

CASCADE DESIGNS®

Member Guide

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



Regence

Group Administrators

An Independent Licensee of the Blue Cross and Blue Shield Association






Your Guide to Better Healthcare with RGA

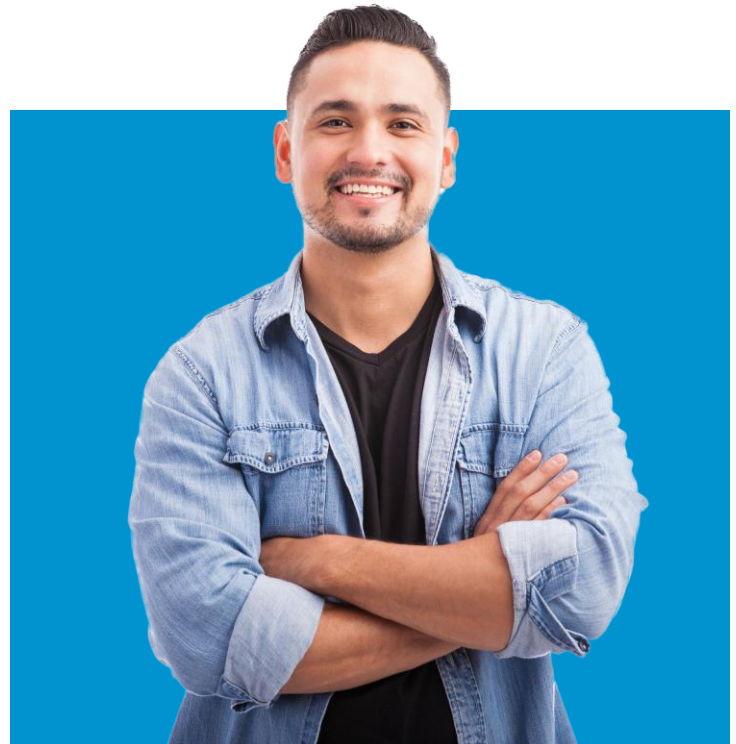
Thank you for being a member of Regence Group Administrators (RGA). Whether you are new to RGA or have been a member for years, we want to make sure you have the tools and resources you need to make the most of your health plan.

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 these documents for details on your medical coverage including deductibles, co-payments, co-insurance and covered services.

Getting Started with RGA

RGA is pleased to be your health plan administrator! We are here to help you create a healthier future by making the most of your benefits.

Where to start

Register on the RGA member portal

Access your benefit and claims information online at www.accessrga.com

Share your RGA ID card

Show your ID card to your healthcare providers and your pharmacy at your next visit.

Contact RGA if you have any questions

Call RGA's Customer Care Team
M–F, 6am–6pm PT
at **1-866-738-3924**

What can you do on the RGA member portal?



Search for doctors and hospitals in the RGA network.



Download or print a copy of your member ID card.



View benefits/coverage information.



View claims details and account balances.



Download and submit member forms.



Connect to other RGA programs and services.



Access health and wellness discounts.



Ask RGA a question online via secure messaging.

How do you register for the RGA member portal?

- 1 Visit www.accessrga.com
- 2 Select the *myRGA Member Login* button on desktop computers and *myRGA* button on smartphones and tablets on the top of the page.
- 3 If it 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. You will be asked to enter your name, date of birth, and member ID number EXACTLY as they appear on your member ID card.

To comply with regulations that restrict access to a dependent's protected health information, members 13 years and older need to set up their own online account on the RGA member portal with their own unique email address. Once registered, the dependent can grant or deny parent / guardian access to their account. If you have any questions, please call our Customer Care team at **1-866-738-3924**.

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 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 can 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 Group Administrators member ID card. On the left, two blue arrows point to specific sections of the card: 'How to submit claims' points to the paragraph about EDI claims and paper claims, and 'Mailing address' points to the address information. On the right, a blue arrow points to the 'Eligibility' phone number (800-676-2583) in the contact information table, with the text 'Number to call to confirm health benefits coverage'.

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

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 **www.accessrga.com**

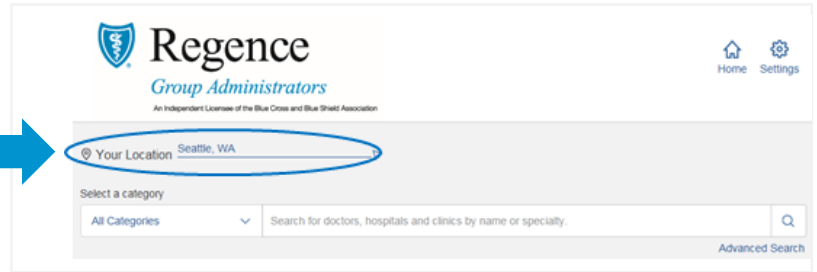
Nationwide Coverage for Members in Every State

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 residing 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>

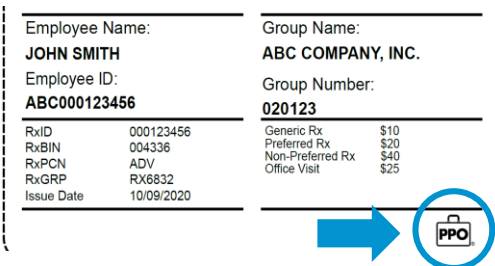
- Enter your location on the top of the page to search for in-network providers in your area.



The screenshot shows the Regence Group Administrators website. The header includes the Regence logo and 'Group Administrators' text. Below the header, there is a search bar with 'Your Location' set to 'Seattle, WA'. A blue arrow points to this search field. Below the search bar, there are options for 'Select a category' and a search input field with a magnifying glass icon. The text 'Advanced Search' is visible at the bottom right of the search area.

During your visit

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



The front of the RGA card displays the following information:

Employee Name:	JOHN SMITH	Group Name:	ABC COMPANY, INC.
Employee ID:	ABC000123456	Group Number:	020123
RxID	000123456	Generic Rx	\$10
RxBIN	004336	Preferred Rx	\$20
RxPCN	ADV	Non-Preferred Rx	\$40
RxGRP	RX6832	Office Visit	\$25
Issue Date	10/09/2020		

A blue arrow points from the card to a circular icon containing a suitcase and the letters 'PPO', indicating the member's status.

On the front:

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

How to submit **MEDICAL** claims

How to submit **DENTAL** claims



An Independent licensee of the BlueCross BlueShield Association.

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 Dental claims and 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: 866-885-4944
Nurse Line: 800-807-1370

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. For Dental coverage, you may use the RGA Dental Network.

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

Phone numbers to confirm eligibility and benefit coverage

On the back:

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

After your visit

How to **submit a claim** to RGA national network:

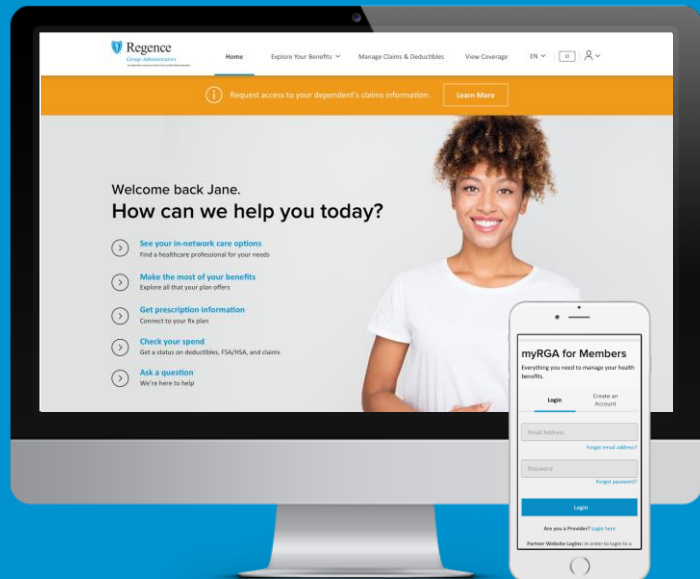
- **Medical** claims should be sent to the Blue company in your state. Normally your provider submits the claim for you. If you have to submit your own claim, please have your provider fill out the dedicated form (CMS 1500 HCFA) and contact RGA Customer Care Team to confirm where and how you can send it.
- **Dental** claims should be sent to RGA Head Office 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.

The RGA Customer Care Team is available Monday-Friday from 6am-6pm PT at 1-866-738-3924

Managing Your Health Plan Just Got Easier.

Regence Group Administrators is proud to provide secure access to your personal health plan details through our newly redesigned member portal.

Find plan details, network and ID card information, as well as an ongoing report of healthcare spending toward annual deductibles, out-of-pocket maximums and spending accounts.



Features:

- ✓ Manage your claims and deductibles
- ✓ Find an in-network doctor or hospital
- ✓ Connect to your prescription plan
- ✓ View, print, or share your ID card
- ✓ Verify your coverage for services and more!

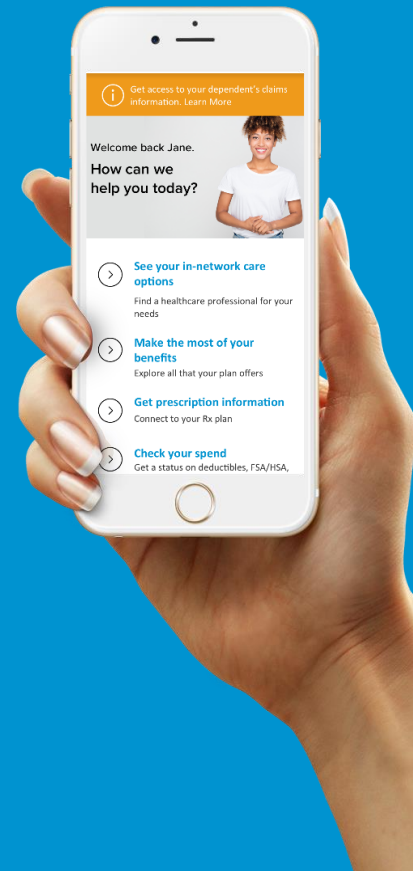
Log in or create an account today at www.accessrga.com

Healthcare At Your Fingertips.

Regence Group Administrators is proud to provide secure access to your personal health plan details through our new mobile app.

Find plan details, network and ID card information, as well as an ongoing report of healthcare spending toward annual deductibles, out-of-pocket maximums and spending accounts.

Get on-the-go access to health information and tools – all from your fingertips.



Log in or create an account today at accessrga.com

Download the app



Features:

- ✓ Manage your claims and deductibles
- ✓ Find a in-network doctor or hospital
- ✓ View, print, or share your ID card
- ✓ Verify your coverage for services and more!

Start Saving Money by Staying In-Network

Your plan gives you access to the BlueCard® Network, a leading network with extensive coverage in the Pacific Northwest and across the nation.

Why is this important?

By staying in-network, you gain access to care at a discounted price and protection from balance billing. With out-of-network options, you are likely to pay more and are not protected from the risk of balance billing.

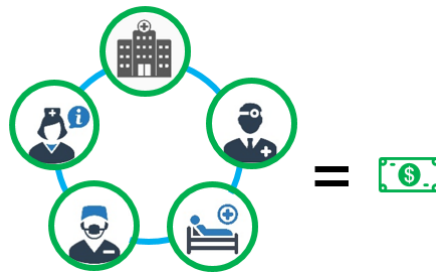
Why go in-network?

Each in-network provider has agreed to accept your plan's contracted rate as payment for services. Their costs are usually lower than those of out-of-network providers. They also agree to file claims for you and not bill you for charges beyond the contracted price.

What is a network?

A network is a group of doctors, hospitals, and other healthcare providers. This group has worked with us to get special prices just for you. When a healthcare provider is in your network, it's called "in-network."

IN-NETWORK CARE



OUT-OF-NETWORK CARE



How to make sure your care is in-network

Search for in-network providers on our website. Visit accessrga.com, log in to your myRGA account, and select Find a Local Doctor or Hospital.

Confirm in-network status directly with your provider before the service is rendered.

Always confirm all steps of your treatment are in-network. For example, your doctor may refer you to a **lab or specialist** not in your network that is likely to cost you more.

If you have any questions or need any help, contact our Customer Care team at **1-866-738-3934** M-F 6:00 AM – 6:00 PM PT.

Find a Doctor or Hospital in the RGA Network

Choose In-Network providers to have quality care at the best price, and protection from balance billing. Visit www.accessrga.com and select the myRGA Member Login button on the top of the page for access to the full search experience. Have a question? Call our Customer Care Team at **1-866-738-3924** and they will help you find an in-network healthcare provider.

- 1 Log in to your myRGA account, select “Explore Your Benefits,” and then select “Find a Doctor or Hospital.”
- 2 Your home address will be the default location. You can also switch to your current location by selecting the arrow, or you can enter a new location.
- 3 Under “Select a category,” select “All categories,” or search by one of the following:
 - Doctors by name
 - Doctors by specialty
 - Places by name
 - Places by type
- 4 After you select a category, enter a specialty type (for example: primary care, OB/GYN, etc.) or a specific doctor’s or hospital’s name. You can also leave it blank.
- 5 Refine your search results by using the filters on the left side of the screen.

The screenshot shows the Regence Group Administrators search interface. At the top left is the Regence logo and text: "Regence Group Administrators" and "An Independent Licensee of the Blue Cross and Blue Shield Association". At the top right are "Home" and "Settings" icons. The main search area has a "Your Location" field with "Seattle, WA" and a dropdown arrow, marked with a blue circle 2. Below it is a "Select a category" dropdown menu with "All Categories" selected, marked with a blue circle 3. To the right is a search input field with the placeholder text "Search for doctors, hospitals and clinics by name or specialty", marked with a blue circle 4. A magnifying glass icon is to the right of the search field. Below the search field is an "Advanced Search" link.

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 www.accessrga.com

Getting Started with Your CVS Caremark® Pharmacy Benefit Plan

With CVS Caremark®, 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 access your CVS Caremark® benefits through your RGA portal by going to www.accessrga.com.

- 1 Log in to your myRGA account, select “Explore Your Benefits,” and then select “Connect to Your CVS Caremark® Drug Plan.” This will take you to the CVS Caremark® website.
- 2 The first time you visit Caremark.com, you will need to create an account. *Note that even if you have a myRGA account, you will need to create a separate account for Caremark.com. 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 through your pharmacy benefits.

Find pharmacies in your network

CVS Caremark® has an expansive national network with more than 74,000 pharmacies across the United States, including CVS (often found in Target retail stores), Bartell Drugs, Walgreens, Walmart, Costco, Rite Aid, Kroger, and Safeway, among others.

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

You do not need to use a CVS pharmacy to fill a prescription with your CVS Caremark® pharmacy benefit plan. You can continue to use your current pharmacy as long as it is part of the CVS Caremark® retail network.

Know your coverage

Find out if a medication is covered by your plan, see lower-cost options, compare the cost of filling your prescription at one pharmacy compared to another, and more using the [Check Drug Cost Tool](#). *Note: If you fill a prescription at an out-of-network pharmacy, your prescription expenses may not be covered.

Helpful hint

Unlock additional tools in CVS/Caremark™ mobile app. You can scan the barcode on your Rx label to refill available prescriptions, or take a photo of the front and back of a new paper prescription to fill it.

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

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 required 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, in order for the drug to be covered under your health plan.

You and your doctor will be notified after the information provided by your doctor is reviewed to determine if the medication meets the criteria for coverage. 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**. We're open 6 am–6 pm PT, Monday through Friday, at **1-866-738-3924**.

Stretch Your Prescription Dollars on Your High-Deductible Health Plan

With a high-deductible health plan (HDHP), you're responsible for paying the entire cost of your qualified medical and prescription drug expenses until you meet your deductible. Below are a few ways to make trips to the pharmacy less expensive.

Ask your doctor or pharmacist about less expensive generic options.

Generic prescriptions are just as effective as brand-name ones. They have the same strength, dosage, safety and quality as their brand-name counterparts — and they can cost up to 80% less.

Max out your HSA contributions.

To save the most you can over time, allocate the maximum contribution amount for each tax year, as determined by the IRS.

Use mail order for maintenance medications.

If you are on a maintenance medication, you can typically get a 90-day supply for the cost of a 60-day supply by using a mail order service. Ordering a 90-day supply before the end of the plan year can also be a great strategy to make sure you have your medications bought and paid for while you wait for your HSA account to build up.

Shop around.

Try online cost comparison tools such as Healthcare Bluebook to help you find a fair price for medications in your area.

Leave money in your Health Savings Account (HSA) at the end of the year.

Your HSA funds carry over from one plan year to the next. Allow yourself some wiggle room by leaving funds in your account at the end of the year to use at the beginning of the next year, before your contributions kick in. That way, you'll avoid paying taxes on the expenses you use them for.

Understand Your Plan: PPO vs. HDHP

What's the difference between a preferred provider organization (PPO) and a high deductible health plan (HDHP)?

Preferred Provider Organization (PPO)

- **Higher Premium**
- **Standard Copay**
- **Lower Deductible**
- **Lower Coinsurance**
- **Lower Out-of-Pocket Maximums**

With a preferred provider organization (PPO), you pay a higher premium (generally 10–15% more) and know what pricing to expect when you go to the doctor.

For office visits, you'll pay a standard copay determined by your plan. For treatment, you'll be responsible for amounts up to your deductible (waived for preventive care and variable from plan to plan, but significantly lower — sometimes by 50% — than you'd find with an HDHP). Once you've hit your deductible, you'll pay a lower rate of coinsurance.

High Deductible Health Plan (HDHP)

- **Lower Premium**
- **No Copay**
- **Higher Deductible**
- **Higher Coinsurance**
- **Higher Out-of-Pocket Maximums**

With a high-deductible health plan, you'll save on your premium and you won't have a copay, but you'll have a higher deductible and be responsible for a larger share of the cost of the office visit as well as any treatment you receive.

Which plan is right for me?

If you rarely go to the doctor or find you're not using your medical benefits, a high deductible health plan (HDHP) may be for you. One way to decide is to do the math: if your premium savings + employer HSA contribution + PPO deductible add up to less than your annual medical expenses, you may save more with a HDHP; however, savings are only one factor to consider. You know what matters to you.

Getting Started with Your RGA Vision Plan

Know what's covered

Access your vision benefits online from the RGA member portal.

- 1 Go to www.accessrga.com.
- 2 Select the myRGA Member Login button on the top of the page.

On Desktop Computers:

myRGA Member Login

On Mobile Devices:



- 3 After logging in to the RGA member portal, you can select "View Coverage" in the top navigation bar.
- 4 As an option, you can always call RGA's Customer Care Team M-F 6:00 AM - 6:00 PM PT at **1-866-738-3924**.

**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.*

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 Your home address will be the default location. You can also switch to your current location by clicking the arrow, or you can enter a new location.
- 3 In the field next to the category menu, enter **optometry**, **ophthalmology**, or a specific provider's name.



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 button "Submit a claim."
- 2 Submit the completed Claim Form and your itemized bill using the step-by-step instructions on the screen.

No computer? No problem. You can always call RGA's Customer Care Team Monday through Friday from 6 am to 6 pm (PT) at **1-866-738-3924**.

Your Health Savings Account (HSA)

With a HealthEquity HSA, both your contributions and earnings 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.

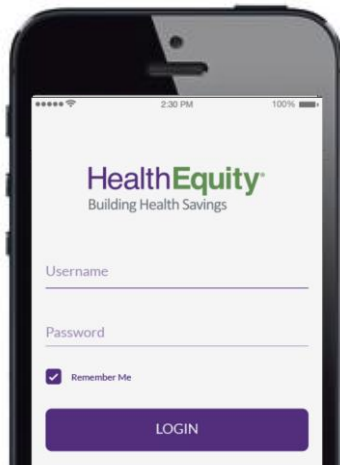
To start saving, access your HealthEquity benefits through your RGA portal by going to www.accessrga.com.



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

Manage your account on-the-go

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



Access your benefits

You can access your HealthEquity benefits through your RGA portal by going to www.accessrga.com.

- 1 Log in to your myRGA 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 a myRGA account, you will need to create a separate account for HealthEquity.com.
- 3 Click "Login" and select "Member login" 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.

If you need 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

- 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.

Using Your Health Plan Benefits When You Travel

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.

Across the country

No matter where you are in the United States, you will be covered under RGA or the BlueCard® program. That means you have access to the network and savings discounts that the local Blue Cross Blue Shield plan has negotiated with its doctors, hospitals, and other healthcare providers.

- Always carry your current RGA member ID card with you.
- To find in-network doctors and hospitals, log in to the myRGA member portal at www.accessrga.com and click on "Find a doctor or hospital."
- Call RGA's Customer Care Team at **1-866-738-3924** for any required pre-certification or preauthorization.
- When you arrive at the participating doctor's office or hospital, show them your RGA member ID card. The provider will identify your benefit level through one of these symbols (displayed on the front of your card):



PPO
Benefits



Traditional/
Indemnity
Benefits

For any in-network care:

You should not have to pay upfront for any covered medical services, except for the out-of-pocket expenses (non-covered services, deductible, copayment, and coinsurance) you would usually pay. You should also not have to submit any claim forms.

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 Care 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 myRGA 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.

In an emergency, go directly to the nearest hospital.

How to Submit a Claim to RGA

If you select an out-of-network provider, you may be asked to pay the bill upfront. If your procedure or service is covered under your health plan, you can receive reimbursement according to your Plan's available out-of-network benefits, subject to any applicable deductibles or co-pays. Below you will find steps to follow to submit your claim.

Step 1. Check to make sure that the service is covered by your health plan.

View your benefit plan information, which is available on the RGA member portal at www.accessrga.com. As an option, you can always confirm benefits with RGA's Customer Care team by calling **1-866-738-3924** or sending them a secure message on the member portal.

Step 2. Download and print a copy of the RGA Medical Claim Form.

1. Go at www.accessrga.com then click the Member button.
2. Select "Download Member Forms" then click "Medical/Dental/Vision Claim Form."

Step 3. Take the form *and* your RGA member ID card to your healthcare provider.

1. Complete Sections 1, 4, 5, and 7 of the Medical Claim Form before arriving at your appointment.
2. Have your healthcare provider complete Sections 2 and 3.
3. Show your member ID card to your provider. Make sure they make a copy for their records (even if they "don't take insurance").
4. Discuss payment arrangements with your provider. Sign and date Section 6 if you are required to pay for services up front.

Step 4. Submit the completed Medical Claim Form, your itemized bill* and receipt to RGA.

You can do this one of three ways:

- Upload to the RGA member portal.
- Mail to the address on the top of the form.
- Fax to the number on the top of the form.

**An itemized bill is one that contains the provider's name and address, their Federal Tax ID Number, date of service, procedure(s) performed, and the nature (diagnosis) of the accident or illness being treated.*

How to submit a claim using the RGA member portal:

1. Visit www.accessrga.com and then select the myRGA Member Login button on the top of the page.
2. After logging in to the myRGA member portal, on the top header of the screen, select "Manage Claims and Deductibles."
3. Select the "Submit a Claim" button.
4. To submit a claim, you will first need to attach the following three (3) documents:
 1. The completed Medical Claim Form
 2. The itemized bill from your healthcare provider
 3. The itemized receipt showing proof of payment
5. After your claim is submitted, you can visit the "Manage Claims and Deductibles" page to view your claim status.

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

All claims for reimbursement must be submitted within one year of the date the service was provided. Select an in-network provider to avoid submitting a claim and unexpected bills. To check the network status of a provider, visit accessrga.com/find-a-provider.

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 www.accessrga.com and select the my RGA Member Login button on the top of the page.
- 2 Log in to your member portal and select the member icon located on the top right.
- 3 Select “Communication Preferences” on the drop-down menu.
- 4 Select “email” under EOB communication preferences.
- 5 Once signed up, you will start receiving EOB notices in your email after you receive healthcare services and your claims are processed. They will be from our vendor, Redcard, with the subject line “**Your Electronic EOB Has Arrived!**” This email is simply a notification that you have an EOB available to view from your Member Portal.

Access your EOBs online

- 1 Visit www.accessrga.com and select the myRGA 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 Select the claim number
- 4 Select “View EOB for this claim”
- 5 A PDF version will open that you can download or print.

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 am I supposed to 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 06/03/2019 - 06/17/2019

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
05/15/05/15/2019 LABORATORY	\$185.00	\$85.09	\$0.00	PD	\$99.91	\$0.00	80%	\$79.93	\$0.00	\$19.98	\$0.00
05/15/05/15/2019 ADMINISTRATION FEES	\$5.00	\$0.00	\$0.00	SF	\$5.00	\$0.00	100%	\$5.00	\$0.00	\$0.00	\$0.00
05/15/05/15/2019 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

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 Medical/Rx - In-Network 2019	\$90.00 Used	\$6260.00 Remaining	TOTAL AMOUNT: \$6,350.00
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My Spend

Deductible Medical - In-Network 2019	\$237.55 Used	\$762.45 Remaining	TOTAL AMOUNT: \$1,000.00
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**Out-of-Pocket Medical/Rx - In-Network
2019**

\$1330.23 Used	\$5019.77 Remaining	TOTAL AMOUNT: \$6,350.00
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Family Spend

Deductible Medical - In-Network 2019	\$237.55 Used	\$2762.45 Remaining	TOTAL AMOUNT: \$3,000.00
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**Out-of-Pocket Medical/Rx - In-Network
2019**

\$1408.23 Used	\$11279.77 Remaining	TOTAL AMOUNT: \$12,700.00
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For current and up-to-date accumulators, please visit the member portal online!

I am still confused. Where can I go to better understand how my health plan works?

We are here to help. If you have additional questions, please contact RGA’s Customer Care Team at **1-866-738-3924** M-F 6:00 AM - 6:00 PM PT.



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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. Here are some examples.



Fitness Discounts

\$25 gym memberships are available from Active&Fit Direct. Additional discounts on yoga classes, ski lift tickets, and more can be accessed through the CHP Active and Healthy Program.



Weight Loss Programs

Free 3-month program + \$120 in food savings or 50% off premium programs at Jenny Craig. Additional discounts available from OPTAVIA.



Hearing Aids

Up to 50% off hearing aids through TruHearing, Amplifon, and Beltone.



Child Safety Products

15% off baby-proofing and home safety products from Safe Beginnings.



Complementary and Alternative Medicine

20% off chiropractic care, acupuncture, massage therapy and naturopathic services with the CHP CAMaffinity Program.



Allergy Relief Products

15% off products for non-drug allergy relief (such as pillows, air filters, cleaning products, and personal care products) from National Allergy Supply.



Meal Planning Services

50% off an annual subscription of customized weekly meal plans and grocery lists with Gatheredtable.



Dental Products

15-25% off cavity-fighting lollipops, gum, mints, and toothpaste from Epic Dental and Dental Optimizer.



Vision Care

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



Pet Wellness Plans

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

Go to www.accessrga.com and select the myRGA Member Login button on the top of the page. After logging in to myRGA, select "Explore Your Benefits" then select "Member Deals and Discounts"

RGA is completely independent from the companies that provide these products and services. RGA does not endorse or guarantee the products and services offered or their effectiveness. RGA reserves the right to change the program at any time without prior notice.

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

The program is completely confidential and free 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.

Wellness Hub



Follow your own path to wellbeing.

RGA's online Wellness Hub provides personalized health tips based on your lifestyle. You can find credible information on just about any health topic and discover programs and discounts available to you that will help you on your way to optimal wellbeing.

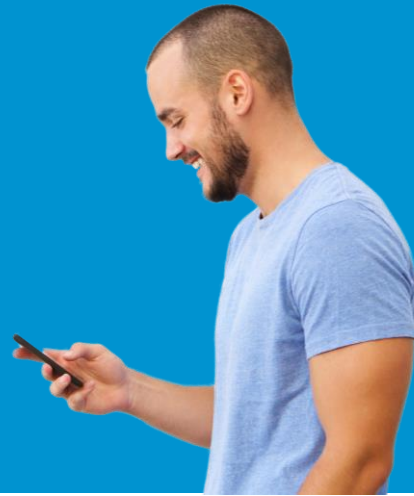
Access your Wellness Hub today. Here's how.

- 1** Go to www.accessrga.com and select the myRGA Member Login button on the top of the page. 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.
- 2** After logging in to your myRGA account, select the "Access Your Wellness Hub" tile under "Explore Your Benefits." This will open the RGA Wellness Hub.

Need help setting up your RGA member portal account?
Contact RGA's Customer Care Team at **1-866-738-3924**.

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 the urgent care waiting room. With your telehealth benefit, you can save time and money by seeing an MDLIVE doctor for non-emergency conditions. MDLIVE can even send a prescription to your nearest pharmacy (if needed). Here are some of the things that MDLIVE doctors can treat:

Common conditions include:

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



Meet Sophie

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

Text RGA to 635483 to get started

Activate your account or talk to a doctor now by visiting
www.mdlive.com/rga or calling **1-877-596-0967**.

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

Urgent Care



Minor Cuts & Stiches



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 you illness. Knowing which services are available to you in your community before you need it will allow you and your family can 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

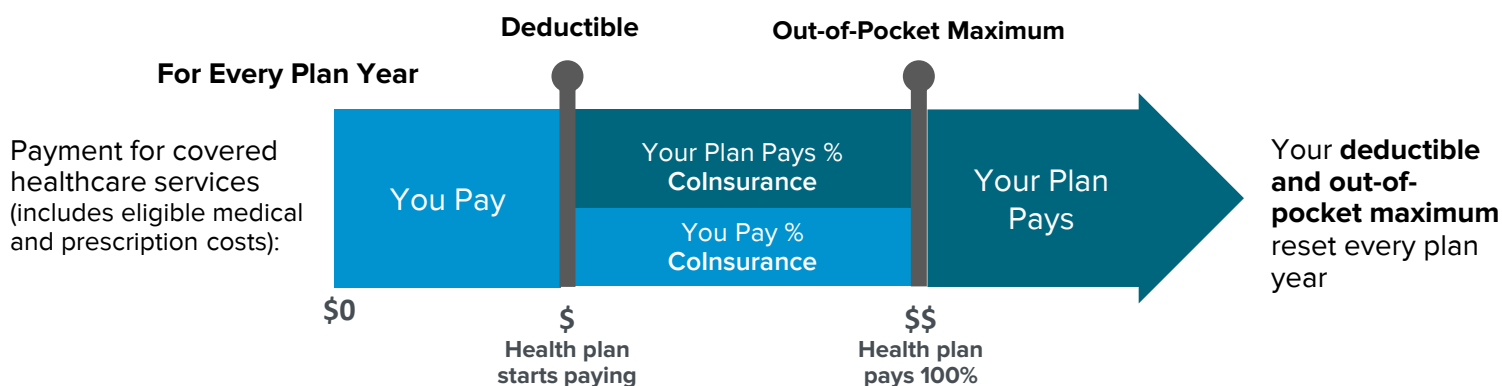
Your **copay** is the fixed amount you pay for a covered healthcare service. This is usually paid at the time you receive the service. The dollar amount can vary by the type of service (doctor office visit vs. ER visit).

Your **deductible** is the amount you pay for covered healthcare services before your health plan starts to chip in.

Note: Preventive services such as wellness exams and cancer 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.

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



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's appendix burst and he 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.