload a copy of your itemized receipt, bill, and/or invoice



Option 2: Paper Submission

- 1 Go to <https://wa.accessrga.com/news-and-resources/member-forms>
- 2 Scroll to **Member Reimbursement Claim Form** and click **Download pdf**
- 3 Fill out the form in compatible PDF software like Adobe Reader or Acrobat
- 4 Use one of the submission options below:

A Fax the completed form and a copy of your itemized bill and/or receipt to: **866-458-5488**

- OR -

B Mail the completed form with a copy of your itemized receipt, bill, and/or invoice to:

RGA
Attn: Claims Department
PO Box 85008
Bellevue, WA 98015-5008

IMPORTANT:

Remember your claim submission must include the following codes in order to prevent delays or denial. This data can often be located on the provider billing statement:

- Procedure or Service Codes (CPTs or HCPCs)
- Diagnosis Codes (in ICD format)
- Provider's NPI Number
- Provider's Tax ID Number (TIN)

Note: Claims may take up to 25 days to appear in your RGA portal.

All claims for reimbursement must be submitted within one year of the date the service was provided.



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How to Sign-Up for Electronic EOBs

The Explanation of Benefits (EOB) is a document that is generated when RGA processes a claim submitted by you or your healthcare provider. EOBs can help you better understand how your health plan works. You may receive these in the mail, but you can also access them electronically.

Go Paperless

- 1 Visit accessrga.com, choose Washington, and select the RGA Member Login button on the top of the page.
- 2 Log in to the member portal and select the profile icon located on the top right.
- 3 Select “Communication Preferences” from the drop-down menu.
- 4 Select “Email” under EOB communication preferences.
- 5 Once signed up, you will start receiving EOB notices in your email following the complete processing of your health care service claim. They will be from Regence Group Administrators with the subject line “New Explanation of Benefits Available to View.” This email is only a notification that you have an EOB available to view in your Member Portal.

Access Your EOBs Online

- 1 Visit accessrga.com, choose Washington, and select the RGA Member Login button on the top of the page
- 2 Log in to your member portal and select “Manage Claims & Deductibles” located on the top navigation bar
- 3 Scroll down and click on a claim number with a claim status of “Complete: Paid”
- 4 Select “Download Explanation of Benefit”
- 5 A PDF version will download.



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Understanding Your Explanation of Benefits (EOB)

What is an Explanation of Benefits?

Commonly referred to as an “EOB,” the Explanation of Benefits document is generated when RGA processes a claim submitted by you or your healthcare provider. The EOB is not a bill, it simply explains how your health plan benefits were applied to that particular claim.

What should I do with this information?

Each time you receive an EOB, review it closely, and compare it to the bill or statement from your healthcare provider. If you have any questions, RGA’s contact information can be found on the first page of every EOB. Information on your appeal rights is included at the end of the document.

How to Read Your EOB

A lot of information is packed into an EOB. An EOB contains three important parts:

1 A summary of activity shows the claims processed between the date(s) of treatment, discounts and adjustments, amounts not covered, what the plan paid, amount owed, and the amount saved.

Page 2 of 3
THIS IS NOT A BILL

SUMMARY OF ACTIVITY
This covers claims processed between 05/12/2023 – 06/13/2023

Total Billed Amount	\$193.52	This is the total amount of charges during this period.
Discount & Adjustments	\$85.09	Sample Plan Administrators negotiates discounts with health care professionals and facilities to help you save money.

2 An easy-to-read claims breakdown section shows detailed explanations and reason codes. Here you will see more information on what was paid, any copays, and what may be your responsibility to pay.

Page 3 of 3
THIS IS NOT A BILL

DETAILED CLAIM BREAKDOWN FOR JOHN SAMPLE

Provider: DOCTOR DOCTOR MD
Claim #: 0000000-01

Date & Type of Service	Amount Billed	Member Discount	Amount Not Covered	Reason Code	Amount Covered	Other Insurance Paid	Paid		Patient Responsibility		
							Paid At	What Your Plan Paid	Deductible Amount	Co-Insurance Amount	Co-pay Amount
05/12-06/13/2023 LABORATORY	\$185.00	\$85.00	\$0.00	PD	\$99.91	\$0.00	80%	\$79.93	\$0.00	\$19.98	\$0.00
05/12-06/13/2023 ADMINISTRATION FEES	\$5.00	\$0.00	\$0.00	SF	\$5.00	\$0.00	100%	\$5.00	\$0.00	\$0.00	\$0.00
05/12-06/13/2023 ADMINISTRATION FEES	\$3.52	\$0.00	\$0.00	SF	\$3.52	\$0.00	100%	\$3.52	\$0.00	\$0.00	\$0.00
TOTALS	\$193.52	\$85.09	\$0.00		\$108.43	\$0.00			\$0.00	\$19.98	\$0.00

COB Credit: \$0.00
Adjustments: \$0.00
Plan Paid: \$88.45
Amount You May Owe: \$19.98

Reason Code/Description
PD PREFERRED PROVIDER DISCOUNT. THE PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.
SF BLUECARD ACCESS FEE. FOR INTERNAL USE ONLY.

3 The last sections, My Spend and Family Spend, display how much of the claim was applied toward your deductible. It also shows the remaining amount needed to meet your deductible, as well as how close you are to your out-of-pocket maximum for the year.

My Spend

Out-of-Pocket MedicalRx - In-Network
2023: \$90.00 Used, \$6290.00 Remaining, TOTAL AMOUNT: \$6,350.00

My Spend

Deductible Medical - In-Network
2023: \$237.55 Used, \$762.45 Remaining, TOTAL AMOUNT: \$1,000.00

Out-of-Pocket MedicalRx - In-Network
2023: \$1330.23 Used, \$5019.77 Remaining, TOTAL AMOUNT: \$6,350.00

Family Spend

Deductible Medical - In-Network
2023: \$237.55 Used, \$2762.45 Remaining, TOTAL AMOUNT: \$3,000.00

Out-of-Pocket MedicalRx - In-Network
2023: \$1420.23 Used, \$11279.77 Remaining, TOTAL AMOUNT: \$12,700.00

For current and up-to-date accumulators, please visit the member portal online!



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Member Deals and Discounts

As an RGA member, you have access to many discounts on programs, products, and services to help support you and your family's health and well-being. Below are some examples.



Fitness Discounts

Access a gym membership program as low as \$28 per month through Active&Fit Direct that includes digital on-demand workouts too.



Fertility Services

Save between 10%-40% on fertility services, including IUI and IVF treatments, genetic testing services and fertility medications.



Meal Planning Services

Complimentary shipping (\$14.95 value), fresh-made meals prepared for yourself or your loved one with Mom's Meals NourishCare®.



Vision Care

Save on laser vision correction, contact lenses, and eyeglasses with QualSight LASIK, and Zenni Optical.



Funeral Planning Service

\$50 off enrollment fee for Everett's suite for funeral planning services.



Student Loan Refinancing

Comprehensive solution to help borrowers reduce their debt by refinancing and consolidating their student loans.



Hearing Aids

Discounts on hearing aids through TruHearing, Amplifon, and Beltone.



Walgreens Smart Saving

Access 20% smart saver discount on eligible Walgreens brand over-the-counter health and wellness products.



Allergy Relief Products

20% off products for non-drug allergy relief (such as pillows, air filters, cleaning products, and personal care products) from National Allergy Supply.



Fitbit Product Store

Save up to 30% on Fitbit devices, accessories, and Fitbit Premium.



Pet Wellness Plans

No enrollment fee for Optimum Wellness Plans at Banfield Pet Hospitals (inside PetSmart).

How to access your deals and discounts?

Go to accessrga.com, choose Washington, and select the RGA Member Login button on the top of the page.

After logging in to your RGA account, select "Explore Your Benefits" then select "Health & Wellness Discounts."



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The deals and discounts are provided by separate companies to RGA members. These companies do not provide BlueCross BlueShield products or services, and are solely responsible for their product or services.

24-Hour Nurse Advice Line

Get answers to your pressing health questions.



Fast, expert advice is only a phone call away.

- *Is my chest pain a sign of a heart attack?*
- *What works better on a sore muscle? Heat or ice?*
- *Do stomach cramps and sweating require a trip to the emergency room?*

We've all had questions like these. Now you can get trustworthy answers when you call the nurse advice line. It's your 24/7 connection to our clinical team of nurses whenever you have an unexpected health issue. Plus, it's available at no cost to you.

Call anytime, day or night, and an expert will be there to answer your questions about:

- Medications
- Medical tests and procedures
- Treating unexpected injuries (twisted ankle, broken bone, etc.)
- Taking care of a chronic condition
- Knowing when to treat a situation at home versus making a trip to urgent care or the emergency room



Completely confidential and included as part of your health plan.

Get answers to your health questions by calling **1-800-807-1370**
Available in English, Spanish, and other languages.

Quick Tip: Scan this QR code with your smartphone to save the phone number in your contacts.



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Carenet Health is a separate company that provides Nurse Advice Line services for RGA members.

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PNLMFRW-06292023

Maternity Program

Plan more. Worry less.

The RGA Maternity Program provides you with resources and support for a healthy pregnancy and a healthy baby.

One-on-one coaching from an experienced maternity nurse is just a phone call or click away. Register today with [MommyTrax.com](https://mommytrax.com) to:

- Answer any questions you may have between doctor visits.
- Help you cope with common pregnancy symptoms such as morning sickness.
- Identify possible pregnancy complications or signs of pre-term labor.
- Help you maintain optimal health during your pregnancy, especially with regards to stress management, nutrition, and physical activity.
- Support you after your baby is born with concerns you may have about infant feeding, postpartum depression, or transitioning back to work.

This program is completely confidential and is included as part of your health plan.

Visit mommytrax.com to enroll in the RGA Maternity Program.



Enroll today and receive...

Prenatal vitamins and a book on managing pregnancy, childbirth and your newborn. Participants also receive a \$50 Amazon gift card upon program completion.



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MommyTrax is a separate company that provides maternity program services for RGA members.

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PMTMFRW-06292023

Telehealth with MDLIVE

Medical | Behavioral Health



Connect with a medical doctor, therapist, or psychiatrist on your schedule, anytime, anywhere.

Consult with a board-certified medical doctor 24 hours a day, 7 days a week by phone, secure video, or through the MDLIVE App. Therapy and psychiatry appointments can be scheduled days in advance instead of months in advance with most providers.

When you're not feeling well, making your way into a doctor's office can be a real pain...from missing work or getting off the couch, to getting stuck in a waiting room. With your telehealth benefit, you can save time and money by seeing an MDLIVE doctor for non-emergency conditions. MDLIVE doctors can even send a prescription to your nearest pharmacy (if needed). Below are some of the things that MDLIVE doctors can treat.

Common medical conditions include:

- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea / Vomiting
- Pink eye
- Rash
- Sore throats
- Urinary problems / UTI

Behavioral Health and Psychiatry:

- Addictions
- Anxiety
- Child and Adolescent Issues
- Depression
- Coping with Loss & Grief
- Parenting Counseling & Advice
- Panic Disorders

Get Started with MDLIVE

Register with the RGA Member Portal

1. Visit accessrga.com and select Washington.
2. Select the RGA Member Login button at the top of your screen
3. Log in to your member portal or create an account in just a few minutes by selecting "Create an account" on the bottom of the login page.
4. Once logged in, scroll down your home dashboard to "Explore Your Benefits" and select the tile labeled "See a doctor now" to access MDLIVE.

Or Register with a Virtual Health Assistant



Meet Sophie, your virtual health assistant! Sophie makes creating an account quick and easy using your smartphone. See a doctor in minutes – anytime, anywhere!

Text Sophie at **RGA** to **635483** and follow the link to register. You can also activate your account or talk to a doctor now at www.mdlive.com/rga or by calling **1-877-596-8826**.



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MDLIVE is a separate company that provides telehealth services for RGA members.

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PMBGSRW-06292023

MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product and may not be able to substitute for traditional in person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit <https://www.mdlive.com/terms-of-use/>.

Personalized Healthcare Shopping Experience

Shop and compare procedure costs



Where you seek care matters. We help you make informed decisions about your healthcare choices. You don't have to overpay for quality care.

Your Plan provides free access to Healthcare Bluebook making it easy to compare estimated procedure costs between facilities including what your personal deductible and out-of-pocket cost share will look like.

In minutes, you can find hundreds to thousands of dollars in savings with a simple search of over 500 services and (all shoppable services will be included 1/1/2024) receive your personalized benefits and out-of-pocket estimate tailored to your health plan.

What is a Fair Price?

A Fair Price is the reasonable amount you should expect to pay for a procedure or medical service.



Healthcare Bluebook uses the green, yellow and red color signs to guide you to Fair Price™ (green) facilities.

Easy to Understand Cost Estimate

View the example on the next page of a dramatic price difference and out-of-pocket cost estimate.



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Healthcare Bluebook is a separate company that provides quality and cost navigation services for RGA members

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PBBSEW-05162023

Know Where to Go

Save time and money by choosing the right location when the unexpected happens. More than half of visits to the emergency room are for non-emergencies.

Telehealth or Primary Care Provider



*ask if your primary care provider offers virtual care

Mild Fevers	Cough	Migraines	Sore Throat	Nausea, vomiting, and diarrhea	Animal or Insect Bites
Urinary Tract Infection	Cold, Flu, & Allergy Symptoms	Pink Eye	Rashes & Other Skin Conditions	Earache	Mental Health

Urgent Care



Minor Cuts & Stitches	Minor Burns	Sprains & Strains
-----------------------	-------------	-------------------

Emergency Room



Head Injuries	Chest Pain or Trouble Breathing	High Fever	Poisoning Or Drug Overdose	Severe Burns	Major Traumas
Open Wounds & Bleeding That Cannot Be Stopped	Confusion or Sudden Changes In Mental Status	Severe Abdominal (Stomach) Pain	Coughing Up or Vomiting Blood	Pregnancy-Related Problems & Infants With Fevers	Sudden Numbness, Weakness, Or Paralysis

Retail Walk-in Clinics

These are clinics set up inside retail stores and pharmacies. They offer limited services but can typically provide basic care for:

- Cold and flu symptoms
- Mild fever
- Minor cuts
- Skin conditions
- Sore throat

Utilizing Urgent Care

When accidents and illnesses arise, be prepared and know which Urgent Care providers are part of your network. Urgent care services are less costly than emergency room services and can provide spur-of-the-moment care, except for the most complex conditions. Please use the chart above for guidance in using the right level of care for your illness. Knowing which services are available to you in your community before you need it will allow you and your family to focus on getting the care you need to start feeling better.



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What You Need to Know About Paying for Your Healthcare

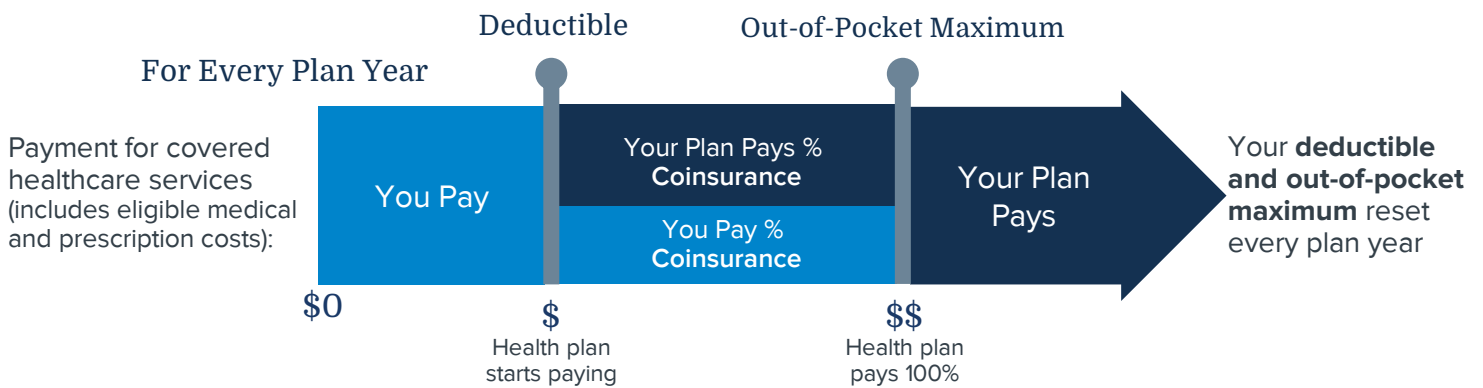
Key terms

Your **copay** is the fixed amount you pay for a covered healthcare service. This is usually paid at the time you receive the service. The dollar amount can vary by the type of service (doctor office visit vs. ER visit).

Your **out-of-pocket maximum** is the most you will pay for covered healthcare services in a given plan year.

Your **deductible** is the amount you pay for covered healthcare services before your health plan starts to chip in. *Note: Preventive care services such as wellness exams and preventive screenings are generally not subject to the deductible.*

Your **coinsurance** is the percentage you pay for covered healthcare services after your deductible has been met.



Joe's Healthcare Journey



Joe makes an appointment with his doctor for his annual wellness exam. Preventive services are covered at 100% (in-network) and the deductible is waived. That means Joe does not have to pay anything.



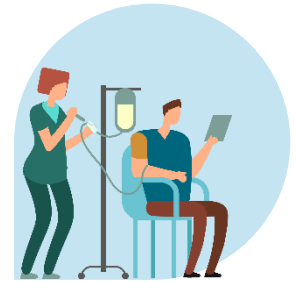
A few months later, Joe needs an X-ray. He has not yet met his **deductible** for the plan year so he has to pay the full amount.



It is flu season and Joe does not feel well. He makes an appointment with his doctor. When he checks into the office, he pays a **co-pay**.



Later in the year, Joe bursts his appendix and needs emergency surgery. He has already met his deductible, so he only has to pay his share of the **co-insurance** until he reaches the **out-of-pocket maximum**. From that point on, his health plan will pay the rest.



If Joe gets sick again before the end of the plan year, his health plan will pay 100% of the covered services.



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Preventive Care Basics

Preventive care and services may help you prevent and avoid serious illness. Your doctor's ability to diagnose and treat health disorders and diseases in an early stage improves with preventive care.

Preventive Services

Most health plans include coverage for certain preventive services when visiting an in-network provider. Preventive care benefits vary with age, and personal health history. **Use the chart below to start a discussion with your doctor about what is right for you concerning your preventive services and screenings.***

General Preventive Care to Discuss For All Ages

- | | | |
|---|---|--|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Life Style Risk Assessment |
| <input type="checkbox"/> Diabetes Screening | <input type="checkbox"/> Vision Every 2 Years | <ul style="list-style-type: none">• Alcohol Misuse Screening |
| <input type="checkbox"/> Cholesterol Screening | <input type="checkbox"/> Dental Cleaning 1-2 Times a Year | <ul style="list-style-type: none">• Diet Counseling |
| <input type="checkbox"/> Skin Check | <input type="checkbox"/> Vaccinations | <ul style="list-style-type: none">• Obesity/Weight Management Counseling |
| <input type="checkbox"/> Depression Screening | <input type="checkbox"/> Influenza- Yearly | <ul style="list-style-type: none">• Tobacco Use Screening |
| <input type="checkbox"/> Sexually Transmitted Infection (STI) screening | <input type="checkbox"/> Tetanus Diphtheria Booster Vaccine- every 10 years | |

General Preventive Care for Those Who Are or Who May Become Pregnant**

Age 19-39

- Talk with your doctor if any additional preventive screenings are right for you

Assigned female at birth

- Clinical breast exam
- Pap smear
- Pelvic exam
- Mammogram- if needed

Assigned male at birth

- Testicular exam

Ages 40-64

- Lung cancer screening at 50
- Colorectal screening beginning at 45**
- Osteoporosis
- Shingle vaccine- over 50

Assigned female at birth

- Clinical breast exam
- Osteoporosis (bone density)
- Pelvic exam and pap smear- if needed
- Mammogram

Assigned male at birth

- Prostate exam
- Testicular Exam

Age 65 and older

- Lung cancer screening
- Colorectal screening
- Osteoporosis (bone density)
- Fall prevention
- Glaucoma test
- Pneumococcal vaccine

Assigned female at birth

- Clinical breast exam
- Pelvic exam and pap smear- if needed
- Mammogram- if needed

Assigned male at birth

- Abdominal aortic aneurysm

Refer to your summary plan document at accessrga.com and select Washington to log in to your RGA account. Contact our Customer Care by calling the number on the back of your Member ID card, Mon-Fri 6am-6pm PT for more information on your preventive care benefits. ***Consult with your doctor to determine what preventive care is right for you based on your medical history**

**age recommended for adults at regular risk as of April 30, 2021 by U.S Preventive Service Task Force

Content Sourced from the Office of Disease and Prevention and Health Promotion at [Healthcare.gov](https://www.healthcare.gov), [PublicHealth at PublicHealth.org](https://www.PublicHealth.org), and U.S. Preventive Services Task Force [uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org).



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Well-child exam and immunization schedule

Guidelines from the American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC)

2 to 5 Days Old	HepB ¹	15-18 Months	DTaP Any 12-month immunizations not already given	5-18 Years	Annual Flu shot
2 Months	HepB ² RV ¹ DTaP ¹ Hib ¹ PCV ¹ IPV ¹	24 Months	HepA Flu Shot	11 Years	DTaP booster Flu shot HPV ¹ MCV
4 Months	RV ² DTaP ² Hib ² PCV ² IPV ²	3 Years	Flu Shot	12 Years	HPV ² Flu Shot
6 Months	PVC ³ IPV ³ Flu Shot	4 Years	Vision screen Hearing screen Chickenpox Flu shot DTaP IPV MMR	13 Years	Chickenpox blood test
9-12 Months (1 year)	Hib ⁴			16 Years	MCV booster

IMMUNIZATION DEFINITIONS + KEY

Chickenpox: Varicella (Not before first birthday)

DTaP: Diphtheria, tetanus, acellular pertussis/whooping cough (3-dose series)

Flu shot: Influenza (Annual)

HepA: Hepatitis A

HepB: Hepatitis B (3-dose series)

Hib: Haemophilus influenza b (3- or 4-dose series)

HPV: Human papillomavirus (2-dose series)

IPV: Inactivated poliovirus (3-dose series)

PCV: Pneumococcal conjugate (4-dose series)

MCV: Meningococcal disease

MMR: Measles, mumps, rubella (After age 1)

RV: Rotavirus (3-dose series)

¹ First dose ² Second dose ³ Third dose ⁴ Fourth dose



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General Preventive Care for Adults

Take charge of your health with preventive care benefits available through your primary care provider (PCP) usually at no cost-share.*

All adults should find an in-network primary care doctor and use the chart below to start a discussion about which preventive services and screenings are right for you.*

Annual wellness physical exam

Screenings and/or counseling for:

- Blood pressure
- Diabetes
- Anemia
- Skin check
- Depression, suicide, family violence
- Hepatitis C, aged 18-79
- HIV, aged 15-65
- Sexually transmitted infection (STI)
- Dental and periodontal disease

Risk based screening and/or counseling for:

- Alcohol and drug misuse
- Tobacco use
- Obesity and diet
- Hepatitis B, Tuberculosis
- Cholesterol, lipid disorders
- Heart disease, statin use
- Type 2 diabetes
- Retinopathy if diabetic
- Dementia

Vaccinations:

- (link to full CDC schedule)
- Influenza- yearly

Preventive Medications:

- Inhaled corticosteroids if diagnosed with asthma
- Insulin and other glucose lowering agents, A1c testing and glucometer if diabetic
- ACE inhibitors, beta-blockers, aspirin if at high risk and meet specific criteria
- PrEP HIV prevention meds if meet certain criteria
- Statins if high risk and 40+

Additional Preventive Care to Discuss with Your Doctor Based on Age and Risk Factors**

Age 19-39, add:

Find an in-network primary care provider

Assigned female at birth

- Clinical breast exam
- Mammogram 1 baseline
- BCRA 1 and 2 testing if high risk
- Pelvic exam
- 1 pap test every 2 years

Assigned male at birth

- Testicular exam

Ages 40-64, add:

- Colon cancer screening, 45-75
- Lung cancer screening, 50-80
- Shingles vaccine, 50+

Assigned female at birth

- Mammogram, as recommended
- Bone density screening, if post menopausal

Assigned male at birth

- Prostate Cancer exam
- Testicular Exam

Age 65 and older, add:

- Fall prevention
- Glaucoma test
- Hearing impairment
- Pneumococcal vaccine

Assigned female at birth

- Pelvic exam and pap smear- if needed

Assigned male at birth

- Abdominal aortic aneurysm and under 75 and have smoked

Refer to your summary plan document at accessrga.com to log in to your RGA account. Contact our Customer Care by calling the number on the back of your Member ID card, Mon-Fri 6am-6pm PT for more information on your preventive care benefits.

***Consult with your doctor to determine what preventive care is right for you based on your medical history. Not all services listed may qualify as a part of your preventive care benefits. Services performed to diagnose or treat symptoms or provide routine care for chronic conditions may be subject to separate charges. Always ask your doctor about the type of services being rendered at your visit. <http://health.gov/myhealthfinder> is also a great resource.**

**age recommended for those at regular risk as of May 25, 2023, by U.S. Preventive Service Task Force. Content Sourced from the Office of Disease and Prevention and Health Promotion at [Healthcare.gov](https://healthcare.gov), PublicHealth at PublicHealth.org, the Centers for Disease Control and Prevention (CDC), and the U.S. Preventive Services Task Force uspreventiveservicestaskforce.org.

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