



Regence

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

PO Box 1827
Medford, OR 97501

Regence Medicare Advantage Plans (PPO/HMO)

Optional Supplemental Benefit Plan Selection Form

Date _____

Member Name (Please Print) _____

Member ID Number _____

Medicare ID Number (if no Regence Medicare Advantage Plan ID Number) _____

I'd like to add the optional supplemental benefit plan to my Regence Medicare Advantage Plan.

- ◆ Regence Medicare Advantage Plan members can enroll in this plan at the time of a valid election period, or during Medicare's annual election period, Oct. 15 through Dec. 7.
- ◆ Requests approved during Medicare's annual election period will have a January 1 effective date. Requests made during other special enrollment periods are subject to Medicare enrollment guidelines to determine the effective date.
- ◆ New Regence Medicare Advantage Plan members can enroll in this plan within 30 days of their initial enrollment effective date.
- ◆ This form is to be used **only** when there are no other changes to your existing medical plan.

Check the box below to add extra coverage to your Regence Medicare Advantage Plan:

Only available to be purchased with a MedAdvantage PPO plan

Regence PPO Dental Option \$28.00

Only available to be purchased with BlueAdvantage HMO

Regence HMO DH (Dental, and Hearing) Option \$39.00


Your Plan Premium Options

If you are currently receiving premium bills from us, having your premium deducted from your bank account or from your Social Security check, you can continue to use this method. If you need to change how you pay your plan premium, please contact Customer Service at the telephone number on the bottom of this form.

Conditions of Enrollment

By completing this application form, I agree to adding the optional supplemental benefit plan for the above selected monthly premium amount, which is in addition to my monthly base Regence Medicare Advantage Plan premium. I understand that the additional coverage is subject to the terms and conditions stated in my Regence Medicare Advantage Plans Evidence of Coverage.

I understand that my signature (or the signature of the person authorized to act on my behalf under State Law) on this application means that I have read and understand the contents of this application. If signed by an authorized individual, this signature certifies that this person is authorized under State law to complete this enrollment, and documentation of this authority is available upon request by Regence Medicare Advantage Plans, or Medicare.

Signature  _____ Date _____

If you are the member's authorized representative, you must sign above and provide the following information:

Name _____

Address _____

Phone Number _____

Relationship to Enrollee _____

If you have any questions, please call Regence Medicare Advantage Plans Customer Services at 1 (800) 541-8981 for PPO and 1 (855) 522-8896 for HMO. TTY users should call 711. Our office 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 return this completed form via:

Fax:

1 (888) 335-2988

Mail:

Regence BlueCross BlueShield of Oregon
PO Box 1827
Medford, OR 97501

Thank you.

Regence BlueCross BlueShield of Oregon is a PPO/HMO plan with a Medicare contract. Enrollment in Regence BlueCross BlueShield of Oregon depends on contract renewal.

DISCRIMINATION IS AGAINST THE LAW

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, 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, contact our Customer Service at 1-800-541-8981.

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 Appeals and Grievance department by writing us at PO Box 1827 MS: B32AG, Medford, OR 97501, by calling us at 1-866-749-0355, (TTY: 711), by sending a fax to 1-888-309-8784, or by emailing us at medicareappeals@regence.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Appeals and Grievance department is available to help you. 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, available 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, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN OTHER LANGUAGES

The following translations help people who do not read English know who to call for help. Including these translations is a federal requirement for all health plans sold on the state or federal marketplaces.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-541-8981 (TTY: 711).

Chinese: 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)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-541-8981 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-541-8981 (TTY: 711) 번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-541-8981 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-541-8981 (телетайп: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-541-8981 (ATS : 711).

Japanese: 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。1-800-541-8981 (TTY:711) まで、お電話にてご連絡ください。

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jíik'eh, éi ná hóló, koji' hódíílnih 1-800-541-8981 (TTY: 711.)

Tongan: FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-541-8981 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-541-8981 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្ម្មល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-541-8981 (TTY: 711)។

Panjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-541-8981 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-541-8981 (TTY: 711).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-541-8981 (መስማት ለተሳናቸው: 711)።

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-541-8981 (телетайп: 711).

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-541-8981 (टिपिवाइ: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-541-8981 (TTY: 711).

Sudan (Fulfulde): MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-541-8981 (TTY: 711).

Thai: เรียบ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-541-8981 (TTY: 711).

Laotian: ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-541-8981 (TTY: 711).

Cushite/Oromo: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-541-8981 (TTY: 711).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-541-8981 (TTY: 711) تماس بگیرید.

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-541-8981 (رقم هاتف الصم والبكم: 711).