



Regence MedAdvantage + Rx Enhanced (PPO) offered by Regence BlueCross BlueShield of Oregon

Medicare Retiree Group Annual Notice of Changes for 2020

You are currently enrolled as a member of Regence MedAdvantage + Rx Enhanced. Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

- **You may make changes to your Medicare coverage for next year during your Annual Enrollment Period.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 1 and 2 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2020 Drug List and look in Section 1.6 for information about changes to our drug coverage.

- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 1.3 for information about our Provider Directory.

Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 3.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE: Decide whether** you want to change your plan

- If you want to **keep** the Regence MedAdvantage + Rx Enhanced Medicare Retiree Group plan, you don’t need to do anything. You will stay in Regence MedAdvantage + Rx Enhanced.

- To change to a **different plan** that may better meet your needs:
 - you can switch to a non-group plan at any time.
 - If your group offers multiple plans, you may change to one of those plans during your group's Annual Enrollment Period.

4. ENROLL: To change plans, you can join a non-group plan or **change between group-offered plans during your group's Annual Enrollment Period.**

- If you **don't join another plan** you will stay in Regence MedAdvantage + Rx Enhanced.
- If you join another plan, your new coverage will start on January 1, 2020 or the first of the month after you send in your enrollment form.

Additional Resources

- Please contact our Customer Service number at 1-888-319-8904 for additional information. (TTY users should call 711). Our hours are 8 a.m. to 8 p.m., Monday through Friday. From October 1 through March 31, our telephone hours are 8 a.m. to 8 p.m., seven days a week. Live online chat assistance is also available from 8 a.m. to 5 p.m., Monday through Friday. To access online chat, log in at regence.com/medicare and click the Contact Us link.
- This document is available in an electronic format and may be available in other formats.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About Regence MedAdvantage + Rx Enhanced

- Regence is an HMO/PPO/PDP plan with a Medicare contract. Enrollment in Regence depends on contract renewal.
 - When this booklet says "we," "us," or "our," it means Regence BlueCross BlueShield of Oregon. When it says "plan" or "our plan," it means Regence MedAdvantage + Rx Enhanced.
 - Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association.
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Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Regence MedAdvantage + Rx Enhanced in several important areas. **Please note this is only a summary of changes.** A copy of the Evidence of Coverage is located at the website address provided in the “Important Member Notice” included with your Annual Notice of Change (ANOC). You may also call Customer Service to ask us to mail you an Evidence of Coverage.

	2019 (this year)	2020 (next year)
<p>Monthly plan premium*</p> <p>*Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	Please contact your benefits/trust office for premium rate information	Please contact your benefits/trust office for premium rate information
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$5,000</p> <p>From in-network and out-of-network providers combined: \$8,300</p>	<p>From network providers: \$5,000</p> <p>From in-network and out-of-network providers combined: \$8,300</p>
<p>Doctor office visits</p>	<p>In-network:</p> <p><u>Primary care visits:</u> You pay a \$5 copay per provider per day</p> <p><u>Specialist visits:</u> You pay a \$25 copay per provider per day</p> <p>Out-of-network:</p> <p><u>Primary care visits:</u> You pay 50 % of the allowed amount</p> <p><u>Specialist visits:</u> You pay 50% of the allowed amount</p>	<p>In-network:</p> <p><u>Primary care visits:</u> You pay a \$0 copay per provider per day</p> <p><u>Specialist visits:</u> You pay a \$25 copay per provider per day</p> <p>Out-of-network:</p> <p><u>Primary care visits:</u> You pay 50% of the allowed amount</p> <p><u>Specialist visits:</u> You pay 50% of the allowed amount</p>

	2019 (this year)	2020 (next year)
<p>Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</p>	<p>In-network: You pay a \$315 copay per day for days 1 – 5</p> <p>You pay a \$0 copay per day for days 6 and beyond</p> <p>Out-of-network: You pay 50% of the allowed amount</p>	<p>In-network: You pay a \$315 copay per day for days 1 – 5</p> <p>You pay a \$0 copay per day for days 6 and beyond</p> <p>Out-of-network: You pay 50% of the allowed amount</p>
<p>Part D prescription drug coverage (See Section 1.6 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$10 at a standard retail pharmacy/\$3 at a preferred retail pharmacy • Drug Tier 2: \$15 at a standard retail pharmacy/\$8 at a preferred retail pharmacy • Drug Tier 3: \$47 at a standard retail pharmacy/\$40 at a preferred retail pharmacy • Drug Tier 4: 45% at a standard retail pharmacy/40% at a preferred retail pharmacy • Drug Tier 5: 33% at a standard or preferred retail pharmacy 	<p>Deductible: \$0</p> <p>Copayment or Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: \$10 at a standard retail pharmacy/\$3 at a preferred retail pharmacy • Drug Tier 2: \$15 at a standard retail pharmacy/\$8 at a preferred retail pharmacy • Drug Tier 3: \$47 at a standard retail pharmacy/\$40 at a preferred retail pharmacy • Drug Tier 4: 45% at a standard retail pharmacy/40% at a preferred retail pharmacy • Drug Tier 5: 33% at a standard or preferred retail pharmacy

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

	2019 (this year)	2020 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	Please contact your benefits/trust office for premium rate information	Please contact your benefits/trust office for premium rate information

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

	2019 (this year)	2020 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services such as copays from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium (if you pay one) and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$5,000	There is no change to this out-of-pocket maximum for 2020

	2019 (this year)	2020 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services such as copays from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium (if you pay one) and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$8,300	There is no change to this out-of-pocket maximum for 2020

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at regence.com/medicare. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2020 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at regence.com/medicare. You may also call Customer Service for updated pharmacy information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Pharmacy Directory to see which pharmacies are in our network.**

Section 1.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2020 Evidence of Coverage*.

Benefit	2019 (this year)	2020 (next year)
Acupuncture	<p>In-network: You pay a \$20 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to <u>18</u> total visits combined with Additional chiropractic and Naturopathy benefits per calendar year</p>	<p>In-network: You pay a \$20 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to <u>24</u> total visits combined with Additional chiropractic and Naturopathy benefits per calendar year</p>
Additional telehealth services (includes individual sessions for Mental health and Psychiatric services and Opioid treatment services)	Not covered	<p>In-network: You pay a \$0 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p>

Benefit	2019 (this year)	2020 (next year)
<p>Chiropractic services – Additional chiropractic</p>	<p>In-network: You pay a \$20 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to <u>18</u> total visits combined with Acupuncture and Naturopathy benefits per calendar year</p>	<p>In-network: You pay a \$20 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to <u>24</u> total visits combined with Acupuncture and Naturopathy benefits per calendar year</p>
<p>Meal delivery services– Mom’s meals</p>	<p>Not covered</p>	<p>In- and out-of-network: You pay a \$0 copay per meal</p> <p>2 meals per day, up to 56 meals per episode</p> <p>The Mom’s Meals program must be used to receive this benefit</p>
<p>Naturopathy</p>	<p>In-network: You pay a \$20 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to <u>18</u> total visits combined with Acupuncture and Additional chiropractic benefits per calendar year</p>	<p>In-network: You pay a \$20 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to <u>24</u> total visits combined with Acupuncture and Additional chiropractic benefits per calendar year</p>
<p>Occupational therapy services</p>	<p>In-network: You pay a \$25 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p>	<p>In-network: You pay a \$20 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p>

Benefit	2019 (this year)	2020 (next year)
<p>Opioid treatment program services</p>	<p>Not covered</p>	<p>In-network: You pay a \$0 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p>
<p>Outpatient hospital observation services</p>	<p>In-network: You pay a \$250 copay per visit for observation services</p> <p>Out-of-network: You pay 50% of the allowed amount</p>	<p>In-network: You pay a \$90 copay per visit for observation services</p> <p>Out-of-network: You pay 50% of the allowed amount</p>
<p>Outpatient rehabilitation services (includes physical therapy and speech language therapy)</p>	<p>In-network: You pay a \$25 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p>	<p>In-network: You pay a \$20 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p>
<p>Physician/Practitioner services – Primary care provider</p>	<p>In-network: You pay a \$5 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p>	<p>In-network: You pay a \$0 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p>

Benefit	2019 (this year)	2020 (next year)
Podiatry services – Routine podiatry services	Not covered	<p>In-network: You pay a \$0 copay per provider per day</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to 6 visits total per calendar year when the criterion is met</p>
Therapeutic massage	Not covered	<p>In-network: You pay a \$20 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p> <p>Limited to 6 visits total per calendar year</p>
Virtual visits (Telehealth)	<p>In-network: You pay a \$5 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p>	<p>In-network: You pay a \$0 copay per visit</p> <p>Out-of-network: You pay 50% of the allowed amount</p>

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you currently have an approved formulary exception your coverage will continue into the new plan year until the end date specified in your approval notification letter. You will have to submit a new exception request for continued coverage after the end date specified in the letter. If the approval letter did not clearly identify the end date of the approved formulary exception, you are not required to submit a new exception request unless we notify you. Non-formulary drug exceptions are covered at the Tier 4 (non-preferred drug) tier.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2020, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven’t received this insert by September 30th, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located at the website address provided in the “Important Member Notice” included with your ANOC. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you	Because we have no deductible, this payment stage does not apply to you

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2019 (this year)	2020 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 – Preferred Generic: <i>Standard cost-sharing:</i> You pay \$10 per prescription <i>Preferred cost-sharing:</i> You pay \$3 per prescription</p> <p>Tier 2 – Generic: <i>Standard cost-sharing:</i> You pay \$15 per prescription <i>Preferred cost-sharing:</i> You pay \$8 per prescription</p> <p>Tier 3 – Preferred Brand: <i>Standard cost-sharing:</i> You pay \$47 per prescription <i>Preferred cost-sharing:</i> You pay \$40 per prescription</p> <p>Tier 4 – Non-Preferred Drugs: <i>Standard cost-sharing:</i> You pay 45% per prescription <i>Preferred cost-sharing:</i> You pay 40% per prescription</p> <p>Tier 5 – Specialty: <i>Standard cost-sharing:</i> You pay 33% per prescription <i>Preferred cost-sharing:</i> You pay 33% per prescription</p> <hr/> <p>Once your total drug costs have reached \$3,820 you will move to the next stage (the Coverage Gap Stage)</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 – Preferred Generic: <i>Standard cost-sharing:</i> You pay \$10 per prescription <i>Preferred cost-sharing:</i> You pay \$3 per prescription</p> <p>Tier 2 – Generic: <i>Standard cost-sharing:</i> You pay \$15 per prescription <i>Preferred cost-sharing:</i> You pay \$8 per prescription</p> <p>Tier 3 – Preferred Brand: <i>Standard cost-sharing:</i> You pay \$47 per prescription <i>Preferred cost-sharing:</i> You pay \$40 per prescription</p> <p>Tier 4 – Non-Preferred Drugs: <i>Standard cost-sharing:</i> You pay 45% per prescription <i>Preferred cost-sharing:</i> You pay 40% per prescription</p> <p>Tier 5 – Specialty: <i>Standard cost-sharing:</i> You pay 33% per prescription <i>Preferred cost-sharing:</i> You pay 33% per prescription</p> <hr/> <p>Once your total drug costs have reached \$4,020 you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Process	2019 (this year)	2020 (next year)
Mailing address for pharmacy complaints	Prime Therapeutics LLC Attn: Medicare Appeals Dept. 10826 Farnam Drive Omaha, NE 68154	Prime Therapeutics LLC Attn: Medicare Appeals Dept. 10802 Farnam Drive Omaha, NE 68154
Mailing address for premium payments	Regence BlueCross BlueShield of Oregon P.O. Box 2579 Portland, OR 97208-2597	Regence BlueCross BlueShield of Oregon PO Box 741323 Los Angeles, CA 90074-1323
Prescription day supply	90-day supply for standard and preferred retail and mail-order pharmacies	100-day supply for standard and preferred retail and mail-order pharmacies
Preventive dental services	Topical fluoride is covered for age 17 and under only Full mouth x-ray is covered once every 3 calendar years	Topical fluoride is covered for all ages, limited to 2 applications per calendar year Full mouth x-ray is covered once every 36 months
Prostate cancer screening exam	Covered once every 12 months	Covered once every calendar year
Quality Improvement Organization administrator	Livanta LLC 10820 Guilford Road, Ste 202 Annapolis Junction, MD 20701-1105 communications@Livanta.com Call 1-877-588-1123 TTY 1-855-887-6668 www.BFCCQIOAREA5.com	KEPRO 5700 Lombardo Center Dr., Suite 100 Seven Hills, OH 44131 Call 1-888-305-6759 Fax 1-833-868-4064 TTY 855-843-4776 www.keproqio.com
Virtual diabetes prevention program	Program benefits supplied through Retrofit	Program benefits supplied through Livongo

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Regence MedAdvantage + Rx Enhanced

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare during the Annual Enrollment Period, you will automatically stay enrolled as a member of our plan for 2020.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Regence BlueCross BlueShield of Oregon offers other Medicare health plans and/or Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a **different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Regence MedAdvantage + Rx Enhanced.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Regence MedAdvantage + Rx Enhanced.
- To **change to Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
- – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it during the **Annual Enrollment Period**. The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

- In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA)
- In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA)

The State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans.

In Oregon, you can call SHIBA at 1-800-722-4134. You can learn more about SHIBA by visiting their website (<https://healthcare.oregon.gov/shiba/Pages/index.aspx>).

In Washington, you can call SHIBA at 1-800-562-6900. You can learn more about SHIBA by visiting their website at (<https://www.insurance.wa.gov/statewide-health-insurance-benefits-advisors-shiba>).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance.
 - In Oregon, ADAP is through the CAREAssist Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-805-2313
 - In Washington, ADAP is through the Early Intervention Program (EIP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-877-376-9316.

SECTION 7 Questions?

Section 7.1 – Getting Help from Regence MedAdvantage + Rx Enhanced

Questions? We’re here to help. Please call Customer Service at 1-888-319-8904. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., Monday through Friday. From October 1 through March 31, our telephone hours are 8 a.m. to 8 p.m., seven days a week. Calls to these

numbers are free. Live online chat assistance is also available from 8 a.m. to 5 p.m., Monday through Friday. To access online chat, log in at regence.com/medicare and click the Contact Us link.

Read your 2020 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the *2020 Evidence of Coverage* for Regence MedAdvantage + Rx Enhanced. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located at the website address provided in the “Important Member Notice” included with your ANOC. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at regence.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2020*

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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.

NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Regence:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

Medicare Customer Service

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

Customer Service for all other plans

1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

Medicare Customer Service

Civil Rights Coordinator
MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355, (TTY: 711)
Fax: 1-888-309-8784
medicareappeals@regence.com

Customer Service for all other plans

Civil Rights Coordinator
MS CS B32B, P.O. Box 1271
Portland, OR 97207-1271
1-888-344-6347, (TTY: 711)
CS@regence.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínizin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' 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, សេវាជំនួយភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਪਿਆਨ 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 ሊያገዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)::

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिटावाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

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

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

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

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