



PLAN HIGHLIGHTS

Here's to good health

Cambia Health Solutions wants to make finding a Medicare plan simpler. That's why Cambia Health Solutions is offering a Medicare Advantage group plan for Medicare-eligible retirees, spouses and dependents.

Regence plans include prescription drug coverage, no-cost preventive services and the extra benefits you need to help you stay healthy in the years ahead. Plus, you can live anywhere in the United States and receive in-network benefits.

For more information call Regence Customer Service at **1-888-319-8904** (TTY: 711), from 8 a.m. to 8 p.m., Monday through Friday (October 1 through March 31, our hours are from 8 a.m. to 8 p.m. Pacific time, seven days a week).



Worldwide urgent and emergency coverage

The Blue Cross Blue Shield Global® Core program gives you access to urgent and emergency medical services in more than 190 countries and territories around the world. Visit [bcbsglobalcore.com](https://www.bcbsglobalcore.com) for more information.



Alternative care benefits

Take a holistic approach to your health with alternative care such as routine chiropractic, massage therapy, acupuncture and naturopathic services. Licensed providers may not be available in all states.



Preventive dental, vision and hearing

Keep your teeth, eyes and hearing healthy. Our plans cover dental cleanings and X-rays, plus vision and hearing routine exams, along with corrective lenses and frames—and even hearing aids!



No-cost fitness membership

The Silver&Fit® program provides access to 15,000+ fitness centers nationwide at no cost to you! If you prefer to work out in the comfort of your home, you can have up to two home fitness kits mailed directly to you. There are 34 unique options available, including a Fitbit® Connected! Kit. The number of fitness centers open and availability of kits may vary.



Telehealth, powered by MDLIVE®

Telehealth lets you visit with a doctor or therapist over the phone or video chat. It's a convenient option when you need non-emergency care like colds or the flu. Many doctor offices offer telehealth services. If yours doesn't, we have contracted with MDLIVE, a telehealth provider. MDLIVE is available 24/7 and you pay the same copay as a primary care office visit. You can register anytime so you're ready when you need care.



Medication support

MedSavvy® gives you easy access to information about how well medications work and how much they cost. You can find lower-cost drug alternatives, manage your medications with a virtual medicine cabinet and get expert advice from a licensed pharmacist.



Regence Empower

Regence Empower is an online wellness program available through your Regence member account. Participate in a variety of at-your-own-pace programs to improve your well-being, such as: stress management, quitting tobacco and achieving your ideal weight. Regence Empower is also compatible with over 100 popular fitness devices and mobile apps—so you can easily keep track of your progress on activities.

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.

American Specialty Health, MDLIVE and MedSavvy are separate and independent companies that provide services to Regence members.



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

Regence BlueCross BlueShield of Oregon
100 SW Market Street | Portland, OR 97201

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Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-319-8904 (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 1-888-319-8904 (TTY: 711)。



Regence MedAdvantage Retiree Rate Lewis

Lewis & Clark College Retirees

January 1, 2022 - December 31, 2022

| Plan | Rate |
|--|-------------|
| Regence MedAdvantage + Rx Primary (PPO) | \$0 |
| Regence MedAdvantage + Rx Classic w/ Comp Dental (PPO) | \$60 |

- You must continue to pay your Medicare Part B premium.
- Rate changes are effective January 1 of each year



Medicare Retiree Group Plans

2022 Summary of Benefits

for retirees of groups based in Oregon
and Clark County, Washington

Regence MedAdvantage + Rx Primary (PPO)

Regence MedAdvantage + Rx Classic (PPO) with Comprehensive Dental

[For more information](#)

Visit our website at [regence.com/mrg](https://www.regence.com/mrg).

Contact Customer Service at **1-888-319-8904** (TTY: 711). Customer Service hours are 8 a.m. to 8 p.m., Monday through Friday (October 1 through March 31, our telephone hours are from 8 a.m. to 8 p.m., seven days a week).

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

Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal. Plans include supplemental benefits in addition to Part C benefits and Part D benefits.

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

Important information about your plan

The information listed is a summary of what we cover and **what you pay**. It does not list every service, coverage limitation or exclusion. A complete list of covered services can be found in our Evidence of Coverage (EOC). Call **1-888-319-8904** (TTY: 711) to request a copy.

To join a Regence Medicare Advantage Retiree Group Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be eligible for your employer's retiree plan and live within the United States. 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).

Regence participates in the Blue Medicare Advantage PPO Network Sharing Program. If you use a Regence MedAdvantage PPO network provider, or any other provider who participates in the PPO Network Sharing Program, you will receive in-network benefits for covered services. If you reside in a county or state that does not participate in the Blue Medicare Advantage PPO Network Program, you will still receive in-network benefits for covered services as long as your chosen provider accepts Medicare. 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 emergency situations. You can search for participating providers at **bcbs.com/find-a-doctor** or call Regence Customer Service at **1-888-319-8904** (TTY: 711) for assistance.

Out-of-network/noncontracted providers are under no obligation to treat Regence members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Cost-sharing may be less if you qualify for Extra Help. To find out if you qualify, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday.

If you want to know more about the coverage and costs of Original Medicare, look in your current **Medicare & You 2022** handbook. View it online at **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.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-319-8904**.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Call **1-888-319-8904** to request a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers if in-network providers are available.

Medical Benefits

| Plan costs & information | Regence MedAdvantage + Rx Primary | Regence MedAdvantage + Rx Classic with Comp Dental |
|--|--|--|
| Annual deductible The amount you pay for medical services before the plan begins to pay. Deductible amounts reset every January 1. | \$0 | \$0 |
| Maximum out-of-pocket responsibility Annual limit on your out- of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs. | \$5,900 in-network \$10,000 combined in- and out-of-network | \$5,500 in-network \$10,000 combined in- and out-of-network |

| Medical benefits | Regence MedAdvantage + Rx Primary | | Regence MedAdvantage + Rx Classic with Comp Dental | |
|---|---|-------------------|---|-------------------|
| | In-network | Out-of-network | In-network | Out-of-network |
| Inpatient hospital coverage¹ Number of days allowed per stay is unlimited. | Days 1-4: \$400 / day Days 5+: \$0 / day | Days 1+: 30% | Days 1-4: \$350 / day Days 5+: \$0 / day | Days 1+: 30% |
| Outpatient hospital services¹ For wound care For observation For all other services | \$45 \$90 \$350 | 30% 30% 30% | \$40 \$90 \$300 | 30% 30% 30% |
| Ambulatory surgery center services¹ For wound care For all other services | \$45 \$300 | 30% 30% | \$40 \$225 | 30% 30% |
| Doctor visits Primary care provider Specialist | \$5 \$45 | 30% 30% | \$0 \$40 | 30% 30% |
| Preventive care Cost-sharing may apply if you receive other services during your preventive care visit. | \$0 | 30% | \$0 | 30% |
| Emergency care Copay waived if admitted to the hospital within 48 hours. | \$90 | \$90 | \$90 | \$90 |
| Urgently needed services | \$45 | \$45 | \$40 | \$40 |

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

| Medical benefits | Regence MedAdvantage + Rx Primary | | Regence MedAdvantage + Rx Classic with Comp Dental | |
|---|--|--|--|--|
| | In-network | Out-of-network | In-network | Out-of-network |
| Diagnostic services/labs/imaging | | | | |
| HbA1C testing | \$0 | 30% | \$0 | 30% |
| Lab services¹ | \$20 | 30% | \$10 | 30% |
| Outpatient x-rays | \$20 | 30% | \$10 | 30% |
| Diagnostic tests and procedures¹ | \$20 | 30% | \$10 | 30% |
| Diagnostic mammography | \$0 | 30% | \$0 | 30% |
| Diagnostic radiology (MRI, CT, etc.)¹ | 20% | 30% | 20% | 30% |
| Hearing services | | | | |
| Medical hearing exam | \$45 | 30% | \$40 | 30% |
| Routine hearing² In-network coverage through TruHearing. Hearing aids covered only if obtained from TruHearing. 1 per ear, per year. | Exam: \$0 Hearing aids: \$699 or \$999 per aid | Exam: \$150 Hearing aids: Not covered out-of-network | Exam: \$0 Hearing aids: \$699 or \$999 per aid | Exam: \$150 Hearing aids: Not covered out-of-network |
| Dental services | | | | |
| Medical dental services | \$45 | 30% | \$40 | 30% |
| Preventive and diagnostic dental services² Covers preventive and diagnostic exams, bitewing and diagnostic x-rays, cleanings, and fluoride twice per year, full- mouth or panoramic x-rays once every 3 years, and certain periodontal services as needed. | \$0 | 50% | \$0 | 50% |
| Restorative dental services – comprehensive² Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics and oral surgery. | Not covered | Not covered | 50%; \$1,000 benefit limit per year for covered services | 50%; \$1,000 benefit limit per year for covered services |
| Vision services | | | | |
| Medical vision services | \$0 | 30% | \$0 | 30% |
| Routine vision² In-network coverage through VSP Vision Care. Lenses limited to standard basic single-vision, lined bifocal, lined trifocal or lenticular. 1 pair of lenses and frames or a single purchase of contact lenses per year. | Exam: \$0 Lenses: \$0 Frames or contact lenses: \$100 allowance per year | Exam: 30% Lenses: 50% Frames or contact lenses: \$100 allowance per year | Exam: \$0 Lenses: \$0 Frames or contact lenses: \$100 allowance per year | Exam: 30% Lenses: 50% Frames or contact lenses: \$100 allowance per year |

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

| Medical benefits | Regence MedAdvantage + Rx Primary | | Regence MedAdvantage + Rx Classic with Comp Dental | |
|--|--|--------------------|--|--------------------|
| | In-network | Out-of-network | In-network | Out-of-network |
| Mental health services¹ Inpatient psychiatric hospital There is a 190-day lifetime maximum. | Days 1-4: \$400 / day Days 5-190: \$0 / day | Days 1-190: 30% | Days 1-4: \$350 / day Days 5-190: \$0 / day | Days 1-190: 30% |
| Outpatient therapy (individual and group) | \$40 | 30% | \$40 | 30% |
| Skilled nursing facility¹ Up to 100 days covered per benefit period. | Days 1-20: \$0 / day Days 21-53: \$188 / day Days 54-100: \$0 / day | Days 1-100: 30% | Days 1-20: \$0 / day Days 21-51: \$188 / day Days 52-100: \$0 / day | Days 1-100: 30% |
| Physical therapy¹ Includes occupational therapy and speech language therapy. | \$30 | 30% | \$25 | 30% |
| Ambulance (air/ground)¹ Copay applies for each one-way transport. | \$275 | \$275 | \$275 | \$275 |
| Transportation | Not covered | Not covered | Not covered | Not covered |
| Medicare Part B drugs¹ Usually administered by a provider. | 20% | 30% | 20% | 30% |
| Alternative care (Medicare-covered) Acupuncture Limited to treatment of chronic low back pain. | \$20 | 30% | \$20 | 30% |
| Chiropractic Limited to manipulation of the spine to correct a subluxation. | \$20 | 30% | \$20 | 30% |
| Alternative care (Additional covered) Acupuncture² | \$20 | 30% | \$20 | 30% |
| Chiropractic² Combined visit limit of 18 for Primary and 24 for Classic per year. | \$20 | 30% | \$20 | 30% |
| Massage therapy² Limit of 6 visits per year, up to 60 minutes per visit. | \$20 | 30% | \$20 | 30% |
| Naturopathy² Limit of 10 visits per year. | \$5 | 30% | \$0 | 30% |

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum.

| Medical benefits | Regence MedAdvantage + Rx Primary | | Regence MedAdvantage + Rx Classic with Comp Dental | |
|--|--|----------------|--|----------------|
| | In-network | Out-of-network | In-network | Out-of-network |
| Annual physical exam In addition to the Medicare Annual Wellness Visit. | \$0 | 30% | \$0 | 30% |
| Bathroom safety devices² | \$100 allowance every year | | \$100 allowance every year | |
| Durable medical equipment (DME)¹ | 20% | 50% | 20% | 50% |
| Fitness program² Fitness program membership, home fitness kit with options such as a complimentary activity tracker, health coaching and more. | \$0 Provided exclusively through Silver&Fit® | | \$0 Provided exclusively through Silver&Fit | |
| Meal delivery service² Chronic health 2 meals per day, up to 56 days, 112-meal limit. Post discharge 2 meals per day, up to 28 days, 56-meal limit. Requires enrollment in care management program. | \$0 \$0 Provided exclusively through Mom's Meals | | \$0 \$0 Provided exclusively through Mom's Meals | |
| Palliative care and support² Includes care planning, pain and symptom management and counseling services for patients, caregivers, and families in case of serious illness. | \$0 | 30% | \$0 | 30% |
| Personal emergency response system (PERS)² Benefit includes device and monthly monitoring services. | \$0 Provided exclusively through Lively | | \$0 Provided exclusively through Lively | |
| Podiatry services Medicare-covered Diabetic routine footcare² Limit of 6 visits per year. | \$45 \$0 | 30% 30% | \$40 \$0 | 30% 30% |
| Virtual companionship² Virtual support services. Limit of 4 visits per month; up to 60 minutes per visit. | \$0 Provided exclusively through Papa, Inc. | | \$0 Provided exclusively through Papa, Inc. | |
| Virtual visits (telehealth) Medical and mental health services by phone or video. | \$5 | 30% | \$0 | 30% |

1- Services may require prior authorization. **2-** Services do not apply to the out-of-pocket maximum.

Prescription drug benefits

Prescription deductible (the amount you pay before the plan begins to pay; resets every January 1)

| | |
|--|---|
| Regence MedAdvantage + Rx Primary [†] | \$0 (Tiers 1,2 and Tiers 3,4 insulins); \$200 (Tiers 3,4,5) |
| Regence MedAdvantage + Rx Classic with comp dental [†] | \$0 (Tiers 1,2 and Tiers 3,4 insulins); \$150 (Tiers 3,4,5) |

Initial coverage (after the deductible, the amount you pay until you and the plan reach \$4,430 for covered drugs)

| | Regence MedAdvantage + Rx Primary | | Regence MedAdvantage + Rx Classic with Comp Dental | |
|-----------------------------------|--|----------------|---|----------------|
| Tier 1: Preferred generic | 1-month | 3-month | 1-month | 3-month |
| Preferred retail | \$0 | \$0 | \$0 | \$0 |
| Mail order | \$0 | \$0 | \$0 | \$0 |
| Standard retail | \$10 | \$20 | \$10 | \$20 |
| Tier 2: Generic | | | | |
| Preferred retail | \$13 | \$26 | \$13 | \$26 |
| Mail order | \$13 | \$0 | \$13 | \$0 |
| Standard retail | \$20 | \$40 | \$20 | \$40 |
| Tier 3: Preferred brand | | | | |
| Insulins | \$35 | \$87.50 | \$35 | \$87.50 |
| Preferred retail / mail order | \$40 | \$100 | \$40 | \$100 |
| Standard retail | \$47 | \$117.50 | \$47 | \$117.50 |
| Tier 4: Non-preferred drug | | | | |
| Insulins | \$35 | \$87.50 | \$35 | \$87.50 |
| Preferred retail / mail order | 40% | 40% | 40% | 40% |
| Standard retail | 45% | 45% | 45% | 45% |
| Tier 5: Specialty | | | | |
| Preferred retail / mail order | 29% | N/A | 30% | N/A |
| Standard retail | 29% | N/A | 30% | N/A |

Coverage gap (the amount you pay after you and your plan have paid \$4,430 for covered drugs)

| | |
|-------------------|-------------|
| Generic drugs | You pay 25% |
| Brand-name drugs* | You pay 25% |

Catastrophic coverage (the amount you pay after your total out-of-pocket costs reach \$7,050)

| | |
|------------------|-------------------------------------|
| Generic drugs | You pay the greater of \$3.95 or 5% |
| Brand-name drugs | You pay the greater of \$9.85 or 5% |

You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a 1-month supply.

[†] Includes Tier 1 preferred generic coverage for prescribed folic acid, vitamin B12, vitamin D and erectile dysfunction drugs. * Insulins maintain the same copays through the Coverage gap you had during the Initial coverage.

Important information about your benefits

Urgent and emergency care when you travel

If you travel outside the United States, the plan covers urgent care and medical emergencies in more than 190 countries around the world. Part D prescription drug coverage is not available outside the United States and its territories.

24-hour nurse line

Regence Advice24 gives you 24/7 access to a medical professional for self-care suggestions for minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-800-267-6729** (TTY: 711).

Virtual visits (telehealth)

Primary care and mental health visits through a mobile app, video visit, or phone call may be available through your providers office. Contact them directly to see if they offer virtual visits or you may use MDLIVE if your local provider does not offer virtual visits. To schedule an appointment with MDLIVE, call **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit **mdlive.com**.

Routine hearing services

For more information about your routine hearing benefits or to find a hearing provider, call TruHearing at **1-855-542-1711** (TTY: 711), 8 a.m. to 8 p.m. Monday through Friday. Or visit **truhearing.com/regenceor**.

Routine vision services

For more information about your routine vision benefits or to find a vision provider, call VSP Vision Care at **1-844-872-6065** (TTY: 711), 8 a.m. to 8 p.m., seven days a week. Or visit **vsp.com**.

Virtual companionship

Eligible members are able to receive support services such as grocery and pharmacy pick-up/delivery, virtual technology assistance, phone support with meaningful conversations, scheduling appointments with telehealth providers and more. For more information or to see if you qualify, call Papa Pals at **1-877-290-7229** (TTY: 711) 5 a.m. to 8 p.m. Pacific time, Monday through Friday, or 5 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit **joinpapa.com/regence**.

The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, an expanded home fitness digital library with on-demand videos through the website or mobile app, choice of one home fitness kit from categories such as fitness activity trackers, yoga, Pilates, swim or strength, weekly 1-on-1 health coaching in a variety of topics, and much more. For more information or to sign up, call Silver&Fit at **1-888-797-8086** (TTY: 711), 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Or visit **silverandfit.com**.

Bathroom safety devices

Members are eligible to purchase select bathroom safety items, such as shower/bathtub grab bar and bench, commode rails or elevated toilet seats from suppliers or retailers. Installation and in-home assessment are not covered. For more information or to find out what items are covered call Regence Customer Service at **1-888-319-8904** (TTY: 711).

Meal delivery service

No-cost meals for chronic condition or post-hospital stay nutritional support for those who qualify and participate in the plan's care/case management program. Mom's Meals delivers meals to all 50 states plus U.S. territories. For more information or to see if you qualify, call Regence Customer Service at **1-888-319-8904** (TTY: 711).

Personal emergency response system (PERS)

Receive a Lively™ Mobile Plus medical alert device and monthly monitoring when arranged by the plan. For more information, call Lively at **1-800-358-9066** (TTY: 711). Or visit **lively.com/regenceor**.

Covered preventive care services

Our plans cover the following Medicare-covered preventive services, along with any additional preventive services that Medicare approves during the contract year.

Abdominal aortic aneurysm screening
Alcohol misuse screenings and counseling
Annual wellness visit
Bone mass measurements (bone density)
Breast cancer screening (mammogram)
Cardiovascular disease screenings
Cardiovascular disease behavioral therapy
Cervical and vaginal cancer screening
Colorectal cancer screenings (multi-target stool DNA test, barium enemas, colonoscopy, fecal occult blood test or flexible sigmoidoscopies)
Depression screening
Diabetes screening
Diabetes self-management training
Glaucoma tests
Hepatitis B virus (HBV) infection screening
Hepatitis C screening test
HIV screening
Immunizations for flu, hepatitis B and pneumococcus
Lung cancer screenings with Low Dose Computed Tomography (LDCT)
Medicare Diabetes Prevention Program (MDPP)
Nutrition therapy services
Obesity screenings and counseling
Prostate cancer screenings
Sexually transmitted infections screening and counseling
Tobacco use cessation counseling
“Welcome to Medicare” preventive visit (one time)

What else you need to know

Utilization Management (UM) is the way we review the type and amount of care you're getting. This involves looking at the setting for your care and its medical necessity. Clinical professionals make decisions based on our clinical review criteria, guidelines, and medical policies. Examples of UM procedures include pre-service review (prior authorization), concurrent review (including urgent concurrent review) and post-service review. Find more information in our Member FAQ on regence.com/medicare/resources/faq.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. Other names may be trademarks of their respective owners.

American Specialty Health Incorporated, Lively, MDLIVE, Mom's Meals, Papa, Inc., TruHearing and VSP Vision Care are separate companies that provide services to Regence members.

Applications can be submitted three different ways:

Mail to:

**Regence MedAdvantage
PO Box 1827
Medford OR 97501**

Or FAX to:

1-888-335-2988

(no coversheet is necessary)

Enroll over the phone

**by calling Regence Customer Service at
(888) 319-8904 (TTY: 711)**

Hours 8 a.m. to 8 p.m. PT Monday through Friday. From Oct.
1 through March 31, customer service is available from 8 a.m.
to 8 p.m. PT seven days a week.



Regence

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PO Box 1827

Medford, OR 97501

1 (888) 319-8904

TTY 711

Fax Number: 1 (888) 335-2988

Regence BlueCross BlueShield of Oregon MedAdvantage (PPO) Enrollment Request Form

•PLEASE PRINT IN INK•

Please provide the following information:

Employer or Trust Name: **Lewis & Clark College Retirees**

Please check which plan you want to enroll in:

☐ Regence MedAdvantage + Rx Primary (PPO)

☐ Regence MedAdvantage + Rx Classic w/ Comp Dental (PPO)

Requested Effective Date:

MM — DD — YYYY

LAST Name

FIRST Name

Middle Initial

☐ Mr. ☐ Mrs. ☐ Ms.

Birthdate: (mm/dd/yyyy)

Sex:

☐ M ☐ F

Home Phone Number

Medicare Number (Required)

Permanent Residence Street Address (P.O. Box is not allowed):

City

State

ZIP Code

Mailing Address (only if different from your Permanent Residence Address):

Street Address:

City

State

ZIP Code

Emergency Contact:

Phone Number:

Relationship to You:

Your e-mail address:

By providing your email, you give permission to be contacted about future Medicare news and plan information via email. You may opt out of email communication at any time.

Employer or Trust Name:

L&C Retirees



If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will be billed directly by Medicare or the Railroad Retirement Board. DO NOT pay Regence MedAdvantage the Part D-IRMAA.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this extra help, contact your Social Security office, or call Social Security at 1 (800) 772-1213. TTY users should call 1 (800) 325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover. **You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month or by having it deducted from your bank account.**

Please select a premium payment option:

- ☐ Get a bill (A billing statement will be sent in the mail)
- ☐ Electronic funds transfer (EFT) from your bank account each month. Please enclose a preprinted VOIDED check or provide the following:

Account Holder Name: _____

If Account Holder name is NOT the name of the applicant on this application, please sign below to authorize deductions: _____

Bank Routing Number: _____

Bank Account Number: _____ Account Type: ☐ Checking ☐ Savings

If you don't select a payment option, you will get a bill each month.



Please read and answer these important questions

1. Do you have End Stage Renal Disease (ESRD)? ☐ Yes ☐ No
2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Regence MedAdvantage?
☐ Yes ☐ No

If "yes", please list your other coverage:

Name of the other coverage: _____

ID Number for this coverage: _____

Group Number for this coverage: _____

3. Do you or your spouse work? ☐ Yes ☐ No

4. Are you the retiree? ☐ Yes ☐ No

5. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If "yes" please provide the following information:

Name of Institution: _____

Address & Phone Number of Institution (number and street):

Please contact Regence MedAdvantage at 1 (888) 319-8904 (TTY users should call 711) if you need information in another format. Our telephone hours are from 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 through February 14, our office hours are 8:00 a.m. to 8:00 p.m., seven days a week.

Please choose the name of a Primary Care Physician (PCP), clinic, or health center:

First and Last Name of PCP: _____

PCP Address: _____

PCP Phone Number: _____



Please read and sign on page 5

By completing this enrollment application, I agree to the following:

Regence BlueCross BlueShield of Oregon MedAdvantage is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 - December 7 of every year), or under certain special circumstances.

Once I am a member of Regence MedAdvantage, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Regence MedAdvantage when I get it to know which rules I must follow in order to receive coverage with this Medicare Advantage plan.

I understand that beginning on the date Regence MedAdvantage coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, Regence MedAdvantage provides refunds for all covered benefits, even if I get services out-of-network. Services authorized by Regence MedAdvantage and other services contained in my Regence MedAdvantage Evidence of Coverage document will be covered. Without authorization, NEITHER MEDICARE NOR REGENCE MEDADVANTAGE WILL PAY FOR THE SERVICES.

Employer or Trust Name:
L&C Retirees

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Please continue on next page



I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Regence MedAdvantage, he/she may be paid based on my enrollment in Regence MedAdvantage.

Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug plan options and concerning medical assistance through the state Medicaid program and the Medicare Savings Program.

Release of Information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Regence MedAdvantage will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. I also allow the plan's doctors and clinics or anyone else with medical or other relevant information about me to give Medicare or their agents the information needed to run the Medicare program. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Regence MedAdvantage or by Medicare.

Your Signature*: _____ Date: _____
month/day/year

*If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Relationship to enrollee: _____
Address: _____ Phone Number: _____

Office Use Only

Name of staff member/agent/broker (if assisted in enrollment): _____
Plan ID#: _____
Effective Date of Coverage: _____
ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

Regence MedAdvantage is a PPO with a Medicare contract. Enrollment in Regence MedAdvantage depends on contract renewal.

Employer or Trust Name:
L&C Retirees



IMPORTANT INFORMATION:

2022 Medicare Star Ratings



Regence BlueCross BlueShield of Oregon - H3817

For 2022, Regence BlueCross BlueShield of Oregon - H3817 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: ★★★★★
Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Regence BlueCross BlueShield of Oregon Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time at 888-319-8904 (toll-free) or 711. From Oct. 1 through March 31, the hours are 8:00 a.m. to 8:00 p.m. Pacific time seven days a week. Current members please call 888-319-8904 (toll-free) or 711.

Something for Everyone®



The Silver&Fit® Healthy Aging and Exercise program is designed to support every unique member.

Enjoy all of the following, anytime, anywhere, at no cost to you:



8,000+ Digital Workout Videos

Go to **www.SilverandFit.com** or download the Silver&Fit mobile app to view workout videos, perfect for all fitness levels.



Get Started Program

Answer a few online questions about your fitness level and goals to receive a personal exercise plan, including suggested workout videos.



Standard and Premium Fitness Network Choices

Work out at 16,500+ participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to 4,000+ Premium locations including fitness centers, studios, and unique fitness experiences for a buy-up price.*



Healthy Aging Coaching

Coaches will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone sessions.



Home Fitness Kits

Pick your favorite kit (one per benefit year):**

- Fitbit® Wearable Fitness Tracker Kit
- Garmin® Wearable Fitness Tracker Kit
- Pilates Kit
- Beginner Strength Kit
- Intermediate Strength Kit
- Advanced Strength Kit
- Beginner Swim Kit
- Advanced Swim Kit
- Beginner Yoga Kit
- Intermediate/Advanced Yoga Kit

Go to www.SilverandFit.com to get started today! For questions, call the Silver&Fit program toll-free at 1-888-797-8086 (TTY: 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

*Fees vary by Premium fitness center location. Please refer to the fitness center search on the Silver&Fit website.

Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, **kits cannot be exchanged.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Please talk to a doctor before starting or changing an exercise routine. All programs and services are not available in all areas. The people in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, and the Silver&Fit logo are federally registered trademarks of ASH. Limitations, member fees, and restrictions may apply. Other names and logos may be trademarks of their respective owners. Kits are subject to change. Participating facilities and fitness chains may vary by location and are subject to change.

American Specialty Health Incorporated is a separate company that provides fitness programs for Regence members.

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

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