



P.O. Box 1827
Medford, OR 97501-0143

Your employer offers a Regence Medicare Advantage retiree group plan. To enroll, follow these steps:

Step 1: Review eligibility requirements and plan options

To enroll, you or your Medicare-eligible dependent must qualify for your former employer's retiree plan, have Medicare parts A and B, and live in the United States or District of Columbia. See the enclosed Summary of Benefits for these plans:

- Regence MedAdvantage + Rx Primary (PPO) - **\$79 per member, per month**
- Regence MedAdvantage + Rx Classic (PPO) with Comp Dental - **\$229 per member, per month**

*You must continue to pay your Medicare Part B premium

Step 2: Complete your enrollment form

- Complete the form fillable application on your device and sign with an electronic signature or print and complete the application manually using a blue or black ink pen.

Step 3: Submit your enrollment form

- Mail: Regence MedAdvantage, PO Box 1827, Medford, OR 97501
- Fax: 1-888-335-2988 (no cover sheet required)

Questions?

Call our Regence Medicare plan advisors at 1-888-279-1346 (TTY: 711). Hours are 9 a.m. to 5 p.m., Monday through Friday. Or call your Human Resources department.

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

You can submit a marketing complaint to us by calling the phone number on the back of your member ID card or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day/7 days a week. Please reference your agent's name if applicable.



Regence MedAdvantage + Rx Primary (PPO)

Regence MedAdvantage + Rx Classic (PPO) with Comp Dental

2026 Medicare Retiree Group Summary of Benefits

January 1, 2026 – December 31, 2026

for residents of groups based in Utah

For more information

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

Prospective members call **1-888-279-1346** (TTY: 711) 8 a.m. to 5 p.m., Monday through Friday.

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).

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

What you need to know about this book

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage (EOC).

Who can join?

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).

Tips for comparing your Medicare benefits

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on www.medicare.gov.
- 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 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.

Which doctors, hospitals, and pharmacies can I use?

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.

Go to our website at regence.com/mrg to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

When reviewing the following charts, you'll see the cost differences for in-network vs. out-of-network care and services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Plan costs & limits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
Annual deductible	\$150	\$0
<p>Maximum out-of-pocket responsibility Annual limit on your out-of-pocket costs for your Medicare-covered services. This amount does not include prescription drugs.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for Medicare-covered services for the rest of the year.</p>	<p>\$6,700 for services you receive from in-network providers.</p> <p>\$10,100 for services you receive from in- and out-of-network providers combined.</p>	<p>\$6,200 for services you receive from in-network providers.</p> <p>\$10,100 for services you receive from in- and out-of-network providers combined.</p>
Medical benefits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
<p>Inpatient hospital coverage¹ Our plan covers an unlimited number of days per stay</p>	<p>In-network: Days 1-5: \$410/day Days 6+: \$0/day</p> <p>Out-of-network: Days 1+: 50%</p>	<p>In-network: Days 1-5: \$395/day Days 6+: \$0/day</p> <p>Out-of-network: Days 1+: 50%</p>
<p>Outpatient hospital services Wound care services</p>	<p>In-network: \$45 Out-of-network: 50%</p>	<p>In-network: \$35 Out-of-network: 50%</p>
<p>All other services¹</p>	<p>In-network: 20% Out-of-network: 50%</p>	<p>In-network: 15% Out-of-network: 50%</p>
<p>Observation services</p>	<p>In-network: \$400 Out-of-network: 50%</p>	<p>In-network: \$325 Out-of-network: 50%</p>
<p>Ambulatory surgery center services Wound care services</p>	<p>In-network: \$45 Out-of-network: 50%</p>	<p>In-network: \$35 Out-of-network: 50%</p>
<p>All other services¹</p>	<p>In-network: \$395 Out-of-network: 50%</p>	<p>In-network: \$375 Out-of-network: 50%</p>
<p>Doctor visits Primary care provider³ (<i>deductible waived for in-network only</i>)</p>	<p>In-network: \$0 Out-of-network: 50%</p>	<p>In-network: \$0 Out-of-network: 50%</p>
<p>Virtual primary care provider visits³ (<i>deductible waived for in-network only</i>)</p>	<p>In-network: \$0 Out-of-network: 50%</p>	<p>In-network: \$0 Out-of-network: 50%</p>

1- Services may require prior authorization. 2- Services do not apply to the out-of-pocket maximum. 3- Services do not apply to the deductible.

Medical benefits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
Specialist	In-network: \$45 Out-of-network: 50%	In-network: \$35 Out-of-network: 50%
Virtual specialist visits ³ (<i>deductible waived for in-network only</i>)	In-network: \$40 Out-of-network: 50%	In-network: \$30 Out-of-network: 50%
Preventive care³ Medicare-covered services: Abdominal aortic aneurysm screening Alcohol misuse screening and counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit Cardiovascular disease testing Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screenings Diabetes screenings HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy Obesity screenings and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screenings and counseling Tobacco use cessation counseling Vaccines (flu, pneumonia, COVID-19, Hepatitis B) Welcome to Medicare visit (one-time)	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Annual routine physical exam	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%

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Medical benefits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
Emergency care³ Your copay is waived if admitted to the hospital within 48 hours. Emergency room visit	In- and Out-of-network: \$130	In- and Out-of-network: \$130
Worldwide emergency care	In- and Out-of-network: \$130	In- and Out-of-network: \$130
Urgently needed services³ Urgent care visit	In- and Out-of-network: \$50	In- and Out-of-network: \$45
Virtual urgent care visits - through your local care center	In- and Out-of-network: \$0	In- and Out-of-network: \$0
Virtual urgent care visits - through our virtual care provider Doctor On Demand	In-network only: \$0	In-network only: \$0
Worldwide urgent care visit	In- and Out-of-network: \$130	In- and Out-of-network: \$130
Diagnostic services/labs/imaging HbA1C testing ³	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Lab services ¹	In-network: \$25 Out-of-network: 50%	In-network: \$10 Out-of-network: 50%
Outpatient x-rays	In-network: \$20 Out-of-network: 50%	In-network: \$10 Out-of-network: 50%
Diagnostic tests and procedures ¹	In-network: \$25 Out-of-network: 50%	In-network: \$10 Out-of-network: 50%
Diagnostic mammography ³	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Diagnostic radiology (MRI, CT, etc.) ¹	In-network: \$300 Out-of-network: 50%	In-network: \$250 Out-of-network: 50%
Hearing services Exam to diagnose and treat hearing and balance issues	In-network: \$45 Out-of-network: 50%	In-network: \$35 Out-of-network: 50%
Routine hearing exam ^{2,3} - 1 per calendar year, in-network services provided by TruHearing	In-network: \$0 Out-of-network: \$150	In-network: \$0 Out-of-network: \$150
Hearing aids ^{2,3} - 1 per ear per calendar year, aids must be provided by TruHearing	In-network only: \$499, \$699, or \$999 per aid	In-network only: \$499, \$699, or \$999 per aid

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Medical benefits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
Dental services Medicare-covered services	In-network: \$45 Out-of-network: 50%	In-network: \$35 Out-of-network: 50%
Preventive services ^{2,3} (Class I) Oral evaluations, 2 per calendar year Prophylaxis (routine cleaning or periodontal maintenance), 2 per calendar year, any combination Bitewing x-rays, 1 set per calendar year Full mouth (FMX) or panoramic x-ray, 1 every 36 months Fluoride, 1 per calendar year	Not covered	In-network: \$0 Out-of-network: 50%
Basic (Class II) and Major (Class III) comprehensive dental services are covered up to a combined benefit maximum every calendar year	Not covered	\$1,000
Basic comprehensive services ^{2,3} (Class II) Periodontal scaling and root planing services, 1 each quad every 24 months Restorative fillings, 2 per calendar year Restorative crowns, 1 per calendar year and once per tooth every 5 years	Not covered	In-network: 50% Out-of-network: 50%
Major comprehensive services ^{2,3} (Class III) Dentures (full or partial, new), 1 every 5 years Endodontics (root canals), 1 per calendar year Extractions (including local anesthesia), 2 per calendar year Periodontal full mouth debridement, 1 every 3 years	Not covered	In-network: 50% Out-of-network: 50%
Vision services Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%

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Medical benefits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
Routine eye exam ^{2,3} - 1 per calendar year, in-network services provided by VSP	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Routine eyewear ^{2,3} - in-network services provided by VSP Lenses - standard basic single-vision, lined bifocal, lined trifocal or lenticular are covered Frames or contacts - allowance for in- or out-of-network every calendar year	In-network: \$0 Out-of-network: 50% In- and Out-of-network: \$100	In-network: \$0 Out-of-network: 50% In- and Out-of-network: \$100
Mental health services		
Inpatient psychiatric hospital ¹ - 190-day lifetime maximum	In-network: Days 1-5: \$410/day Days 6-190: \$0/day Out-of-network: Days 1-190: 50%	In-network: Days 1-5: \$395/day Days 6-190: \$0/day Out-of-network: Days 1-190: 50%
Outpatient mental health ¹ - individual or group	In-network: \$35 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%
Virtual mental health visits - through your provider	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Virtual mental health visits ³ - through our virtual care provider Doctor On Demand	In-network only: \$0	In-network only: \$0
Skilled nursing facility¹ Up to 100 days covered per benefit period	In-network: Days 1-20: \$10/day Days 21-50: \$218/day Days 51-100: \$0/day Out-of-network: Days 1-100: 50%	In-network: Days 1-20: \$10/day Days 21-48: \$218/day Days 49-100: \$0/day Out-of-network: Days 1-100: 50%
Outpatient rehabilitation services¹		
Occupational therapy	In-network: \$45 Out-of-network: 50%	In-network: \$30 Out-of-network: 50%
Physical and speech language therapy	In-network: \$45 Out-of-network: 50%	In-network: \$30 Out-of-network: 50%
Virtual outpatient rehabilitation	In-network: \$45 Out-of-network: 50%	In-network: \$30 Out-of-network: 50%

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Medical benefits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
Ambulance Copay per each one-way Medicare-covered transport		
Ground ambulance	In- and Out-of-network: \$300	In- and Out-of-network: \$275
Air ambulance ¹	In- and Out-of-network: \$300	In- and Out-of-network: \$275
Worldwide ground or air ambulance ¹	In- and Out-of-network: \$300	In- and Out-of-network: \$275
Transportation	Not covered	Not covered
Medicare Part B drugs^{1,3} (<i>deductible waived for in-network only</i>)		
Chemotherapy drugs	In-network: 0%-20% (depending on the drug) Out-of-network: 50%	In-network: 0%-20% (depending on the drug) Out-of-network: 50%
Other Part B drugs	In-network: 0%-20% (depending on the drug) Out-of-network: 50%	In-network: 0%-20% (depending on the drug) Out-of-network: 50%
Part B insulin	In-network: 20% up to \$35 Out-of-network: 50%	In-network: 20% up to \$35 Out-of-network: 50%
Acupuncture Medicare-covered services only - limited to treatment of chronic low back pain	In-network: \$20 Out-of-network: 50%	In-network: \$20 Out-of-network: 50%
Chiropractic Medicare-covered services only - limited to manipulation of the spine to correct a subluxation	In-network: \$15 Out-of-network: 50%	In-network: \$15 Out-of-network: 50%
Diabetic services³ Diabetic monitoring supplies - in-network supplies limited to Ascensia Contour or Abbott FreeStyle at a retail pharmacy	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Continuous glucose monitor (CGM) and supplies - in-network limited to Dexcom or Abbott FreeStyle Libre	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Diabetes self-management training	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%

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Medical benefits	Regence MedAdvantage + Rx Primary	Regence MedAdvantage + Rx Classic with Comp Dental
Lancets, lancet devices, therapeutic shoes, and inserts	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Diabetic routine footcare ² - 6 visits per calendar year	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Medicare diabetes prevention program (MDPP)	In- and Out-of-network: \$0	In- and Out-of-network: \$0
Fitness program^{2,3} Fitness membership through the Silver&Fit program	In-network only: \$0	In-network only: \$0
Home health agency care¹	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Medical equipment and supplies¹ Durable medical equipment	In-network: 20% Out-of-network: 50%	In-network: 20% Out-of-network: 50%
Prosthetics and medical supplies	In-network: 20% Out-of-network: 50%	In-network: 20% Out-of-network: 50%
Outpatient substance use disorder services¹ Individual or group	In-network: \$35 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%
Over the counter (OTC) items and home and bathroom safety devices (Blue FlexDollars™)^{2,3} Allowance loaded to a pre-paid benefit card every calendar quarter. Allowance does not roll-over.	Not covered	\$20

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Prescription drugs

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you.

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 31-day supply.

Annual prescription (Part D) deductible stage (The amount you pay before we pay our share. Deductible does not apply to Tiers 1 & 2, Tier 3 & 4 insulins, and most vaccines for any plan)

Regence MedAdvantage + Rx Primary: **\$500** (Tiers 3, 4, and 5)

Regence MedAdvantage + Rx Classic with Comp Dental: **\$300** (Tiers 3, 4, and 5)

Initial coverage stage (the amount you pay until you have paid \$2,100 for covered drugs)

	Regence MedAdvantage + Rx Primary		Regence MedAdvantage + Rx Classic with Comp Dental	
	30-day	Up to 100 days	30-day	Up to 100 days
Tier 1: Preferred generic				
Preferred retail / Preferred mail order	\$0	\$0	\$0	\$0
Standard retail / Standard mail order	\$3	\$6	\$3	\$6
Tier 2: Generic				
Preferred retail / Preferred mail order	\$5	\$10 / \$0	\$5	\$10 / \$0
Standard retail / Standard mail order	\$10	\$20	\$10	\$20
Tier 3: Preferred brand				
Preferred retail / Preferred mail order	22%	22%	20%	20%
Standard retail / Standard mail order	25%	25%	23%	23%
Tier 4: Non-preferred drug				
Preferred retail / Preferred mail order	40%	40%	40%	40%
Standard retail / Standard mail order	43%	43%	43%	43%
Tier 5: Specialty				
Preferred retail / Preferred mail order	27%	N/A	29%	N/A
Standard retail / Standard mail order	27%	N/A	29%	N/A

Catastrophic coverage stage

After your yearly out-of-pocket drug costs (deductible and Initial coverage stage cost sharing) reach \$2,100, you pay nothing.

Insulin

You won't pay more than \$35 for a 30-day supply or \$105 for a 100-day supply for covered insulin products regardless of the cost-sharing tier, even if you haven't paid your deductible.

Part D vaccine

Our plan covers most adult Part D vaccines at no cost to you, even if you haven't paid your deductible.

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.
- Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- Benefits, premiums and/or copayments/ coinsurance may change on January 1, 2027.
- 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.

Disclaimers

Regence BlueCross BlueShield of Utah 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.

Out-of-network/noncontracted providers are under no obligation to treat Plan 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.

You can submit a marketing complaint to us by calling the phone number on the back of your member ID card or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day/ 7 days a week. Please reference your agent's name if applicable.

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).

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.

Doctor On Demand is a separate company that provides telehealth 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.

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 less favorably because of race, color, national origin, age, disability, or sex.

Regence:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:

- Qualified interpreters
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Civil Rights Coordinator.

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. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Customer Service

Civil Rights Coordinator
PO Box 1106
Lewiston, ID 83501-1106
Phone: 1-888-344-6347, (TTY: 711)
Fax: 1-888-309-8784
Email: CS@regence.com

Medicare Customer Service

Phone: 1-800-541-8981 (TTY: 711)
Email: medicareappeals@regence.com

VSP Customer Service

Phone: 1-844-299-3041
TTY: 1-800-428-4833

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, D.C. 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, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ 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፤ የሚከተለው 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 नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटिवाइ: 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)

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີຮ່ວມໃຫ້ທ່ານ. 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 فاذاكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)



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

Regence BlueCross BlueShield of Utah 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: **Salt Lake Community College Retirees**

Please check which plan you want to enroll in: <input type="checkbox"/> Regence MedAdvantage + Rx Primary (PPO) <input checked="" type="checkbox"/> Regence MedAdvantage + Rx Classic w/ Comp Dental (PPO)	Requested Effective Date: MM — DD — YYYY
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LAST Name	FIRST Name	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birthdate: (mm/dd/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number	Medicare Number (Required)

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

City	State	ZIP Code
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Mailing Address (only if different from your Permanent Residence Address):
Street Address:

City	State	ZIP Code
------	-------	----------

Emergency Contact:	Phone Number:	Relationship to You:
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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 SLCC

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.

Employer or Trust
Name SLCC

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: _____

Employer or Trust
Name SLCC

Please read and sign on page 5

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

Regence BlueCross BlueShield of Utah 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 SLCC

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 SLCC

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Regence BlueCross BlueShield of Utah - H4605

For 2026, Regence BlueCross BlueShield of Utah - H4605 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.

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 Utah 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain 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. Mountain time. Current members please call 888-319-8904 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

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