



Regence BlueShield serves select counties in the state of Washington
and is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence MedAdvantage Retiree Rate Sheet

King County Retirees

January 1, 2021 - December 31, 2021

Plan	Rate
Regence MedAdvantage + Rx Classic (PPO)	\$74

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

**Applications can be submitted
two different ways:**

Mail to:

Regence MedAdvantage

PO Box 1827

Medford OR 97501

Or FAX to:

1-888-335-2988

(no coversheet is necessary)

MEDICARE RETIREE GROUP PLANS
REGENCE MEDADVANTAGE + RX CLASSIC (PPO)
2021 Summary of Benefits

for King County



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 services we cover is found in our Evidence of Coverage (EOC). Call **1-888-319-8904** (TTY: 711) to request a copy of the plan's EOC.

Regence MedAdvantage + Rx Classic (PPO)		What you should know	
Deductible		Amount you pay for health care services before your health plan begins to pay. Deductible amounts reset every calendar year on January 1.	
Medical	\$0		
Prescription	\$0 (Tiers 1,2) \$150 (Tiers 3,4,5)		
Maximum out-of-pocket responsibility (does not include prescription drugs)	\$5,500 in-network \$10,000 combined in- and out-of-network	Annual limit on your out-of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.	
	In-network	Out-of-network	
Inpatient hospital coverage¹	Days 1-4: \$350 / day Days 5+: \$0 / day	Days 1+: 50%	There is no limit/maximum to number of days.
Ambulatory surgery center services¹			
For wound care	\$40	50%	
For all other services	\$225	50%	
Outpatient hospital services¹			
For wound care	\$40	50%	
For observation	\$90	50%	
For all other services	\$300	50%	
Doctor visits			
Primary care provider	\$0	50%	
Specialist	\$40	50%	
Preventive care	\$0	50%	Cost-sharing may apply if you receive other services during your preventive care visit.

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

To join a Regence Medicare Advantage Retiree Group Plan 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. 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). See other important plan information on page 8.

Regence MedAdvantage + Rx Classic (PPO)			What you should know
	In-network	Out-of-network	
Emergency care	\$90	\$90	Copay waived if admitted to the hospital within 48 hours.
Urgently needed services	\$40	\$40	
Diagnostic services/labs/imaging			Lower copay amount applies to HbA1C testing; higher copay applies to all other lab services.
Lab services ¹	\$0 - \$10	50%	
Outpatient X-rays	\$10	50%	
Diagnostic tests and procedures ¹	\$10	50%	
Diagnostic radiology (MRI, CAT, etc.) ¹	20%	50%	
Hearing services			
Medical hearing exam	\$40	50%	
Routine hearing exam ²	\$0	\$150	Routine hearing services provided by TruHearing® for in-network coverage. Hearing aids covered only if obtained from TruHearing.
Hearing aids (1 per ear, per year) ²	\$699 or \$999 per aid	Not covered	
Dental services			
Medical dental services	\$40	50%	
Preventive dental services ²	\$0	50%	Covers preventive exams, bitewing X-rays, cleanings and topical fluoride two times per calendar year. Full-mouth X-rays covered once every three years.
Comprehensive dental services - diagnostic ²	\$0	50%	Covers diagnostic exams and intraoral-periapical X-rays two times per calendar year.

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

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

What you should know

	In-network	Out-of-network	
Vision services			
Medical vision services	\$0	50%	
Routine vision exam ²	\$0	50%	Routine vision services provided by VSP® Vision Care for in-network coverage. Covered lenses include basic single-vision, lined bifocal, lined trifocal or lenticular lenses. One pair of lenses/frames or single purchase of contact lenses per year.
Routine vision hardware (one pair of lenses/frames or single purchase of contact lenses per year) ²	Lenses: \$0 Frames or contact lenses: Up to \$100 allowance	Lenses: 50% Frames or contact lenses: Up to \$100 allowance	
Mental health services¹			
Inpatient	Days 1-4: \$350 / day Days 5-190: \$0 / per day	Days 1-190: 50%	There is a 190-day lifetime maximum.
Outpatient therapy (individual and group)	\$40	50%	
Skilled nursing facility¹	Days 1-20: \$0 / day Days 21-100: \$160 / day	Days 1-100: 50%	Up to 100 days covered per benefit period.
Physical therapy¹	\$25	50%	Includes occupational therapy and speech language therapy.
Ambulance (air/ground)¹	\$275	\$275	Copay applies for each one-way transport.
Transportation	Not covered	Not covered	
Medicare Part B drugs¹	20%	50%	Usually administered in a hospital setting, like chemotherapy drugs.
Alternative care			
Acupuncture (Medicare-covered)	\$20	50%	Limited to treatment of chronic low back pain.
Acupuncture (additional) ²	\$20	50%	Up to 24 visits per year combined with additional chiropractic visits.
Chiropractic (Medicare-covered)	\$20	50%	Limited to manipulation of the spine to correct a subluxation.

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

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

What you should know

	In-network	Out-of-network	
Alternative care (cont.) Chiropractic (additional) ²	\$20	50%	Up to 24 visits per year combined with additional acupuncture visits.
Massage therapy ²	\$20	50%	Limit of 6 visits per year; up to 60 minutes per visit.
Naturopathy ²	\$0	50%	Limit of 10 visits per year.
Annual physical exam	\$0	50%	In addition to the Medicare Annual Wellness Visit.
Fitness program (Silver&Fit®)²	\$0	Not covered	Fitness center membership, home fitness options including a complimentary Fitbit, weekly health coaching and more.
Meal delivery service² Chronic health status	\$0	Not covered	Requires enrollment in care management program. Chronic health: 2 meals/day for 56 days, 112-meal limit. Post-discharge: 2 meals per day, 28 days, 56-meal limit.
Post-discharge	\$0	Not covered	
Palliative care and support²	\$0	50%	Includes care planning, pain/symptom management and counseling services for patients, caregivers and families in case of serious illness.
Personal emergency response system (PERS)²	\$0	Not covered	Benefit includes device and monthly monitoring services.
Podiatry services Medicare-covered	\$40	50%	
Diabetic routine foot care ²	\$0	50%	Limit of 6 visits per year.
Virtual companionship²	\$0	Not covered	Virtual support services by phone. Limit of 4 visits per month; up to 60 minutes per visit.
Virtual visits (telehealth)	\$0	50%	Medical and mental health services provided by MDLIVE® or other provider by phone or video.

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

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

Prescription deductible	\$0 (Tiers 1,2) \$150 (Tiers 3,4,5)
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Initial coverage (after deductible, what you pay until you and the plan pay \$4,130 for prescription drugs)

Tier 1: Preferred generic	1-month	3-month
Preferred retail	\$3	\$0
Mail order	\$0	\$0
Standard retail	\$10	\$20
Tier 2: Generic		
Preferred retail	\$13	\$26
Standard retail	\$20	\$40
Tier 3: Preferred brand		
Preferred retail	\$40	\$100
Standard retail	\$47	\$117.50
Tier 4: Non-preferred drug		
Preferred retail	40%	40%
Standard retail	45%	45%
Tier 5: Specialty		
Preferred retail	30%	N/A
Standard retail	30%	N/A

Coverage gap (what you pay after you and your plan pay \$4,130 for prescription drugs)

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

Catastrophic coverage (what you pay after your total out-of-pocket costs reach \$6,550)

Generic drugs	You pay the greater of \$3.70 or 5%
Brand-name drugs	You pay the greater of \$9.20 or 5%

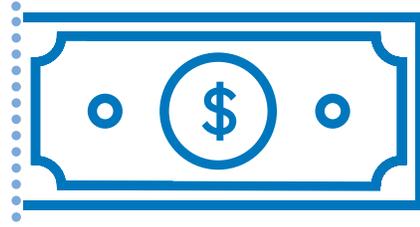
You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a one-month supply (three-month supply is not available). Cost-sharing may change if you qualify 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.

Prescription costs in the coverage gap

Deductible

Meet your plan's prescription deductible

You first need to meet your plan's annual prescription deductible. Your deductible amount resets every calendar year on Jan. 1. There is no deductible for generic medications on Tiers 1 and 2.

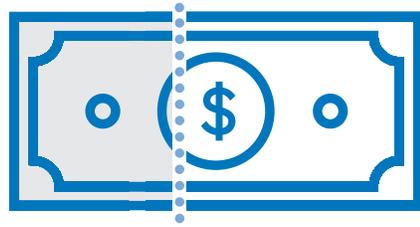


Pay the plan's prescription deductible (\$0 for Tiers 1 and 2)

Initial coverage

Pay a copay or coinsurance for each fill until total spent by you and plan reaches \$4,130

After you meet your deductible, you pay a copay or coinsurance for each prescription until the amount you and your plan spend on prescriptions reaches the initial coverage limit. Then you enter the coverage gap. Not everyone will enter the coverage gap.

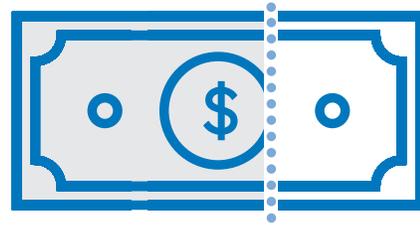


Pay a copay or coinsurance until prescription costs reach \$4,130

Coverage gap

Pay 25% of negotiated price for generic and brand-name drugs until your prescription spending reaches \$6,550

After the initial coverage limit is met, you enter the coverage gap. You pay 25% of your plan's negotiated price for generic and brand-name drugs until your spending on prescription drugs reaches the total out-of-pocket threshold. Then you enter catastrophic coverage.



Pay 25% until your total spend on prescriptions reaches \$6,550

Catastrophic coverage

Pay the greater of 5% or \$3.70 for generic drugs; pay the greater of 5% or \$9.20 for brand-name drugs

When you enter catastrophic coverage, you pay only a small amount for your covered drugs for the rest of the year. Your plan pays the rest.



Pay 5% or \$3.70 for generics and 5% or \$9.20 for brand-name drugs

Important plan information

Using in-network providers

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 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 a participating provider at bcbs.com/find-a-doctor or call Regence Customer Service at **1-888-319-8904** (TTY: 711).

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.

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: 1-800-428-4833), 5 a.m. to 6 p.m. Pacific time, Monday through Friday, or 7 a.m. to 5 p.m. Pacific time, Saturday and Sunday. Or visit vsp.com.

Virtual visits (telehealth)

Primary care and mental health visits are available by mobile app, video or phone. For more information or to schedule an appointment, call MDLIVE at **1-800-400-6354** (TTY: 711), 24 hours a day, 7 days a week. Or visit mdlive.com.

The Silver&Fit program

Includes a basic membership at one or more participating fitness centers, plus an expanded home fitness program with two home fitness kits, one Stay Fit kit (Fitbit, Garmin, yoga or strength training), weekly 1-to-1 health coaching, and 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.

Personal emergency response system (PERS)

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

Virtual companionship

Eligible members are able to receive support services, such as grocery and pharmacy pick-up/delivery, technology assistance, phone visits and more. For more information or to see if you qualify, call Papa Pals at **1-877-310-0303** (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.

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).

Important information to know before you enroll

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 plan's 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 medicines 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 any 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/co-insurance may change on January 1, 2022.
- 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 an 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.

Covered preventive care

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
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
Immunizations for flu, hepatitis B and pneumococcus
Tobacco use cessation counseling
“Welcome to Medicare” preventive visit (one time)

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, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អិតគឺអាចមានសំរាប់អ្នក។ 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)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر بہ زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فانكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)

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. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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.

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 **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.

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. Participating facilities and fitness chains may vary by location and are subject to change. Home kits and rewards are subject to change. Other names or logos may be trademarks of their respective owners.

American Specialty Health Incorporated, GreatCall, MDLIVE, Mom's Meals, Papa Pals, TruHearing and VSP are separate and independent companies that provide services to Regence members.

For more information

Visit us at **regence.com/medicare**
Or call **1-888-319-8904** (TTY: 711)

Customer Service hours are 8:00 a.m. to 8:00 p.m., Monday through Friday (October 1 through March 31, our telephone hours are from 8:00 a.m. to 8:00 p.m., seven days a week).



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

Regence BlueShield MedAdvantage (PPO) Enrollment Request Form

PO Box 1827
Medford, OR 97501
1 (888) 319-8904
TTY 711
Fax Number: 1 (888) 335-2988

•PLEASE PRINT IN INK•

Please provide the following information:

Employer or Trust Name: **King County Retirees**

Please check which plan you want to enroll in: <input type="checkbox"/> Regence MedAdvantage + Rx Classic (PPO)	Requested Effective Date: MM DD YYYY
Please note that this sponsored coverage is only available to King County Medicare-eligible retirees and their Medicare-eligible spouses	

LAST Name	FIRST Name	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
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Birthdate: (mm/dd/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number	Medicare Number (Required)
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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:
King County



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 BlueShield 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:

King County

Page 4 of 5

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:

King County



2021 Star Ratings

Regence BlueShield - H5009

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Ratings that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Regence BlueShield received the following Overall Star Rating from Medicare.

★★★★★
4 Stars

We received the following Summary Star Ratings for Regence BlueShield's health/drug plan services:

Health Plan Services:

★★★★★
4 Stars

Drug Plan Services:

★★★★☆
3.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 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).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

SOMETHING FOR EVERYONE®



Welcome to the Silver&Fit® Healthy Aging and Exercise program where you can get fit in the best way for you!

Enjoy one, some, or all of the following at no cost to you:



1,500+ Digital Workout Videos

Go to www.SilverandFit.com or download the Silver&Fit ASHConnect™ mobile app to view yoga, strength, Pilates, walking, cardio, and many other workout videos, perfect for all fitness levels.



Daily Workout Videos

Join daily workout classes on Facebook Live and the Silver&Fit YouTube channel.



www.facebook.com/SilverandFit
www.youtube.com/SilverandFit



Stay Fit Kits

Pick one (1) of the following per benefit year:

- Garmin® or Fitbit® Wearable Fitness Tracker Kit*
- Yoga Kit with a mat and hand towel
- Beginner, Intermediate, or Advanced Strength Kit with exercise bands and dumbbells



Home Fitness Kits

Pick up to 2 kits per benefit year from our 34 unique options, including Aqua, Tai Chi, Chair-Based Exercise, and more.***



Access to 15,000+ Participating Fitness Centers Nationwide

Work out at fitness centers in our expanded network** including:



Healthy Aging Coaching

Our coaches will help you address your fitness and nutrition goals, and provide guidance in other lifestyle areas during scheduled phone sessions.

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

*The Garmin or Fitbit promotional code cannot be used in combination with any other promotion on the Garmin or Fitbit website. Once selected, Stay Fit Kits cannot be exchanged.

**For members who opt into a buy-up fitness center, additional monthly fees will apply.

***Members cannot select the same Home Fitness Kit twice in the same benefit year. Once selected, kits cannot be exchanged.

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American Specialty Health Incorporated is a separate and independent company that provides services to Regence members.

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

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

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