Plan Year 2027

Member Guide

Using Your RGA Healthcare Benefits

Health Plan Basics | Additional Programs & Services

Your Guide to Better Healthcare with RGA

Welcome to Regence Group Administrators. Whether you're a new member or have been with us for years, our goal is to give you the tools and resources to make the most of your health plan benefits. As a valued member, we're committed to providing you with the support you need to navigate the complex world of healthcare. Our team is always just a phone call or click away, ready to assist you with finding doctors, understanding your coverage, or explaining unfamiliar healthcare terms. We are here to help you understand your care options and save money along the way.

About This Guide

Take a few minutes to review this guide for information on 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 provided with 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. You can refer to those documents for more 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.

Visit accessrga.com to log in to your RGA account

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ME-RW-006-v1-26

Welcome to the Member Portal

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

Connect to Your Health Plan

Connect to your prescription drug plan

Find in-network doctors or hospitals and verify coverage for services

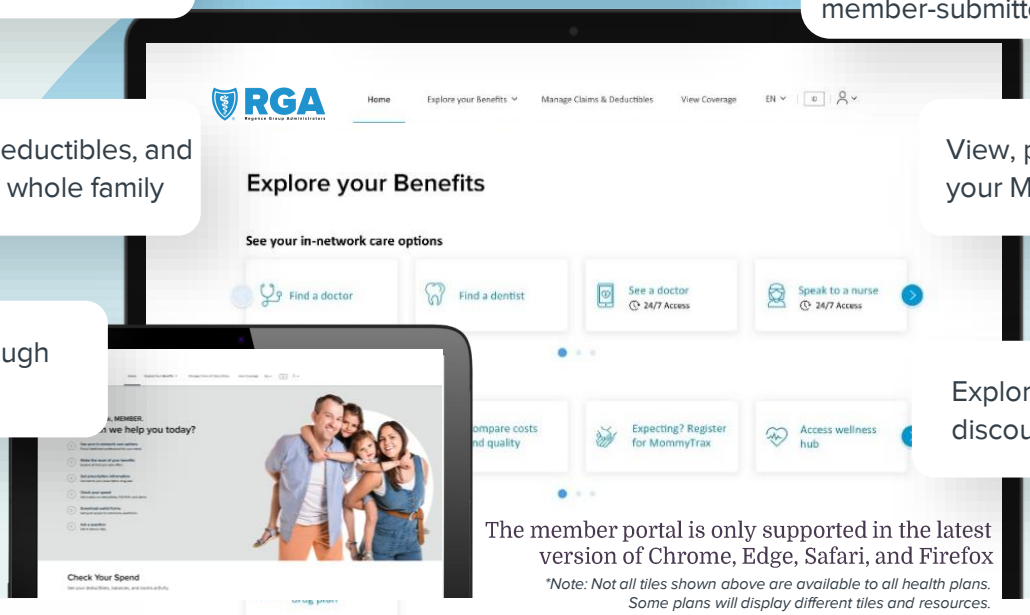
Select Email explanation of benefits (EOB) to allow electronic reimbursement for member-submitted claims

Access claims, deductibles, and spending for the whole family

View, print, or share your Member ID card

Ask questions through email or live chat

Explore exclusive discounts and more



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.*

Access the member portal

Scan Here

Log in to the member portal using your email address and password.

Already have an account? You're all set!

Members aged 13 and older must provide consent for their parents or guardians to access their personal health information.

Creating an account for the first time?

Before you start, you will need either your employee ID number (found on your Member ID card) or the last four digits of your social security number (SSN).

1. To create an account, visit accessrga.com. Select the button "RGA Member Login" at the top of your screen.
2. On the login page, select "Create an Account Now" and follow the steps. Use your employee ID or the last four digits of your social security number (SSN) to register.
3. Confirm your email address using the verification code that was sent to you.

   You're ready to use the member portal!

Need help? Call our RGA Customer Care Team at the number on your Member ID card (Monday–Friday, 5:00 AM – 6:00 PM PT), or sign in to the member portal for live chat support. We're here to assist you.

Visit accessrga.com to log in to your RGA account

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Welcome to the RGA Mobile App

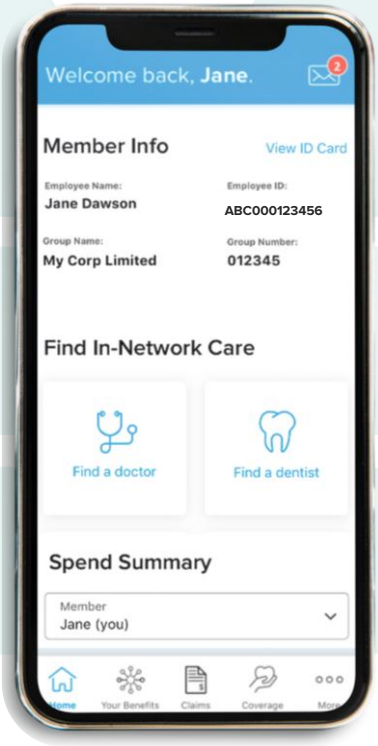
Quickly and securely access your benefits and services at home or on the go.

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.

View Your Digital Member ID Card:
Say goodbye to the worry of misplacing your Member ID card!

Click to Connect:
Connect with Customer Care by call or live chat right in the app.



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

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

Get More Benefits:
Gain access to a wide range of services and discounts offered by your plan, right at your fingertips.

If you need to create an account:

1. Go to accessrga.com to create a new account. *(You can only create an account on the website)*
2. After creating your account, download the RGA mobile app.
3. Open the app and tap the "RGA Member Login" button at the top of the screen.
4. Enter your Employee ID number from your Member ID card to log in.

If you do not have an account:

1. Download the RGA mobile app.
2. Sign in using your existing account.
3. Tap the "RGA Member Login" button at the top of the screen.
4. Enter your Employee ID number from your Member ID card to log in.

Get Started

Have a member portal account already? Download the free RGA Mobile App in the Apple or Google Play Stores

Download on the App Store

GET IT ON Google Play

Need help? Live chat or call our **Customer Care Team** using the number on the back of your Member ID card, Monday–Friday, 5:00 am–6:00 pm PT.

Visit accessrga.com to log in to your RGA account

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Understanding Your Member ID Card & the RGA Network

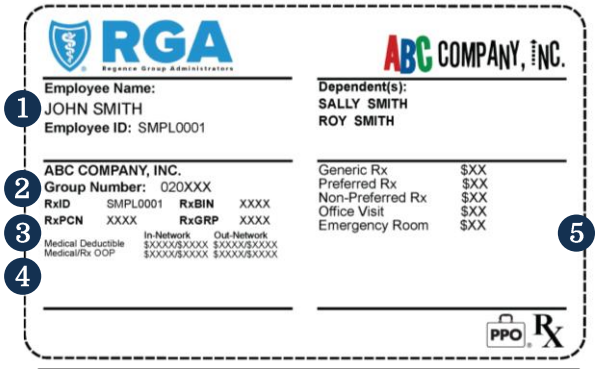
Learn about your RGA Member ID card and the RGA network configuration. This information can be shared with your doctor's office if they are not recognizing RGA.

Information on Your Member ID Card:

Your card provides you with more personalized information about your cost-sharing responsibilities related to your health plan.

Front of the ID card

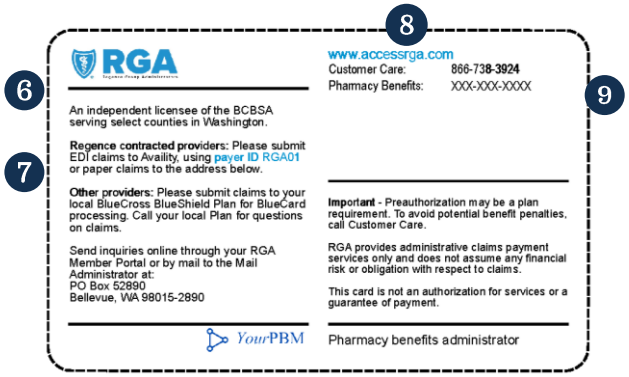
1	The employee name listed here is for the subscribing member of the health plan. All dependents enrolled on the plan use this employee ID number*
2	Your group ID number
3	Your Pharmacy information, if applicable
4	Your in-network deductibles, out-of-network deductibles, and out of pocket maximums**
5	Personalized information about your benefits**



**Some ID cards list the names of dependents. Some ID cards list only the name of the employee. Listing names of dependents on cards is an employer's choice. Either way, the benefits on ID cards are for the employee named on the left of the card. Dependents on the employee's plan may have different coverage than the employee. Always verify your personal plan benefits before receiving services.*

Back of the ID card

6	Identifies your health plan administrator as **Regence Group Administrators**
7	Information for your provider or facility to submit claims
8	RGA Member portal to access your member account
9	Important telephone numbers for your plan**



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

The RGA Network & BlueCard Program:

The RGA Network has access to BlueCard which enables RGA members to obtain health care service benefits while traveling or living outside the PNW by accessing the local Blue providers that service that area.

When presenting your member ID card using the BlueCard Program, it's best to communicate that coverage is by the local Blue. Example: if Jackie Sample is an RGA member that lives in Miami, FL, she has access to Florida Blue since that is the local Blue.

View a digital version of your member ID card by logging in to the member portal by visiting accessrga.com, or scan the QR code and choose Washington.

Visit accessrga.com to log in to your RGA account

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Find a Doctor or Hospital in the RGA Network

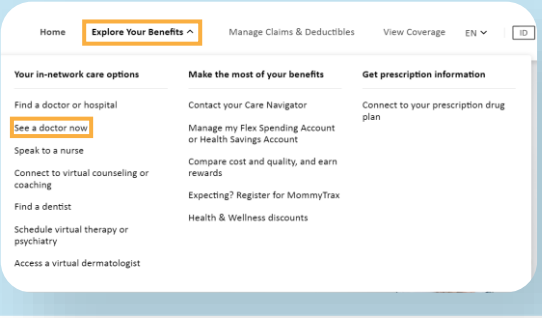
Your plan gives you access to the largest healthcare provider network in the Pacific Northwest. When you travel within the U.S., you also have access to the BlueCard network.

Get started: Log in to the RGA member portal

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

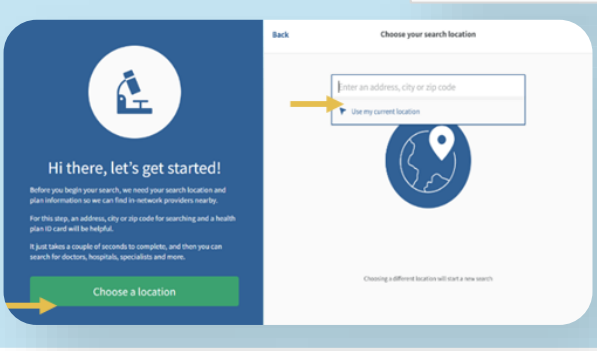
01

After logging in to your RGA account, select "Explore Your Benefits," and then choose "Find a Doctor or Hospital"



02

Enter a location. You can also switch to your current location by Use my current location



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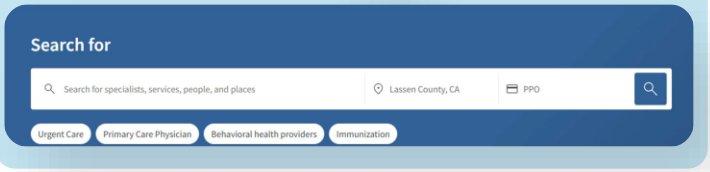
On the main screen, type what you are searching for in the search bar or select one of the shortcuts below the search bar.

Click on the to generate results



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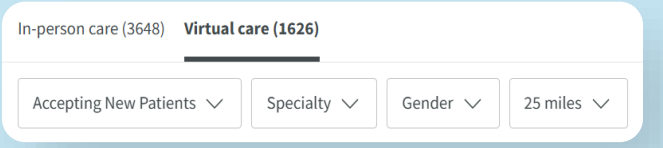
Refine your search results by using the "More Filters," on the left side of the screen or view doctors that provide telemedicine by clicking on the "Virtual Care," tab on the top left.



05

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

Helpful reminders:

- ✓ Show your RGA member ID card when you arrive at the doctor's office or hospital.
- ✓ Your provider can find coverage and claim information on the back of your member ID card.

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

If you or your doctor's office have any questions about your member benefits, plan coverage, pre-certification, or pre-authorization, contact RGA Customer Care by calling the number on the back of your Member ID card, Monday-Friday, 5:00 AM-6:00 PM PT.

Visit accessrga.com to log in to your RGA account

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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. But RGA is a separate company with our own health plans, for this reason it's important to note we have 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. This is a good time to confirm that they called the number on the back of your card and not Regence BlueShield. The payment of claims may be delayed, or even denied, if your claim is sent to Regence BlueShield 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 BlueShield.

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

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

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Buyer Beware of 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	Out-of-Network Providers
Will not bill you for charges over the contracted rate	Can bill you however much they want
Usually covered at a higher percentage	Usually covered at a lower percentage by your plan
Applies to your standard deductible	May have a separate deductible
Applies to your standard out-of-pocket maximum	May have separate out-of-pocket maximum
File claims for you	May require you to submit claims on your own
Meets our quality standards	We have not reviewed their quality
	May require pre-payment

How Your Plan Pays Out-of-Network Services

Out-of-Network Pricing

Because out-of-network 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.** It then pays a percentage based on your plan's benefit coverage design.

Warning: Out-of-Network Balance Bill Risk

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**.

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

You choose an In-Network Provider	You choose an Out-of-Network 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

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

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Blue Distinction

Specialty Care

When you need specialized medical care, it's important to have access to providers who are the best fit for your needs. Choosing the right doctor or hospital can make a big difference in the quality of care and treatment 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**

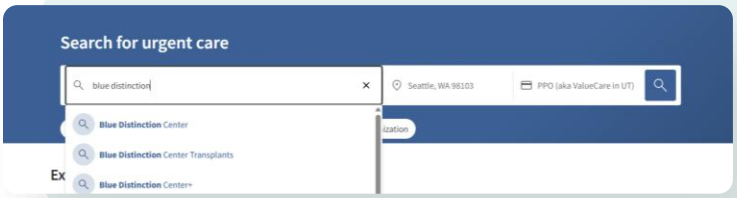
- Bariatric Surgery
- Cancer Care*
- Cardiac Care
- Cellular Immunotherapy – CAR-T*
- Fertility Care
- GeneTherapy*
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery*
- Transplants

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 or 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.

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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 can access your health plan benefits.

Coverage across the country

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

How to access your national coverage:

01.

Find in-network doctors and hospitals by logging in to the RGA member portal at accessrga.com.

02.

Once in, select "Find a doctor or hospital."

03.

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

Helpful reminders:

- ✓ Show your member ID card when you arrive at the doctor's office or hospital.
- ✓ If you're accessing care outside of WA, OR, ID, and UT, it's best to communicate that coverage is by the local Blue.
- ✓ Your provider can find coverage and claim information on the back of your member ID card.

For any required pre-certification or pre-authorization, call Customer Care at

1-866-738-3924 available 5 am – 6 pm PT, Monday – Friday

In an emergency, go directly to the nearest hospital.

Visit accessrga.com to log in to your RGA account

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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 can 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 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 Customer Care at **1-866-738-3924** for any required pre-certification or prior authorization.

For inpatient care arranged by the Global Service Center:

The service center may arrange direct billing, which means the hospital will submit the claim on your behalf. In this scenario, you should not have to pay upfront for inpatient care at participation 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 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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Network Extenders: Digital Behavioral Health Providers

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

AbleTo

General Mental Health*

AbleTo Therapy+ provides mental health care through an eight-week online therapy program. Sessions are one-to- one with a licensed therapist, and digital tools give you extra support. For members ages 18 and older.

Visit www.ableto.com Call (877) 622-0013

bend

General Mental Health*

Bend Health is a virtual-only specialized pediatric and young adult behavioral health program providing comprehensive mental health services. Offering routine and urgent appointments, Neuropsychological Testing and Intensive Outpatient Program (IOP). For ages 1-25.

Visit www.bendhealth.com Call (800) 516-0975

Boulder

Substance Use Disorders*

- **Opioid Use Disorder (OUD)**
- **Alcohol Use Disorder (AUD)**

Boulder Care offers virtual treatment for substance use disorders, including medication-assisted treatment, peer coaching, care coordination and other recovery tools. For members 18+. Also supports adolescents in Washington state with OUD.

Visit start.boulder.care Call (866) 347-9635

charlie health

General Mental Health*

Charlie Health offers virtual Intensive Outpatient Program (IOP) for people who need more than once-weekly therapy. For ages 8-64.

Visit www.charliehealth.com Call (986) 206-0414

State(s) Available: WA, OR, ID, UT

*General mental health may include stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma and grief, relationships, healthy living.

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Network Extenders: Digital Behavioral Health Providers

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

eleanor health

- **Substance Use Disorder***
- **General Mental Health***

Eleanor Health provides virtual support including medication-assisted treatment, psychiatry, therapy and counseling, and recovery coaching. For members ages 18 and older.

Visit www.eleanorhealth.com Call (877) 759-5017 State(s) Available: WA, ID

Equip

Virtual Eating Disorder Treatment

Equip provides evidence-based, virtual treatment for eating disorders. Equip treats patients of all ages and all eating disorder diagnoses.

Visit www.equip.health Call (855) 387-4378

meru health

General Mental Health*

Meru Therapy offers members two distinct programs. Meru Therapy is therapist guided support for mild to moderate life changes for members aged 13+. Meru Advanced is a specialized program offering support for severe, complex or treatment-resistant conditions for members 18+.

Visit www.meruhealth.com Call (833) 940-1385

nocd

Obsessive Compulsive Disorder (OCD)

NOCD provides therapy for OCD through live video sessions with a with a licensed ERP trained therapist. For ages 5+.

Visit www.nocd.com Call (312) 766-6780

talkspace

General Mental Health*

Talkspace provides mental health support privately and conveniently online. Receive therapy, psychiatry, or couples counseling from highly qualified licensed providers. Therapy is offered for ages 13+ and psychiatry/medication management for ages 18+.

Register at www.talkspace.com

*General mental health may include stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma and grief, relationships, healthy living.

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Network Extenders: Digital & In-Person Providers

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

dispatchhealth

- **Urgent Care**
- **House Calls**

DispatchHealth provides urgent care house calls 7 days/week. For members ages 3 months and older.

Visit www.dispatchhealth.com

State(s) Available: WA, OR

growtherapy

- **Virtual and In-person Outpatient Mental Health Care**

Grow connects members to virtual and in person providers within their networks. Both therapy and psychiatry/medication management is offered. For ages 6+

Visit www.growtherapy.com

Call (646) 687-9932

State(s) Available: WA, OR, ID, UT

Hazelden Betty Ford Foundation

- **Substance Use Disorder**
- **Mental Health Treatment**

Hazelden Betty Ford offers prevention, early identification, and treatment of mental health and substance use disorders, including medication assisted therapy and high-intensity outpatient programs. Limited virtual services are available. For members ages 18 and older.

Visit www.hazeldenbettyford.org Call (877) 361-9611

State(s) Available: WA, OR

*May not be available in all state counties. Standard deductibles and copay apply. DispatchHealth, Grow Therapy, and Hazelden Betty Ford are separate companies.

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Network Extenders: Digital & In-Person Providers

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

Headway

- **Virtual and In-person Outpatient Mental Health Care**

Headway connects members to virtual and in person providers within their networks. Both therapy and psychiatry/medication management is offered. For ages 1+.

Visit www.headway.com

Call (646) 941-7645

State(s) Available: WA, OR, ID, UT

Rula

General Mental Health

Rula is a mental health provider group enabled by technology serving ages 5+ for therapy and 13+ for medication management and psychiatry.

Register at www.rula.com

State(s) Available: WA, OR, ID, UT

zoomcare

- **Primary Care**
- **Urgent Care**
- **Specialty Care**

Zoomcare offers same day video or in-person options in select metro markets. Website and app available for members ages 13 and older.

Visit www.zoomcare.com/schedule
or download the iOS or Android App

State(s) Available: WA, OR, ID

*May not be available in all state counties. Standard deductibles and copay apply. Headway, Rula and Zoomcare are separate companies.

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Stretch Your Prescription Dollars on a 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 drugs. 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.

Shop around.

Try online cost comparison tools such as Valenz 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 start coming in. That way, you'll avoid paying taxes on your qualified medical expenses.

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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 get the medication at a lower cost.

Specialty Medication Steerage Program

Our Specialty Medication Support Team works to transition specialty medication injections and infusions out of a hospital setting, and into an alternative site of care, when it is safe to do so.

Transitioning to an alternative site 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 an alternative site, 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. Although they are not very common, they can be expensive because they require special handling and careful oversight from a trained healthcare provider.

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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/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/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 the RGA portal.

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

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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 explains how your health plan benefits were applied to the claim.

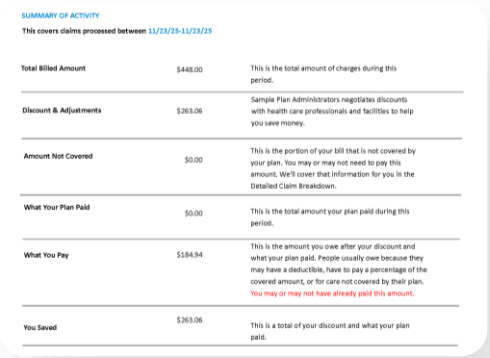
What should I do with this information?

Each time you receive an Explanation of Benefits (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

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.

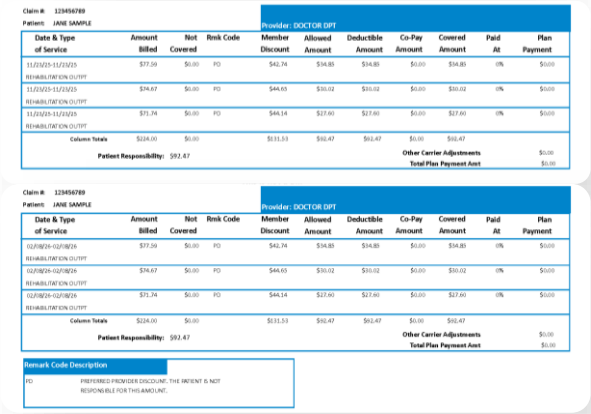


SUMMARY OF ACTIVITY

This covers claims processed between 11/23/25-11/23/25

Total Billed Amount	$448.00	This is the total amount of charges during this period.
Discount & Adjustments	$263.06	Sample Plan Administrators negotiates discounts with health care professionals and facilities to help you save money.
Amount Not Covered	$0.00	This is the portion of your bill that is not covered by your plan. You may or may not need to pay this amount. We'll cover that information for you in the Detailed Claim Breakdown.
What Your Plan Paid	$0.00	This is the total amount your plan paid during this period.
What You Pay	$184.94	This is the amount you owe after your discount and what your plan paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. You may or may not have already paid this amount.
You Saved	$263.06	This is a total of your discount and what your plan paid.

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.



Claim #: 123456789
Patient: JANE SAMPLE
Provider: DOCTOR DPT

Date & Type of Service	Amount Billed	Not Covered	Rmk Code	Member Discount	Allowed Amount	Deductible Amount	Co-Pay Amount	Covered Amount	Paid At	Plan Payment
11/23/25-11/23/25 REHABILITATION OUTPT	$77.56	$0.00	PD	$42.74	$34.83	$34.83	$0.00	$34.83	0%	$0.00
11/23/25-11/23/25 REHABILITATION OUTPT	$74.67	$0.00	PD	$44.65	$30.02	$30.02	$0.00	$30.02	0%	$0.00
11/23/25-11/23/25 REHABILITATION OUTPT	$71.74	$0.00	PD	$44.14	$27.60	$27.60	$0.00	$27.60	0%	$0.00
Column Totals	$224.00	$0.00		$131.53	$92.47	$92.47	$0.00	$92.47		
Patient Responsibility: $92.47							Other Carrier Adjustments			$0.00
							Total Plan Payment Amt			$0.00

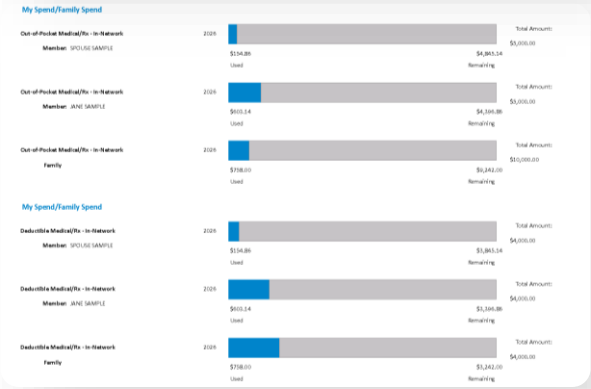
Claim #: 123456789
Patient: JANE SAMPLE
Provider: DOCTOR DPT

Date & Type of Service	Amount Billed	Not Covered	Rmk Code	Member Discount	Allowed Amount	Deductible Amount	Co-Pay Amount	Covered Amount	Paid At	Plan Payment
02/08/26-02/08/26 REHABILITATION OUTPT	$77.56	$0.00	PD	$42.74	$34.83	$34.83	$0.00	$34.83	0%	$0.00
02/08/26-02/08/26 REHABILITATION OUTPT	$74.67	$0.00	PD	$44.65	$30.02	$30.02	$0.00	$30.02	0%	$0.00
02/08/26-02/08/26 REHABILITATION OUTPT	$71.74	$0.00	PD	$44.14	$27.60	$27.60	$0.00	$27.60	0%	$0.00
Column Totals	$224.00	$0.00		$131.53	$92.47	$92.47	$0.00	$92.47		
Patient Responsibility: $92.47							Other Carrier Adjustments			$0.00
							Total Plan Payment Amt			$0.00

Remark Code Description

PD	PREFERRED PROVIDER DISCOUNT. THE PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.

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/Family Spend

Out-of-Pocket Medical/Rx - In-Network	2026	$154.86 Used	$4,845.14 Remaining	Total Amount: $5,000.00
Member: SPOUSE SAMPLE				
Out-of-Pocket Medical/Rx - In-Network	2026	$693.14 Used	$4,306.86 Remaining	Total Amount: $5,000.00
Member: JANE SAMPLE				
Out-of-Pocket Medical/Rx - In-Network	2026	$758.00 Used	$9,242.00 Remaining	Total Amount: $10,000.00
Family				

My Spend/Family Spend

Deductible Medical/Rx - In-Network	2026	$154.86 Used	$3,845.14 Remaining	Total Amount: $4,000.00
Member: SPOUSE SAMPLE				
Deductible Medical/Rx - In-Network	2026	$693.14 Used	$3,306.86 Remaining	Total Amount: $4,000.00
Member: JANE SAMPLE				
Deductible Medical/Rx - In-Network	2026	$758.00 Used	$3,242.00 Remaining	Total Amount: $4,000.00
Family				

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How to Sign Up for Electronic Explanation of Benefits (EOB) and Reimbursements

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. To receive electronic reimbursements, you must sign up for electronic EOBs.

Access Your EOBs Online

1	Visit accessrga.com, and select the RGA Member Login button on the top of the page
2	Log in to the 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.

Go Paperless

Why go paperless? Securely access important documents anytime, anywhere, and enjoy the convenience of electronic claim reimbursement options.

1	Select "Communication Preferences" from the drop-down menu.
2	Select "Email" as your preferred EOB communication method. **To receive claim reimbursements electronically, you must set your EOB preferences to email.***
3	Once signed up, you will start receiving EOB notices in your email once your healthcare service claim is completely processed. Notice 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.

*If you don't choose email for your EOBs, you'll receive a paper check mailed to the address we have on file.

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Choose Your Claims Reimbursement Preferences – Electronic or Paper Check

To get electronic reimbursements for claims you submit, you must have a member portal account and choose email as your delivery method for explanation of benefits (EOB). You can receive reimbursements through direct deposit to your bank account, Zelle, or digital check.

Access Electronic

1

Visit accessrga.com, and select the RGA Member Login button on the top of the page to log into the member portal.

2

Click on the profile icon

to make changes to your account preferences and select "Choose Communication Preferences."

3

Change Explanation of Benefits (EOB) from Paper to Email and click save.

4

After updating your preferences, you'll get an email from SelectPay. Open the email and click the link to choose how you want to get paid—by debit card, direct deposit, Zelle, or eCheck. If you do not change your preferences, a paper check will be mailed to the address we have on file.

IMPORTANT:

If you do not complete the above steps, you can expect a paper check mailed to the address we have on file in about three weeks. To receive claim reimbursements electronically, you must also set your EOB preferences to email.

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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.

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.
Fitness Discounts	Access a gym membership as low as $28 per month through Active&Fit Direct that includes digital on-demand workouts too.
Hearing Aids	Discounts on hearing aids through TruHearing and Amplifon.
Pet Wellness Plans	No enrollment fee for Optimum Wellness Plans at Banfield Pet Hospitals.
Vision Care & LASIK	Save on laser vision correction, contact lenses, and eyeglasses with QualSight LASIK, and Zenni Optical.
Fitbit Product Store	Save on devices that help you track progress on reaching your fitness goals. Includes discounts on top manufacturers like FitBit and Garmin.
Health & Wellness Products	Discounts on products like aromatherapy, air health, light therapy lamps, massage therapy devices, and more.
Meal Planning Services	Complimentary shipping ($14.95 value), fresh-made meals prepared for yourself or your loved one with Mom's Meals NourishCare®.
Student Loan Refinancing	Comprehensive solution to help borrowers reduce their debt by refinancing and consolidating their student loans.
Walgreens Smart Saving	Access 20% smart saver discount on eligible Walgreens brand over-the-counter health and wellness products.

How to access your deals and discounts

1. Log in to the RGA Member Portal
2. Select "Explore Your Benefits"
3. Select "Health & Wellness Discounts"

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

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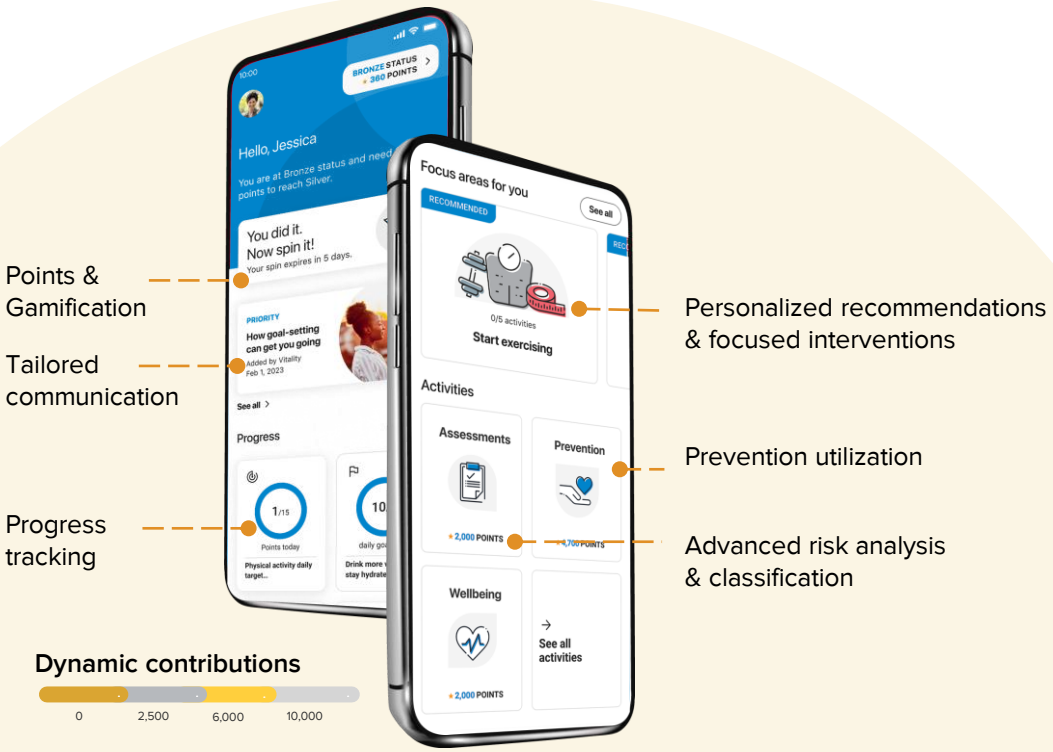
Vitality

Vitality Wellness Platform –
A digital health platform designed to help you personalize a program for healthier habits.

A super simple member experience



Here's what to expect:

Assessment
A health questionnaire, the foundation of a personalized experience,

Health Profile
Created based on health risks

Vitality Age
An adjustment to chronological age that reflects lifestyle behaviors and biometric outcomes.

Multi-channel communication
Your interests and health status guide the communication approach

Unified global experience
Every individual deserves the same focus on their health and wellbeing, and through a unified, inclusive experience, you are provided just that.

To get started:

1	Log in to the RGA member portal
2	Navigate to "Explore your Benefits,"
3	Click "Start your wellness journey"
4	Read and accept the terms and conditions and create a username and password (with selecting 3 security questions).
5	When you log for the first time, you will be prompted with a 2-question onboarding assessment.

Vitality is a separate company that provides wellness platform services

Visit accessrga.com to log in to your RGA account

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MD Live® Virtual Care

Medical Urgent Care | Mental Health, Psychiatry | Virtual Dermatology

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 MD Live doctor for non-emergency conditions. MD Live doctors can even send a prescription to your nearest pharmacy (if needed). Below are some of the conditions that MD Live doctors can treat.

RGA Regence Group Administrators

See a doctor anytime, anywhere.

Consult with a board-certified doctor 24-hours a day, 7 days a week by phone, secure video, E-Treatment or through the MD Live App.

Common conditions include:

- Allergies
- Cold/Flu/Cough
- Constipation
- Diarrhea
- Pink Eye
- Sore Throat
- Sinus Infections
- Urinary Problems

Dermatology:

- Acne
- Rashes
- Cold sores
- Dandruff
- Eczema
- Nail concerns
- Rosacea/Psoriasis

Mental Health and Psychiatry:

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

Get Started with MD Live

Register with the RGA Member Portal

1. Visit accessrga.com.
2. Select the RGA Member Login button at the top of your screen
3. Log in to the member portal or create an account 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" to access MD Live.

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!

To access Sophie, text **"RGA"** to **635483** and follow the link to register or call **1-877-596-0967**.

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

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/.

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Price Comparison Tool

Powered by **Valenz Bluebook**

Get cost estimates and find the best in-network medical care!

Your Plan provides you access to Valenz Bluebook's Price Comparison Tool to find savings for all shoppable procedures.* This tool makes it easy to search for the Fair Price™ and compare estimated procedure costs between facilities including what your personal deductible and out-of-pocket cost share will look like.

What is a Fair Price™?

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

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

COST RATINGS

$	$$	$$$
At or Below Fair Price	Slightly Above Fair Price	Highest Price

Log in to your member portal by navigating to accessrga.com

Click "Explore Your Benefits", "Shop and compare procedure costs" and, follow the steps below

Search for the medical procedure and the location where you want to seek care.

Get an instant estimate of your out-of-pocket cost based on your coverage.

Verify in-network status with the provider and schedule your procedure.

*shoppable procedures are services that are: able to be scheduled, are high volume, and have a high-cost variance. These include both in and outpatient procedures. **Always check network status before receiving scheduled services.

Valenz Bluebook can also be accessed from the RGA member app. For access support contact Customer Care at 1-866-738-3924 Monday through Friday, between 5:00 a.m. – 6:00 p.m. PT.

Valenz Bluebook is a separate company that provides cost navigation services for RGA members.

Visit accessrga.com to log in to your RGA account

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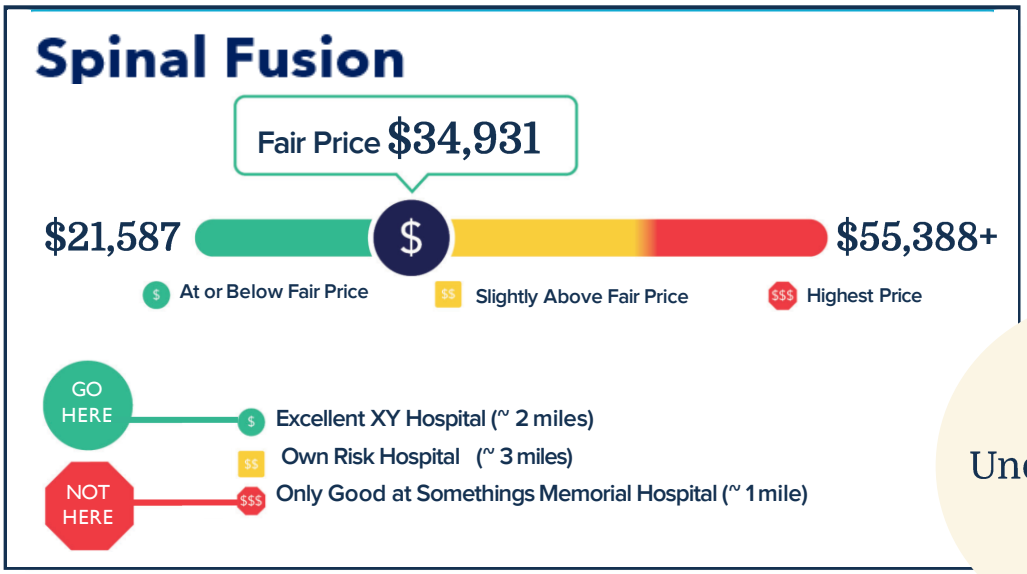
Price Comparison Tool
(continued)

Search for your procedure in Valenz Bluebook, use a Fair Price™ facility, and save big bucks on care.

Information shown is for illustrative purposes only.



Easy to Understand Cost Estimates

Example out-of-pocket cost estimate

The average price for Spinal Fusion with these providers: **$23,302**

ABC University Hospital

Your estimate out of pocket for this procedure: **$3,000**

Out of Pocket Balances:

Individual deductible $3,000 maximum:
$1,000 spent **$2,000** remaining

Individual out-of-pocket $4,000 maximum:
$1,000 spent **$3,000** remaining

Family deductible $6,000 maximum:
$2,000 **$4,000** remaining

Family out-of-pocket $8,000 maximum:
$2,000 spent **$6,000** remaining

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

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Know Where to Go

Save time and money by choosing an in-network facility or the right location when the unexpected happens. More than half of visits to the emergency room are for non-emergencies. Knowing where to go for care helps you access the right care faster.

Use the charts below to choose the appropriate level of care to start feeling better.

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

Utilizing Urgent Care

Be prepared and know which urgent care providers are in your network for accidents and illnesses. Urgent care is cheaper than the emergency room and can provide immediate care, except for complex conditions.

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:

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

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What You Need to Know About Paying for Your Healthcare

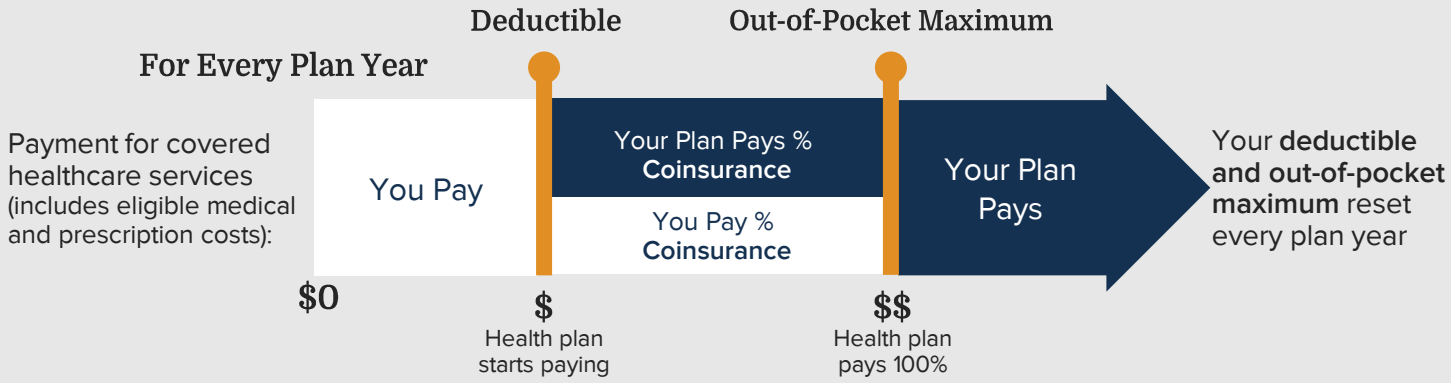
Key terms

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.



Example - Member Healthcare Journey

Meet Joe

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 must 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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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 consult the chart below to start a discussion about which preventive services and screenings are right for you.*

Annual wellness physical exam

Vaccinations: Influenza- yearly
link to full CDC schedule

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

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**

Assigned female at birth

Age 19-39:

- Clinical breast exam
- Mammogram 1 baseline
- BCRA 1 and 2 testing if high risk
- Pelvic exam
- 1 pap test every 3 years (starting at 21 until 65)

Age 40-74:

- 1 Pap test every 3 years (65+ stop if you've had 3 normal in a row the past 10 years
- Mammogram, as recommended
- Bone density screening, if post menopausal

Assigned male at birth

Age 19-39:

- Testicular exam

Age 40-64:

- Prostate Cancer exam
- Testicular Exam

All genders

Age 40-64:

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

Age 65 and older:

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

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 5am-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. For additional resources: http://health.gov/myhealthfinder

**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, 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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Preventive Care Basics for Children and Those Who Are or Who May Become Pregnant

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

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 charts below to start a discussion with your doctor about which preventive services and screenings are right for you.*

General Preventive Care for Children**

Find an in-network pediatrician before baby's birth	Even when your child isn't sick, it's important for them to see their doctor for regular checkups.
Children may receive age-appropriate preventive exams and counseling, including:	• Well-child exams and vaccinations as shown on the next page • Newborn hearing, jaundice, PKU, metabolic, and select other screenings (up to 62 days of age) • Skin cancer counseling (ages 6 months-24 years for those with fair skin type) • Dental cavities (up to age 6, starting with first tooth) • Scoliosis, adolescent idiopathic • Hepatitis B/C, HIV, and Cholesterol screening (if at risk) • Eye exam (ages 3-5) • Obesity (starting at age 6) • Anemia and lead poisoning screenings • Anxiety, depression, abuse, suicide risk screenings • Alcohol and drug misuse • Sexually transmitted disease screenings
Preventive Medications:	• Inhaled corticosteroids if diagnosed with asthma • Insulin and other glucose lowering agents, A1c testing and glucometer

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

Find an in-network primary care provider (PCP) and obstetrician/gynecologist (OB/GYN) before pregnancy

Screenings and counseling for:	• Gestational diabetes and anemia • Hepatitis B and HIV • Preeclampsia prevention • Rh incompatibility • Bacterial vaginosis • Expanded tobacco use • Healthy pregnancy weight • Neural tube defects, ultrasound, and home uterine monitoring (if high risk) • Breastfeeding support and counseling • Maternal depression screenings for mothers at well-baby visits
Preventive Medications:	• Birth control • Folic acid supplements
Procedures:	• Tubal Ligation

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Well-child Exam and Immunization Schedule

Guidelines from the Centers for Disease Control and Prevention (CDC)

2 to 5 Days Old	HepB[1]
2 Months	HepB[2] RV[1] DTaP[1] Hib[1] PCV[1] IPV[1]
4 Months	RV[2] DTaP[2] Hib[2] PCV[2] IPV[2]
6 Months	PCV[3] DTaP[3] IPV[3] Flu Shot
9-12 Months (1 year)	Hib[4] PCV[4] COVID-19*
15-18 Months	DTaP[4] Any 12-month immunizations not already given HepB[3] VAR[1]
24 Months	HepA Flu Shot
3 Years	Flu Shot
4-6 Years	Chickenpox Flu shot DTaP[5] IPV[4] MMR[2] VAR[2]
11 -12 Years	Tdap Flu shot HPV[1] MCV
13-15 years	HPV[2] Flu Shot
16 years	MCV[2] Chickenpox blood test
5-18 Years	Annual Flu shot COVID-19*

IMMUNIZATION DEFINITIONS + KEY

Chickenpox: Varicella (Not before first birthday)
DTaP: Diphtheria, tetanus, acellular pertussis/whooping cough (5-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 (4-dose series)
PCV: Pneumococcal conjugate (4-dose series)
MCV: Meningococcal disease
MMR: Measles, mumps, rubella (After age 1)
RV: Rotavirus (3-dose series)
VAR: Varicella (2- dose series)
TDAP: Tetanus, Diphtheria, & acellular pertussis

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

**Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child.*

https://www.cdc.gov/vaccines/imz-schedules/index.html

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