



Regence MedAdvantage + Rx Classic (PPO)

Regence MedAdvantage + Rx Enhanced (PPO)

Regence MedAdvantage + Rx Enhanced Plus Opt 2 (PPO)

2026 Medicare Retiree Group Summary of Benefits

January 1, 2026 – December 31, 2026

for the Association of Washington Cities (AWC)

For more information

Visit our website at **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 Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
Annual deductible	\$0	\$0	\$0
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. 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.	\$6,200 for services you receive from in-network providers. \$10,100 for services you receive from in- and out-of-network providers combined.	\$5,500 for services you receive from in-network providers. \$9,550 for services you receive from in- and out-of-network providers combined.	\$2,800 for services you receive from In- and Out-of-network providers combined.
Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
Inpatient hospital coverage¹ Our plan covers an unlimited number of days per stay	In-network: Days 1-5: \$395/day Days 6+: \$0/day Out-of-network: Days 1+: 50%	In-network: Days 1-5: \$325/day Days 6+: \$0/day Out-of-network: Days 1+: 50%	In-network: Days 1-6: \$150/day Days 7+: \$0/day Out-of-network: Days 1-6: \$250/day Days 7+: \$0/day
Outpatient hospital services			
Wound care services	In-network: \$35 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
All other services ¹	In-network: 15% Out-of-network: 50%	In-network: 15% Out-of-network: 50%	In-network: \$100 Out-of-network: \$200
Observation services	In-network: \$325 Out-of-network: 50%	In-network: \$275 Out-of-network: 50%	In-network: \$75 Out-of-network: \$150
Ambulatory surgery center services			
Wound care services	In-network: \$35 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
All other services ¹	In-network: \$375 Out-of-network: 50%	In-network: \$300 Out-of-network: 50%	In-network: \$100 Out-of-network: \$200
Doctor visits			
Primary care provider	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In-network: \$10 Out-of-network: \$30

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

Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
Virtual primary care provider visits	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In-network: \$10 Out-of-network: \$30
Specialist	In-network: \$35 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
Virtual specialist visits	In-network: \$30 Out-of-network: 50%	In-network: \$20 Out-of-network: 50%	In- and Out-of-network: \$25
Preventive care			
Medicare-covered services:			
Abdominal aortic aneurysm screening	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$0
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			

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Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
Tobacco use cessation counseling Vaccines (flu, pneumonia, COVID-19, Hepatitis B) Welcome to Medicare visit (one-time)			
Annual routine physical exam	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$0
Emergency care 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 In- and Out-of-network: \$75
Worldwide emergency care	In- and Out-of-network: \$130	In- and Out-of-network: \$130	In- and Out-of-network: \$75
Urgently needed services Urgent care visit	In- and Out-of-network: \$45	In- and Out-of-network: \$30	In- and Out-of-network: \$30
Virtual urgent care visits - through your local care center	In- and Out-of-network: \$0	In- and Out-of-network: \$0	In- and Out-of-network: \$10
Virtual urgent care visits - through our virtual care provider Doctor On Demand	In-network only: \$0	In-network only: \$0	In-network only: \$10
Worldwide urgent care visit	In- and Out-of-network: \$130	In- and Out-of-network: \$130	In- and Out-of-network: \$75
Diagnostic services/labs/imaging HbA1C testing	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$0
Lab services ¹	In-network: \$10 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$15
Outpatient x-rays	In-network: \$10 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$15
Diagnostic tests and procedures ¹	In-network: \$10 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$15

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Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
Diagnostic mammography	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In-network: 0% Out-of-network: 30%
Diagnostic radiology (MRI, CT, etc.) ¹	In-network: \$250 Out-of-network: 50%	In-network: \$225 Out-of-network: 50%	In-network: 20% Out-of-network: 30%
Hearing services			
Exam to diagnose and treat hearing and balance issues	In-network: \$35 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
Routine hearing exam ² - 1 per calendar year, in-network services provided by TruHearing	In-network: \$0 Out-of-network: \$150	In-network: \$0 Out-of-network: \$150	In-network: \$0 Out-of-network: \$150
Hearing aids ² - 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	In-network only: \$499, \$699, or \$999 per aid
Dental services			
Medicare-covered services	In-network: \$35 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
Preventive services ² (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	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	Not covered
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	Not covered
Basic comprehensive services ² (Class II)	Not covered	In- and Out-of-network: 50%	Not covered

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Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
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			
Major comprehensive services ² (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- and Out-of-network: 50%	Not covered
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%	In- and Out-of-network: \$0
Routine eye exam ² - 1 per calendar year, in-network services provided by VSP	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
Routine eyewear ² - 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-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%
	In- and Out-of-network: \$100	In- and Out-of-network: \$150	In- and Out-of-network: \$200

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Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
Mental health services			
Inpatient psychiatric hospital ¹ - 190-day lifetime maximum	In-network: Days 1-5: \$395/day Days 6-190: \$0/day Out-of-network: Days 1-190: 50%	In-network: Days 1-5: \$325/day Days 6-190: \$0/day Out-of-network: Days 1-190: 50%	In-network: Days 1-6: \$150/day Days 7-190: \$0/day Out-of-network: Days 1-6: \$250/day Days 7-190: \$0/day
Outpatient mental health ¹ - individual or group	In-network: \$25 Out-of-network: 50%	In-network: \$20 Out-of-network: 50%	In- and Out-of-network: \$30
Virtual mental health visits - through your provider	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In-network: \$10 Out-of-network: \$30
Virtual mental health visits - through our virtual care provider Doctor On Demand	In-network only: \$0	In-network only: \$0	In-network only: \$10
Skilled nursing facility¹			
Up to 100 days covered per benefit period	In-network: Days 1-20: \$10/day Days 21-48: \$218/day Days 49-100: \$0/day Out-of-network: Days 1-100: 50%	In-network: Days 1-20: \$10/day Days 21-45: \$218/day Days 46-100: \$0/day Out-of-network: Days 1-100: 50%	In-network: Days 1-100: \$40/day Out-of-network: Days 1-100: \$75/day
Outpatient rehabilitation services¹			
Occupational therapy	In-network: \$30 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
Physical and speech language therapy	In-network: \$30 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
Virtual outpatient rehabilitation	In-network: \$30 Out-of-network: 50%	In-network: \$25 Out-of-network: 50%	In- and Out-of-network: \$30
Ambulance			
Copay per each one-way Medicare-covered transport			
Ground ambulance	In- and Out-of-network: \$275	In- and Out-of-network: \$250	In- and Out-of-network: \$100
Air ambulance ¹	In- and Out-of-network: \$275	In- and Out-of-network: \$250	In- and Out-of-network: \$100
Worldwide ground or air ambulance ¹	In- and Out-of-network: \$275	In- and Out-of-network: \$250	In- and Out-of-network: \$100

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Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
Transportation	Not covered	Not covered	Not covered
Medicare Part B drugs¹			
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%	In-network: 0%-10% (depending on the drug) Out-of-network: 30%
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%	In-network: 0%-10% (depending on the drug) Out-of-network: 30%
Part B insulin	In-network: 20% up to \$35 Out-of-network: 50%	In-network: 20% up to \$35 Out-of-network: 50%	In-network: 10% up to \$35 Out-of-network: 30%
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%	In-network: \$10 Out-of-network: \$30
Additional covered services ² - combined visit limit per calendar year with chiropractic	Not covered	In-network: \$30 Out-of-network: 50% 18 visits	In-network: \$10 Out-of-network: \$30 24 visits
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%	In-network: \$10 Out-of-network: \$30
Additional covered services ² - combined visit limit per calendar year with acupuncture	Not covered	In-network: \$30 Out-of-network: 50% 18 visits	In-network: \$10 Out-of-network: \$30 24 visits
Massage therapy²	Not covered	In-network: \$30 Out-of-network: 50%	In-network: \$10 Out-of-network: \$30
6 visits per calendar year, up to 60 minutes per visit			
Naturopathy²	Not covered	In-network: \$30 Out-of-network: 50%	In-network: \$10 Out-of-network: \$30
10 visits per calendar year			
Diabetic services			
Diabetic monitoring supplies - in-network supplies limited	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$0

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Medical benefits	Regence MedAdvantage + Rx Classic	Regence MedAdvantage + Rx Enhanced	Regence MedAdvantage + Rx Enhanced Plus Opt 2
to Ascensia Contour or Abbott FreeStyle at a retail pharmacy			
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%	In- and Out-of-network: \$0
Diabetes self-management training	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$0
Lancets, lancet devices, therapeutic shoes, and inserts	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In- and Out-of-network: \$0
Diabetic routine footcare ² - 6 visits per calendar year	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: 50%	In-network: \$0 Out-of-network: \$30
Medicare diabetes prevention program (MDPP)	In- and Out-of-network: \$0	In- and Out-of-network: \$0	In- and Out-of-network: \$0
Fitness program² Fitness membership through the Silver&Fit program	In-network only: \$0	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%	In-network: \$0 Out-of-network: 30%
Medical equipment and supplies¹ Durable medical equipment	In-network: 20% Out-of-network: 50%	In-network: 20% Out-of-network: 50%	In-network: 10% Out-of-network: 30%
Prosthetics and medical supplies	In-network: 20% Out-of-network: 50%	In-network: 20% Out-of-network: 50%	In-network: 10% Out-of-network: 30%
Outpatient substance use disorder services¹ Individual or group	In-network: \$25 Out-of-network: 50%	In-network: \$20 Out-of-network: 50%	In- and Out-of-network: \$30
Over the counter (OTC) items and home and bathroom safety devices (Blue FlexDollars™)² Allowance loaded to a pre-paid benefit card every calendar quarter. Allowance does not roll-over.	\$20	\$25	Not covered

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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 Classic: **\$300** (Tiers 3, 4, and 5)

Regence MedAdvantage + Rx Enhanced: **\$200** (Tiers 3, 4, and 5)

Regence MedAdvantage + Rx Enhanced Plus Opt 2: **\$0**

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

	Regence MedAdvantage + Rx Classic		Regence MedAdvantage + Rx Enhanced		Regence MedAdvantage + Rx Enhanced Plus Opt 2	
Tier 1: Preferred generic	30-day	Up to 100 days	30-day	Up to 100 days	30-day	Up to 100 days
Preferred retail / Preferred mail order	\$0	\$0	\$0	\$0	N/A	N/A
Standard retail / Standard mail order	\$3	\$6	\$3	\$6	\$5	\$10
Tier 2: Generic						
Preferred retail / Preferred mail order	\$5	\$10 / \$0	\$3	\$6 / \$0	N/A	N/A
Standard retail / Standard mail order	\$10	\$20	\$6	\$12	\$15	\$30
Tier 3: Preferred brand						
Preferred retail / Preferred mail order	20%	20%	\$40	\$100	N/A	N/A
Standard retail / Standard mail order	23%	23%	\$47	\$117.50	\$45	\$112.50
Tier 4: Non-preferred drug						
Preferred retail / Preferred mail order	40%	40%	35%	35%	N/A	N/A
Standard retail / Standard mail order	43%	43%	38%	38%	40%	40%
Tier 5: Specialty						
Preferred retail / Preferred mail order	29%	N/A	30%	N/A	N/A	N/A
Standard retail / Standard mail order	29%	N/A	30%	N/A	33%	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 BlueShield serves select counties in the state of Washington and 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.

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 and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. Regence does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

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, sex, sexual orientation or gender identity, 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>

You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD).

Complaint forms are available at
<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>

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 (телефон: 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 yánílti'go **Diné Bizaad**, saad bee áká'ánida'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 fakatonus 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 slušom: 711)

ប្រយោជន៍ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ,
សេវាដំឡើងយោងទៅភាសា ដោយមិនគិតគូល
គឺអាជមានសំរាប់រឿងគ្រី ចូរ ទូរសព្ទ 1-888-344-
6347 (TTY: 711)^៤

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:- የሚገኘው ቅጽ አማርኛ ከሆነ የተጠየቀ አርዲት
ድርጅቶች፡ በንግድ ላይ የሚከተሉት ተዘጋጀተዋል፡ በሚከተለው ቅጽ
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 (телефон: 711)

ध्यान दिनुहोसः तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्निति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस 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, ການບໍລິການອ່ອນເຫຼືອດັນພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີຜົນມີຫຼັກ. ນີ້ແມ່ນ 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 (TTY: 711) 1-888-344-6347 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 711: TTY)