Regence

MEDICARE RETIREE GROUP PLANS

REGENCE MEDADVANTAGE + RX PRIMARY (PPO)

REGENCE MEDADVANTAGE + RX CLASSIC (PPO) W/COMP DENTAL

2021 Summary of Benefits

for Salt Lake Community College

Salt Lake Community College

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 Primary (PPO)**	
Annual deductible Medical	$0	
Prescription	$0 (Tiers 1,2) $200 (Tiers 3,4,5)	
Maximum out-of-pocket responsibility	$5,900 in-network $10,000 combined in- and out-of-network	
	In-network	**Out-of-network**
Inpatient hospital coverage[1]	Days 1-4: $400 / day Days 5+: $0 / day	Days 1+: 50%
Ambulatory surgery center services[1] For wound care	$45	50%
For all other services	$300	50%
Outpatient hospital services[1] For wound care	$45	50%
For observation	$90	50%
For all other services	$350	50%
Doctor visits Primary care provider	$5	50%
Specialist	$45	50%
Preventive care	$0	50%
Emergency care	$90	$90
Urgently needed services	$45	$45

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, 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). See other important plan information on page 12.

Regence **MedAdvantage + Rx Classic (PPO) w/Comp Dental**		**What you should know**
$0		Amount you pay for health care services before your health plan begins to pay. Deductible amounts reset every calendar year on January 1.
$0 (Tiers 1,2) $150 (Tiers 3,4,5)		
$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**	
Days 1-4: $350 / day Days 5+: $0 / day	Days 1+: 50%	There is no limit/maximum to number of days.
$40	50%	
$225	50%	
$40	50%	
$90	50%	
$300	50%	
$0	50%	
$40	50%	
$0	50%	Cost-sharing may apply if you receive other services during your preventive care visit.
$90	$90	Copay waived if admitted to the hospital within 48 hours.
$40	$40	

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

	Regence **MedAdvantage + Rx Primary (PPO)**	
	In-network	**Out-of-network**
Diagnostic services/labs/imaging		
Lab services[1]	$0 - $20	50%
Outpatient X-rays	$20	50%
Diagnostic tests and procedures[1]	$20	50%
Diagnostic radiology (MRI, CT, etc.)[1]	20%	50%
Hearing services		
Medical hearing exam	$45	50%
Routine hearing exam[2]	$0	$150
Hearing aids (1 per ear, per year)[2]	$699 or $999 per aid	Not covered
Dental services		
Medical dental services	$45	50%
Preventive dental services[2]	$0	50%
Comprehensive dental services - diagnostic[2]	$0	50%
Comprehensive dental services - restorative[2]	Not covered	Not covered
Vision services		
Medical vision services	$0	50%
Routine vision exam[2]	$0	50%
Routine vision hardware[2]	Lenses: $0 Frames or contact lenses: $100 allowance per year	Lenses: 50% Frames or contact lenses: $100 allowance per year

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

Regence **MedAdvantage + Rx Classic (PPO) w/Comp Dental**		**What you should know**
In-network	**Out-of-network**	
$0 - $10	50%	Lower copay amount applies to HbA1C testing; higher copay applies to all other lab services.
$10	50%	
$10	50%	
20%	50%	
$40	50%	
$0	$150	Routine hearing services provided by TruHearing® for in-network coverage. Hearing aids covered only if obtained from TruHearing.
$699 or $999 per aid	Not covered	
$40	50%	
$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.
$0	50%	Covers diagnostic exams and intraoral-periapical X-rays two times per calendar year.
50%; $1,000 benefit limit per calendar year	50%; $1,000 benefit limit per calendar year	Covers crowns, dentures, partials, bridges, implants, restorations, endodontics, periodontics and oral surgery.
$0	50%	
$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.
Lenses: $0 Frames or contact lenses: $100 allowance per year	Lenses: 50% Frames or contact lenses: $100 allowance per year	

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

	Regence **MedAdvantage + Rx Primary (PPO)**	
	In-network	**Out-of-network**
Mental health services[1] Inpatient	Days 1-4: $400 / day Days 5-190: $0 / day	Days 1-190: 50%
Outpatient therapy (individual and group)	$40	50%
Skilled nursing facility[1]	Days 1-20: $0 / day Days 21-100: $167 / day	Days 1-100: 50%
Physical therapy[1]	$30	50%
Ambulance (air/ground)[1]	$275	$275
Transportation	Not covered	Not covered
Medicare Part B drugs[1]	20%	50%
Alternative care Acupuncture (Medicare-covered)	$20	50%
Chiropractic (Medicare-covered)	$20	50%
Chiropractic (additional)[2]	$20	50%
Annual physical exam	$0	50%
Fitness program (Silver&Fit®)[2]	$0	Not covered
Meal delivery service[2] Chronic health status	$0	Not covered
Post-discharge	$0	Not covered

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

Regence **MedAdvantage + Rx Classic (PPO) w/Comp Dental**		**What you should know**
In-network	**Out-of-network**	
Days 1-4: $350 / day Days 5-190: $0 / day	Days 1-190: 50%	There is a 190-day lifetime maximum.
$40	50%	
Days 1-20: $0 / day Days 21-100: $160 / day	Days 1-100: 50%	Up to 100 days covered per benefit period.
$25	50%	Includes occupational therapy and speech language therapy.
$275	$275	Copay applies for each one-way transport.
Not covered	Not covered	
20%	50%	Usually administered in a hospital setting, like chemotherapy drugs.
$20	50%	Limited to treatment of chronic low back pain.
$20	50%	Limited to manipulation of the spine to correct a subluxation.
$20	50%	Up to 18 visits (for Primary plan) or 24 visits (for Classic plan) per year.
$0	50%	In addition to the Medicare Annual Wellness Visit.
$0	Not covered	Fitness center membership, home fitness options including a complimentary Fitbit, weekly health coaching and more.
$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.
$0	Not covered	

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

	Regence **MedAdvantage + Rx Primary (PPO)**	
	In-network	**Out-of-network**
Palliative care and support[2]	$0	50%
Personal emergency response system (PERS)[2]	$0	Not covered
Podiatry services Medicare-covered	$45	50%
Diabetic routine foot care[2]	$0	50%
Virtual companionship[2]	$0	Not covered
Virtual visits (telehealth)	$5	50%

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

Regence **MedAdvantage + Rx Classic (PPO) w/Comp Dental**		**What you should know**
In-network	**Out-of-network**	
$0	50%	Includes care planning, pain/symptom management and counseling services for patients, caregivers and families in case of serious illness.
$0	Not covered	Benefit includes device and monthly monitoring services.
$40	50%	
$0	50%	Limit of 6 visits per year.
$0	Not covered	Virtual support services by phone. Limit of 4 visits per month; up to 60 minutes per visit.
$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 Primary (PPO)**		Regence **MedAdvantage + Rx Classic (PPO) w/Comp Dental**	
Prescription deductible	$0 (Tiers 1,2) $200 (Tiers 3,4,5)		$0 (Tiers 1,2) $150 (Tiers 3,4,5)	
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**	**1-month**	**3-month**
Preferred retail Mail order Standard retail	$3 $0 $10	$0 $0 $20	$3 $0 $10	$0 $0 $20
Tier 2: Generic				
Preferred retail / mail order Standard retail	$13 $20	$26 $40	$13 $20	$26 $40
Tier 3: Preferred brand				
Preferred retail / mail order Standard retail	$40 $47	$100 $117.50	$40 $47	$100 $117.50
Tier 4: Non-preferred drug				
Preferred retail / mail order Standard retail	40% 45%	40% 45%	40% 45%	40% 45%
Tier 5: Specialty				
Preferred retail / mail order Standard retail	29% 29%	N/A N/A	30% 30%	N/A 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%			

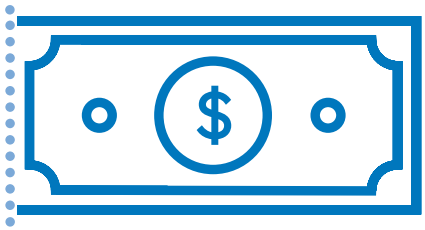
You may pay more than your copay or coinsurance amount if you get drugs from an out-of-network pharmacy. Long-term care facility residents pay the same as at a standard retail pharmacy and are limited to a one-month supply (three-month supply is not available). Cost-sharing may change if you qualify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

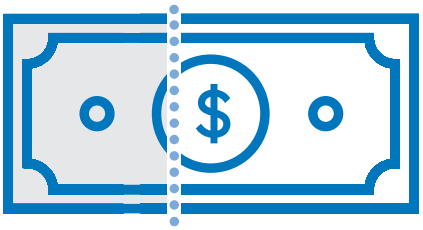


Pay the plan's prescription deductible ($0 for Tiers 1 and 2)

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.

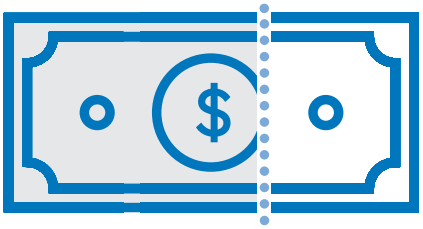


Pay a copay or coinsurance until prescription costs reach $4,130

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

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/RegenceUT**.

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.

01012018.04PF12LNoticeNDMARegence

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'dęę', t'áá jiik'eh, éí ná hóló, kojį' 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៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល 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 ሊያግዝዎት ተዘጋጀተዋል፤ 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 (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)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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 به 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 فاذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم TTY: 711)

01012018.04PF12LNoticeNDMARegence

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

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

REG-315395-20/10-UTPCCD-SLCC

H4605_SLCCUTPCCDPPO21SB