



JANUARY 1 – DECEMBER 31, 2019

Group Retiree

Summary of Benefits

for members with employer groups based in Oregon and Clark County, Washington

Regence
**MedAdvantage + Rx
Enhanced (PPO)**

This document is available electronically and may be available in other formats.

Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal. This information is not a complete description of benefits. Call 1-888-319-8904 (TTY: 711) for more information.

OR_Enhanced_2019 EGWP

Are you eligible?

To join Regence MedAdvantage + Rx Enhanced (PPO) you must be entitled to Medicare Part A, enrolled in Medicare Part B, eligible for your employer's retiree plan and live within the United States.

Using in-network providers

Regence MedAdvantage + Rx Enhanced (PPO) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, you may pay more for these services. You can see our plan's provider directory and pharmacy directory at our website, regence.com/medicare.

Regence also participates in the Blue Medicare Advantage Network Sharing Program. The Blue Medicare Advantage Network Sharing program is available in select areas of 37 states and Puerto Rico: Alabama, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia and Wisconsin. You can search for a participating provider at bcbs.com.

Using out-of-network providers

Out-of-network/non-contracted providers are under no obligation to treat Regence members, except in emergency situations. If you receive care from an out-of-network/non-contracted provider, we will pay for the same services we cover in network, as long as the services are medically necessary. Please call our Customer Service number or see Chapter 4, section 1 of your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

*If you want to know more about the coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.*

Accessing your benefits where you live

As long as you are eligible for your employer's retiree plan you will have coverage in any state you live in (excluding U.S. territories). If you use a Regence MedAdvantage PPO network provider, or a provider who participates in the Blue Medicare Advantage PPO Network Sharing Program, you will receive in-network benefits for covered services. If you live in a state that participates in the Blue Medicare Advantage PPO Network Sharing Program, but you do not have access to in-network providers due to distance, or if you live in a state that does not participate in the Blue Medicare Advantage PPO Network Sharing program, you will receive in-network benefits for covered services. For questions about your coverage where you live contact Customer Service at 1-888-319-8904.

Accessing your benefits when you travel

If you travel outside the state where you live, or the United States, you can leave home without worrying about access to care if you need it.

Within the United States you will receive in-network benefits when you use a Blue Medicare Advantage PPO Network Sharing Program provider. If you choose to use an out-of-network provider when an in-network provider is available, you may pay more for your services, except in urgent and emergent situations.

Outside of the United States, the plan covers urgent care and medical emergencies anywhere in the world (with the exception of prescription drugs).

The benefit information provided is a summary of what we cover and what you pay. **It does not list every service that we cover or list every limitation or exclusion.** A complete list of services we cover is found in our Evidence of Coverage (EOC). You can view our plan's EOC by requesting a copy through your union or group administrator or by contacting Customer Service.



Regence
MedAdvantage + Rx
Enhanced (PPO)

Premium, deductible and out-of-pocket limits

Monthly plan premium Contact your group/benefits administrator for premium information.
You must continue to pay your Medicare Part B premiums.

Deductible

Medical \$0

Prescription \$0

Maximum out-of-pocket responsibility (Does not include prescription drugs)
In-network providers: \$5,000 annually
Combined in- and out-of-network providers: \$8,300 annually

This is the most you pay for copays, coinsurance and other costs for Medicare-covered Part A and Part B medical services for the year. Some services do not apply to the maximum out-of-pocket.

Medical and hospital benefits

Inpatient hospital coverage¹
In-network:
Days 1 through 5: \$315 copay per day
Days 6 and beyond: \$0 copay per day
Out-of-network:
Days 1 and beyond: 50% coinsurance per day

Outpatient hospital coverage

Ambulatory surgical center services¹

	In-network:
-For wound care	\$25 copay
-For all other services	\$175 copay
	Out-of-network:
-All outpatient services	50% coinsurance

1- Services may require prior authorization. **2-** Services rendered in an out-of-network hospital-owned clinic or outpatient hospital may have associated facility charges. See the Outpatient Hospital Services section for cost-sharing amounts. **3-** Services do not apply to the out-of-pocket maximum.

Regence
MedAdvantage + Rx Enhanced (PPO)

Medical and hospital benefits (cont.)

Outpatient hospital coverage (cont.)

Outpatient hospital services¹

	In-network:
-For wound care	\$25 copay
-For all other services	\$250 copay
	Out-of-network:
-All outpatient services	50% coinsurance

Doctor visits

Primary care provider ²	In-network: \$5 copay
	Out-of-network: 50% coinsurance
Specialist ²	In-network: \$25 copay
	Out-of-network: 50% coinsurance

Preventive care

In-network: \$0 copay
Out-of-network: 50% coinsurance

The Medicare-covered preventive services listed below are covered under this benefit. Any additional preventive services approved by Medicare during the contract year will be covered.

Annual Wellness Visit	Glaucoma screening
Abdominal aortic aneurysm screening	HIV screening
Alcohol misuse screening and counseling	LDCT (screening for lung cancer with low-dose computed tomography)
Bone mass measurement	Medical nutrition therapy
Breast cancer screening (mammogram)	Medicare Diabetes Prevention Program (MDPP) (\$0 out of network)
Cardiovascular disease (behavioral therapy)	Obesity screening and therapy
Cardiovascular screening	Prostate cancer screening (PSA)
Cervical and vaginal cancer screening	Sexually transmitted infections screening and counseling
Colorectal cancer screening (colonoscopy, fecal occult blood test, or flexible sigmoidoscopy)	Some immunizations (including flu, hepatitis B, and pneumococcal shots)
Depression screening	Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
Diabetes screening	“Welcome to Medicare” preventive visit (one-time)

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Medical and hospital benefits (cont.)

Emergency care	In- and out-of-network: \$90 copay
	Waived if admitted to the hospital within 48 hours for the same condition
Urgently needed services	In- and out-of-network: \$25 copay
Diagnostic services/labs/imaging	
Diagnostic radiology (MRI, CAT, etc.) ¹	In-network: 20% coinsurance Out-of-network: 50% coinsurance
Lab services ¹	In-network: \$0 copay Out-of-network: 50% coinsurance
Diagnostic tests and procedures ¹	In-network: \$0 copay Out-of-network: 50% coinsurance
Outpatient X-rays	In-network: \$0 copay Out-of-network: 50% coinsurance
Hearing services	
Medical hearing exam ²	In-network: \$25 copay Out-of-network: 50% coinsurance
Routine hearing exam ³	In-network (TruHearing providers only): \$45 copay Out-of-network: \$150 copay Service limited to 1 routine hearing exam every year
Hearing aids ³	\$599 copay for each TruHearing Advanced aid \$899 copay for each TruHearing Premium aid Services covered with TruHearing providers only and limited to 1 hearing aid per ear, per year; coverage only for aids listed

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Medical and hospital benefits (cont.)

Dental services

Medical dental services ²	<p>In-network: \$25 copay</p> <p>Out-of-network: 50% coinsurance</p>
Preventive dental services ³	<p>In-network: \$0 copay</p> <p>Out-of-network: 50% coinsurance</p> <p>Preventive dental services limited to:</p> <ul style="list-style-type: none"> 1 full-mouth X-ray every 3 years 2 preventive exams every year 2 cleanings every year 2 bitewings every year <p>Out-of-network dental providers may bill you for any charges remaining over the allowed amount</p>
Comprehensive dental services ³	<p>In- and out-of-network: 50% coinsurance</p> <p>Services limited to:</p> <ul style="list-style-type: none"> 2 problem-focused exams and 2 intraoral-periapical films every year <p>Restorations, endodontics, periodontics, oral surgery, crowns, dentures, partials, bridges and implants, limited to specific dental codes (exclusions apply)</p> <p>\$1,000 benefit limit per calendar year (services above the limit are your responsibility); out-of-network dental providers may bill you for any charges remaining over the allowed amount</p>

1- Services may require prior authorization. **2-** Services rendered in an out-of-network hospital-owned clinic or outpatient hospital may have associated facility charges. See the *Outpatient Hospital Services* section for cost-sharing amounts. **3-** Services do not apply to the out-of-pocket maximum.

Medical and hospital benefits (cont.)

Vision services

Medical vision services ²	In-network: \$0 copay Out-of-network: 50% coinsurance
Routine vision exam ³	In-network (VSP providers only): \$0 copay Out-of-network: 50% of the billed charge Services limited to 1 routine vision exam every year
	In-network (VSP providers only): Lenses: \$0 copay AND Frames OR Elective contact lenses (in lieu of eyeglasses): Up to \$150 allowance (you are responsible for amounts over the allowance) Medically necessary contact lenses: \$0 copay
	Out-of-network: Lenses: 50% of the billed charge AND Frames OR Elective contact lenses (in lieu of eyeglasses): Up to \$150 allowance (you are responsible for amounts over the allowance) Medically necessary contact lenses: 50% of the billed charge
	In- and out-of-network services limited to: Lenses: 1 set of basic single vision, lined bifocal, lined trifocal or lenticular lenses every year Frames: 1 pair of frames up to the allowance every year OR Contacts: Single purchase of elective contact lenses up to the allowance (includes fittings) every year

1- Services may require prior authorization. **2-** Services rendered in an out-of-network hospital-owned clinic or outpatient hospital may have associated facility charges. See the Outpatient Hospital Services section for cost-sharing amounts. **3-** Services do not apply to the out-of-pocket maximum.

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Medical and hospital benefits (cont.)

Mental health services

Inpatient services ¹	<p>In-network: Days 1 through 5: \$315 copay per day Days 6 through 190: \$0 copay per day</p> <p>Out-of-network: Days 1 through 190: 50% coinsurance per day</p>
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Outpatient services ^{1,2} (Individual and group therapy)	<p>In-network: \$5 copay from a PCP \$25 copay from a specialist</p> <p>Out-of-network: 50% coinsurance</p>
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Skilled nursing facility¹ (Up to 100 days per benefit period are covered)	<p>In-network: Days 1 through 20: \$0 copay per day Days 21 through 100: \$160 copay per day</p> <p>Out-of-network: Days 1 through 100: 50% coinsurance per day</p>
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Physical therapy^{1,2} (Includes physical therapy, occupational therapy and speech language therapy)	<p>In-network: \$25 copay</p> <p>Out-of-network: 50% coinsurance</p>
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Ambulance¹	\$250 copay per one-way transport
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Transportation	Not covered
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Medicare Part B drugs¹	<p>In-network: 20% coinsurance</p> <p>Out-of-network: 50% coinsurance</p>
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Regence PPO plans cover Part B drugs such as chemotherapy and other drugs administered by your provider. In addition, we cover Part D drugs through the prescription benefit. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [regence.com/medicare](https://www.regence.com/medicare).




1- Services may require prior authorization. **2-** Services rendered in an out-of-network hospital-owned clinic or outpatient hospital may have associated facility charges. See the Outpatient Hospital Services section for cost-sharing amounts. **3-** Services do not apply to the out-of-pocket maximum.

Medicare Part D prescription drugs—initial coverage phase cost sharing

Regence **MedAdvantage + Rx Enhanced** (PPO)

This plan **does not** have a Part D prescription drug deductible

Tier	30-day supply Preferred retail and mail order	30-day supply Standard retail, out-of-network* and LTC** facility	90-day supply Preferred retail and mail order	90-day supply Standard retail
1 Preferred generic	\$3 copay	\$10 copay	\$6 copay	\$20 copay
2 Generic	\$8 copay	\$15 copay	\$16 copay	\$30 copay
3 Preferred brand	\$40 copay	\$47 copay	\$100 copay	\$117.50 copay
4 Non-preferred drug	40% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
5 Specialty	33% coinsurance	33% coinsurance	Not available	Not available

Stage 1: Initial coverage	Stage 2: Coverage gap	Stage 3: Catastrophic coverage
<p>You pay a little Plan pays most</p> 	<p>You pay some Plan pays some</p> 	<p>You pay a little Plan pays most</p> 
<p>After you pay your annual deductible (if your plan has one), you pay a copay or coinsurance for each prescription you fill. Your plan pays the rest. You enter the coverage gap when the total amount you and your plan pay for covered drugs reaches \$3,820.</p>	<p>The coverage gap begins after the total yearly drug cost (what you have paid and what our plan has paid) reaches \$3,820. After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% percent of the plan's cost for covered generic drugs until your costs total \$5,100—which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> <p>For more information on cost sharing in the coverage gap, please call us or or request a copy of your EOC through your union or group administrator.</p>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:</p> <p>5% of the cost, or</p> <p>\$3.40 copay for generic (including brand name drugs treated as generic) and a \$8.50 copay for all other drugs</p>

*You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy.

**Long-term care facility (31-day supply).

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Other benefits

Acupuncture³

In-network: \$20 copay

Out-of-network: 50% coinsurance

Limited to 18 visits every year, combined with naturopathy and additional chiropractic services

Annual physical exam

In-network: \$0 copay

Out-of-network: 50% coinsurance

Limited to once every year and in addition to the Medicare Annual Wellness Visit

Chiropractic care

Medicare-covered

In-network: \$20 copay

Out-of-network: 50% coinsurance

Limited to manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)

Additional chiropractic coverage³

In-network: \$20 copay

Out-of-network: 50% coinsurance

Limited to 18 visits every year, combined with acupuncture and naturopathy services

Naturopathy³

In-network: \$20 copay

Out-of-network: 50% coinsurance

Limited to 18 visits every year, combined with acupuncture and additional chiropractic services

Virtual visits

In-network: \$5 copay

Out-of-network: 50% coinsurance

You can contact MDLIVE[®] or a primary care physician (if offered) by phone and/or video chat

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Additional services for PPO plans

24-hour nurse line

Advice24 is a 24-hour nurse line staffed by nurses who can help you determine when, where and even if you should receive medical care when your normal doctor is unavailable. They are also able to provide self-care suggestions for minor injuries and illnesses, and help you find a nearby urgent care facility or emergency room. Call **1-800-267-6729**.

No-cost gym memberships

The Silver&Fit® Exercise & Healthy Aging Program provides you access to fitness center/ YMCA membership(s) through a broad network of participating locations or access to the Home Fitness program, with your choice of up to two Home Fitness Kits per calendar year. You can view Healthy Aging educational materials and a newsletter online or request it to be sent via mail. Access the program at **SilverandFit.com**.

Your personal well-being

With your wellness program, you can use our interactive tools, health trackers and wellness resources to take charge of your health and enjoy your life. Through your personalized dashboard on **regence.com/medicare** the online health assessment, digital self-guided programs, symptom checker and tracking for many apps and compatible devices are right at your fingertips. You will also find information about and links to basic health information, your benefits and other resources so you can be more empowered while reaching your life balance goals.

Medications made easy

With MedSavvy® you are able to compare medications side by side for effectiveness and shop around for the lowest cost in your area based on your benefits, as well as other services. You can even ask a pharmacist if you still have questions for more personalized care. Access MedSavvy by signing in to your account on **regence.com/medicare**.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein.

Not all YMCAs participate in the network. Please check the searchable directory on the Silver&Fit website to see if your location participates in the program.

Additional services for PPO plans

Virtual diabetes prevention

Retrofit is a diabetes prevention program offered in a virtual setting for members at risk of developing diabetes. The program delivers a personalized experience with expert coaches who provide practical training in making long-term dietary changes, increasing physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle. Sign in on your secure account on [regence.com/medicare](https://www.regence.com/medicare) to find out if you qualify.

Disease management

If you're living with a chronic condition, our disease management program can give you the tools and information you need to take an active role in your health.

We'll help you understand how to manage your condition, support your doctor's care and help you improve your quality of life. We also give you checklists and information to help you figure out how you're doing and general information about your condition. You can get answers about your condition and its treatment over the phone from a registered nurse disease manager. They use guidelines based on research evidence to decide what education and support might work best for you.

Case management

Navigating the health care system can be a challenge, but when you're working through a health crisis, not knowing what to do can make things even harder. Regence Case Management can help. If you face a serious medical situation, you'll have access to one-on-one support at no extra cost. Our registered nurses and clinical behavioral health specialists will help you make sense of your health coverage and get the care you need.

American Specialty Health Incorporated, MDLIVE, MedSavvy, Retrofit, TruHearing and VSP are separate and independent companies that do not provide Blue Cross and Blue Shield products or services, and are solely responsible for their products or services.

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service

1-800-541-8981 (TTY: 711)

Customer Service for all other plans

1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service

Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

Customer Service for all other plans

Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-344-6347 (TTY: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសេវាគឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)።

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-888-344-6347 (टिडिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

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REG-240005-18/10-ORE

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