



Regence MedAdvantage Retiree Rate Sheet

Lewis & Clark College Retirees

January 1, 2023 - December 31, 2023

Plan	Rate
Regence MedAdvantage + Rx Primary (PPO)	\$0
Regence MedAdvantage + Rx Classic w/ Comp Dental (PPO)	\$61

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



Medicare Retiree Group Plans

2023 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.

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 2023** 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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- ☐ Review the formulary to make sure your drugs are covered.

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, 2024.
- ☐ 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 \$8,950 combined in- and out-of-network	\$5,500 in-network \$8,950 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	\$40 \$90 \$350	30% 30% 30%	\$35 \$90 \$300	30% 30% 30%
Ambulatory surgery center services¹ For wound care For all other services	\$40 \$300	30% 30%	\$35 \$225	30% 30%
Doctor visits Primary care provider Specialist	\$0 \$40	30% 30%	\$0 \$35	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	\$275	30%	\$250	30%
Hearing services				
Medical hearing exam	\$40	30%	\$35	30%
Routine hearing²	Exam: \$0	Exam: \$150	Exam: \$0	Exam: \$150
In-network coverage through TruHearing. Hearing aids covered only if obtained from TruHearing. 1 per ear, per year.	Hearing aids: \$699 or \$999 per aid	Hearing aids: Not covered out-of-network	Hearing aids: \$699 or \$999 per aid	Hearing aids: Not covered out-of-network
Dental services				
Medical dental services	\$40	30%	\$35	30%
Preventive and diagnostic dental services²	\$0	50%	\$0	50%
Covers preventive and diagnostic exams, bitewing and diagnostic x-rays, cleanings or periodontal maintenance, and fluoride twice per year, periodontal scaling/root planing 1 time per year, and full- mouth or panoramic x-rays once every 3 years.				
Restorative dental services – comprehensive²	Not covered	Not covered	50%; \$1,000 benefit limit per year for covered services	50%; \$1,000 benefit limit per year for covered services
Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, certain other periodontics, and oral surgery.				
Vision services				
Medical vision services	\$0	30%	\$0	30%
Routine vision²	Exam: \$0	Exam: 30%	Exam: \$0	Exam: 30%
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 one purchase of contact lenses per year.	Lenses: \$0	Lenses: 50%	Lenses: \$0	Lenses: 50%
	Frames or contact lenses: \$100 allowance per year	Frames or contact lenses: \$100 allowance per year	Frames or contact lenses: \$100 allowance per year	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)	\$30	30%	\$25	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 with Comp Dental 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.	\$0	30%	\$0	30%

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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	
Diabetic routine footcare² Limit of 6 visits per year.	\$0	30%	\$0	30%
Durable medical equipment (DME)¹	20%	50%	20%	50%
Fitness program² Flexible fitness options that support physical activity, well-being, community building, and healthy aging.	\$0 Provided exclusively through the Silver&Fit® program		\$0 Provided exclusively through the Silver&Fit® program	
In-home support services² In-person and virtual support services. Limited to 48 hours per year; up to 1 hour per visit.	\$0 Provided exclusively through Papa		\$0 Provided exclusively through Papa	
Meal delivery² Post-discharge 2 meals per day, up to 28 days, 56-meal limit. Chronic health 2 meals per day, up to 56 days, 112-meal limit. Requires enrollment in care management program. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.	\$0 \$0 Provided exclusively through Mom's Meals		\$0 \$0 Provided exclusively through Mom's Meals	
Over the counter (OTC) items²	Not covered		\$20 every 3 months	
Palliative care and support²	\$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	
Telehealth/Virtual care Includes urgent care and mental health services by phone or video.	\$0	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)

(Deductible does not apply to Tiers 1 & 2 drugs, Tiers 3 & 4 Insulins, and most vaccines for any plan)

Regence **MedAdvantage + Rx Primary** \$200 (Tiers 3,4,5)

Regence **MedAdvantage + Rx Classic with Comp Dental** \$150 (Tiers 3,4,5)

Initial coverage (after the deductible, the amount you pay until you **and** the plan reach \$4,660 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				
Most vaccines ‡	\$0	\$0	\$0	\$0
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	\$100	\$250	\$100	\$250
Standard retail	\$100	\$250	\$100	\$250
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 \$4,660 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 \$7,400)

Generic drugs You pay the greater of \$4.15 or 5%

Brand-name drugs You pay the greater of \$10.35 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 coverage for prescribed folic acid, vitamin B12, vitamin D and erectile dysfunction drugs. * Insulins maintain the same copays through the Coverage gap as had during the Initial coverage. ‡ Most vaccines maintain \$0 copay through the Coverage gap and Catastrophic 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 200 countries around the world. Part D prescription drug coverage is not available outside the United States and its territories.

Advice24 nurse line

Regence Advice24 gives you 24/7 access to a nurse for self-care suggestions with minor injuries and illnesses or help determining if an urgent care facility or emergency room is needed for more immediate care. Call **1-800-310-2973** (TTY: 711).

Telehealth/Virtual care

Doctor On Demand is available for your medical, urgent care and mental health needs. Doctors are available 24 hours a day, 7 days a week through secure video on your computer, or mobile device. Your PCP provider may also offer primary care visits virtually. Contact them directly to see if they offer virtual visits. To schedule an appointment with Doctor On Demand, call **1-800-310-2973** (TTY: 711).

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**.

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**.

In-home support

Members have access to Papa Pals, a network of friendly helpers available both in-person and virtually via a phone call. Papa Pals can support you with everyday tasks such as transportation to and from the doctor, running errands, folding laundry, grocery shopping, preparing dinner, technology, helping with pets or simply providing great conversation. For more information, call Papa 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. Saturday and Sunday. Or visit **joinpapa.com/regence**.

The Silver&Fit program

Includes a basic membership at participating fitness centers or YMCAs, on-demand workout videos through the website or mobile app, choice of one home fitness kit from a variety of fitness categories, 1-on-1 health coaching by phone, video, or chat on a variety of topics, and much more. For more information or to sign up, call the Silver&Fit program 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 **1-800-358-9586** (TTY: 711). Or visit **lively.com/partners/cambia/regenceOR**.

Over-the-counter items

Receive a reusable prepaid card and a list of products that are eligible for the OTC program at participating retail locations or online. The allowance renews each quarter; unused balances do not accumulate or carry over to the next quarter. The card can also be used as a discount card after the allowance has been used. For more information, call Regence Customer Service at **1-888-319-8904** (TTY: 711).

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.

Doctor On Demand is a separate company that provides telehealth services. Lively is a separate company that provides Jitterbug products. Mom's Meals is a separate company that provides discounted meals. Papa is a separate company that provides elderly assistance services. Silver&Fit is a separate company that provides wellness and health information services. TruHearing is a separate company that provides discounted hearing products. VSP is a separate company that provides vision services.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-541-8981. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-541-8981. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-541-8981。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-541-8981。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-541-8981. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-541-8981. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-541-8981 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-541-8981. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-541-8981번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-541-8981. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-541-8981. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी पर्श्न के जवाब देने के किए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया पराप्त करने के किए, बस हमें 1-800-541-8981 पर फोन करें. कोई व्यक्ति जो कहन्दी बोति है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-541-8981. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-541-8981. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-541-8981. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-541-8981. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-541-8981にお電話ください。日本語を話す人 者が支援いたします。これは無料

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

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

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. 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: _____

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

3. Are you the retiree? ☐ Yes ☐ No

4. 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: _____



Answering these following 2 questions is your choice. You can't be denied coverage because you don't fill them out.

1. Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | |
| <input type="checkbox"/> I choose not to answer. | |

2. What's your race? Select all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> White | |
| <input type="checkbox"/> I choose not to answer. | | |

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.

Kathryn Annis - 000000405518 0107106-0000

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:

2023 Medicare Star Ratings



Regence BlueCross BlueShield of Oregon - H3817

For 2023, 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 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-319-8904 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 888-319-8904 (toll-free) or 711 (TTY).

Something for Everyone®

The Silver&Fit® Healthy Aging and Exercise program supports every unique member.

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



On-Demand Workout Videos

Go to www.SilverandFit.com or download the ASHConnect™ mobile app to find workout videos for all fitness levels.



Healthy Aging Coaching

A certified health coach will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone, video, or chat sessions.



Workout Plans

Answer a few online questions about your fitness level and goals to get workouts to help you start an exercise routine.



Well-Being Club

Learn new skills and focus on well-being by:

- Connecting with others
- Enjoying live-streaming classes and events on the Silver&Fit website
- Viewing exclusive articles and videos



Standard and Premium Fitness Network Choices

Join thousands of participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences for a buy-up price.*



Home Fitness Kits

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

- Fitbit® or Garmin® Wearable Fitness Tracker Kit
- Pilates Kit
- Beginner, Intermediate, or Advanced Strength Kit
- Beginner or Advanced Swim Kit
- Beginner or 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 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. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. The persons in this piece are not Silver&Fit members. Silver&Fit, Something for Everyone, ASHConnect, and the Silver&Fit logo are 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.

The Silver&Fit program is part of a separate company that provides wellness and health information services.

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

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