

# 2022 Regence Medicare Advantage Enrollment Packet

Thank you for your interest in applying for the Regence BlueCross BlueShield of Oregon Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Letter" from Regence BlueCross BlueShield of Oregon within 15 days of the application receipt.

Enrollment Packet – click links below to download and save documents

Star Rating: [HMO](#) / [PPO](#)

[Apply Online](#)

Benefit Schedule: [Enhanced \(PPO\)](#) / [Primary & Classic \(Metro\)](#) / [Primary & Classic \(Non-Metro\)](#) / [Valiance \(PPO\)](#) / [Valiance \(HMO\)](#)

[Provider Search](#)

[Pharmacy Search](#)

[Formulary](#)

## Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1<sup>st</sup> effective date for your new plan.

## Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15<sup>th</sup> and December 7<sup>th</sup>. ***If they are signed prior to October 15<sup>th</sup> they will be returned to you with a new application.*** If they are received after December 7<sup>th</sup>, you will not be able to change plans until the next AEP for January of the following year.

## Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

CDA Insurance LLC  
PO Box 26540  
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470  
Secure File Upload: [Click here](#)  
Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://medicare-oregon.com/>

Y0062\_MULTIPLAN\_CDA INSURANCE Oregon 2022 (Pending)



Regence MedAdvantage + Rx Enhanced (PPO)

## 2022 Summary of Benefits

for residents of Benton, Clackamas, Columbia, Coos, Curry, Douglas, Jackson, Josephine, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill counties in Oregon and Clark County in Washington

### For more information

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

Prospective members call **1-844-734-3623** (TTY: 711) 8 a.m. to 5 p.m., Monday through Friday.

Current PPO members call **1-800-541-8981** (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 may offer supplemental benefits in addition to Part C benefits and Part D benefits.

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

## What you need to know about this book

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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) on our website at [regence.com/medicare](https://www.regence.com/medicare) or by calling **1-800-541-8981** (TTY: 711) to request a copy.

To join a Regence Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our **Metro counties (Clackamas, Lane, Multnomah, Washington) or Non-metro counties (Benton, Columbia, Coos, Curry, Douglas, Jackson, Josephine, Linn, Marion, Polk, and Yamhill counties in Oregon and Clark County in Washington)** service area.

Regence participates in the Blue Medicare Advantage PPO Network Sharing Program. While traveling you may be able to receive the same in-network benefits for Medicare-covered services just as you would at home. This network is available in select areas of 47 states, the District of Columbia and Puerto Rico. You can search for a participating provider at [bcbs.com/find-a-doctor](https://www.bcbs.com/find-a-doctor) or call Regence Customer Service at **1-800-541-8981** (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.

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](https://www.regence.com/medicare/resources/faq).

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](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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.

## Pre-enrollment checklist

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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 **1-800-541-8981**.

### 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. Visit [regence.com/medicare](https://www.regence.com/medicare) or call **1-800-541-8981** to view 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 will pay a higher co-pay for services received by non-contracted providers.

## Medical Benefits

Plan costs & information		Regence MedAdvantage + Rx Enhanced
<b>Plan number</b>		H3817-009-001 (Metro counties) H3817-009-002 (Non-metro counties)
<b>Monthly plan premium</b>	You must continue to pay your Medicare Part B premium.	\$175 (Metro counties) \$195 (Non-metro counties)
<b>Annual deductible</b>	The amount you pay for medical services before the plan begins to pay. Deductible amounts reset every January 1.	\$0
<b>Maximum out-of-pocket responsibility</b>	Annual limit on your out-of-pocket costs for Part A (hospital) and Part B (medical) services. Does not include prescription drugs.	\$5,000 in-network \$8,300 combined in- and out-of-network

Medical benefits		Regence MedAdvantage + Rx Enhanced	
		In-network	Out-of-network
<b>Inpatient hospital coverage<sup>1</sup></b>	Number of days allowed per stay is unlimited.	Days 1-5: \$315 / day Days 6+: \$0 / day	Days 1+: 30%
<b>Outpatient hospital services<sup>1</sup></b>			
<b>For wound care</b>		\$25	30%
<b>For observation</b>		\$90	30%
<b>For all other services</b>		\$275	30%
<b>Ambulatory surgery center services<sup>1</sup></b>			
<b>For wound care</b>		\$25	30%
<b>For all other services</b>		\$225	30%
<b>Doctor visits</b>			
<b>Primary care provider</b>		\$0	30%
<b>Specialist</b>		\$25	30%
<b>Preventive care</b>	Cost-sharing may apply if you receive other services during your preventive care visit.	\$0	30%
<b>Emergency care</b>	Copay waived if admitted to the hospital within 48 hours.	\$90	\$90
<b>Urgently needed services</b>		\$25	\$25

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

Medical benefits		Regence MedAdvantage + Rx Enhanced	
		In-network	Out-of-network
<b>Diagnostic services/labs/imaging</b>			
<b>HbA1C testing</b>		\$0	30%
<b>Lab services<sup>1</sup></b>		\$0	30%
<b>Outpatient x-rays</b>		\$0	30%
<b>Diagnostic tests and procedures<sup>1</sup></b>		\$0	30%
<b>Diagnostic mammography</b>		\$0	30%
<b>Diagnostic radiology (MRI, CT, etc.)<sup>1</sup></b>		20%	30%
<b>Hearing services</b>			
<b>Medical hearing exam</b>		\$25	30%
<b>Routine hearing<sup>2</sup></b>		Exam: \$0	Exam: \$150
In-network coverage through TruHearing. Hearing aids covered only if obtained from TruHearing. 1 per ear, per year.		Hearing aids: \$599 or \$899 per aid	Hearing aids: Not covered out-of-network
<b>Dental services</b>			
<b>Medical dental services</b>		\$25	30%
<b>Preventive and diagnostic dental services<sup>2</sup></b>		\$0	50%
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.			
<b>Restorative dental services<sup>2</sup></b>		50%	50%
Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics, and oral surgery.		\$1,000 benefit limit per year for covered services	\$1,000 benefit limit per year for covered services
<b>Vision services</b>			
<b>Medical vision services</b>		\$0	30%
<b>Routine vision<sup>2</sup></b>		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 a single purchase of contact lenses per year.		Lenses: \$0	Lenses: 50%
		Frames or contact lenses: \$150 allowance per year	Frames or contact lenses: \$150 allowance per year
<b>Mental health services<sup>1</sup></b>			
<b>Inpatient psychiatric hospital</b>		Days 1-5: \$315/ day	Days 1-190: 30%
There is a 190-day lifetime maximum.		Days 6-190: \$0 / day	
<b>Outpatient therapy (individual and group)</b>		\$25	30%
<b>Skilled nursing facility<sup>1</sup></b>			
Up to 100 days covered per benefit period.		Days 1-20: \$0 / day	Days 1-100: 30%
		Days 21-47: \$188 / day	
		Days 48-100: \$0 / day	

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Medical benefits	Regence MedAdvantage + Rx Enhanced	
	In-network	Out-of-network
<b>Physical therapy<sup>1</sup></b> Includes occupational therapy and speech language therapy.	\$25	30%
<b>Ambulance (air/ground)<sup>1</sup></b> Copay applies for each one-way transport.	\$250	\$250
<b>Transportation</b>	Not covered	Not covered
<b>Medicare Part B drugs<sup>1</sup></b> Usually administered by a provider.	20%	30%
<b>Alternative care (Medicare-covered)</b>		
<b>Acupuncture</b> Limited to treatment of chronic low back pain.	\$20	30%
<b>Chiropractic</b> Limited to manipulation of the spine to correct a subluxation.	\$20	30%
<b>Alternative care (Additional covered)</b>		
<b>Acupuncture<sup>2</sup></b>	\$20	30%
<b>Chiropractic<sup>2</sup></b> Combined limit of 18 visits per year.	\$20	30%
<b>Massage therapy<sup>2</sup></b> Limit of 6 visits per year, up to 60 minutes per visit.	\$20	30%
<b>Naturopathy<sup>2</sup></b> Limit of 6 visits per year.	\$20	30%
<b>Annual physical exam</b> In addition to the Medicare Annual Wellness Visit.	\$0	30%
<b>Bathroom safety devices<sup>2</sup></b>	\$100 allowance every year	
<b>Durable medical equipment (DME)<sup>1</sup></b>	20%	50%
<b>Fitness program<sup>2</sup></b> Fitness program membership, home fitness kit with options such as a complimentary activity tracker, health coaching and more.	\$0	Provided exclusively through Silver&Fit
<b>Meal delivery service<sup>2</sup></b>		
<b>Chronic health</b> 2 meals per day, up to 56 days, 112-meal limit.	\$0	
<b>Post discharge</b> 2 meals per day, up to 28 days, 56-meal limit. Requires enrollment in care management program.	\$0	Provided exclusively through Mom's Meals

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Medical benefits	Regence MedAdvantage + Rx Enhanced	
	In-network	Out-of-network
<b>Palliative care and support<sup>2</sup></b> Includes care planning, pain and symptom management and counseling services for patients, caregivers and families in case of serious illness.	\$0	30%
<b>Personal emergency response system (PERS)<sup>2</sup></b> Benefit includes device and monthly monitoring services.	\$0 Provided exclusively through Lively	
<b>Podiatry services</b> <b>Medicare-covered</b> <b>Diabetic routine footcare<sup>2</sup></b> Limit of 6 visits per year.	\$25 \$0	30% 30%
<b>Virtual companionship<sup>2</sup></b> Virtual support services. Limit of 4 visits per month; up to 60 minutes per visit.	\$0 Provided exclusively through Papa, Inc.	
<b>Virtual visits (telehealth)</b> Medical and mental health services by phone or video.	\$0	30%

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## Prescription drug benefits

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

No deductible

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

Regence MedAdvantage + Rx Enhanced		
Tier 1: Preferred generic	1-month	3-month
Preferred retail	\$0	\$0
Mail order	\$0	\$0
Standard retail	\$10	\$20
Tier 2: Generic		
Preferred retail	\$8	\$16
Mail order	\$8	\$16
Standard retail	\$20	\$40
Tier 3: Preferred brand		
Select insulin drugs*	\$35	\$87.50
Preferred retail / mail order	\$40	\$100
Standard retail	\$47	\$117.50
Tier 4: Non-preferred drug		
Select insulin drugs*	\$35	\$87.50
Preferred retail / mail order	40%	40%
Standard retail	45%	45%
Tier 5: Specialty		
Preferred retail / mail order	33%	N/A
Standard retail	33%	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.

\* Covered insulins maintain the same copays through the Coverage gap you had during the Initial coverage.

## Important information about your benefits

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### 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/regence.or](https://truhearing.com/regence.or).

### 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](https://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](https://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](https://silverandfit.com).

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

### 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 **1-800-541-8981** (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](https://lively.com/regenceor).

### 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](https://mdlive.com).

### 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).

### 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.

## Covered preventive care services

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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)