Regence

OUTLINE OF COVERAGE

Regence Bridge

Medicare Supplement (Medigap) Plans
A, C, F, G, K and N
for Clark County, Washington

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

REG-36344-17/09-17-CC-R

Regence BlueCross BlueShield of Oregon

Benefit Chart of Medicare Supplement Plans sold on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan A available. Some plans may not be available in our state. The plans offered by Regence BlueCross BlueShield of Oregon are shaded in the chart below. See Outlines of Coverage sections for details about all plans. Plans E, H, I and J are no longer available for sale.

BASIC BENEFITS:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end

Medical Expenses: Part B coinsurance (generally 20% of the Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insured to pay a portion of Part B coinsurance or copayments

Blood: First three pints of blood each year

Hospice: Part A coinsurance

A	B	C	D	F/F*	G
Basic, including 100% Part B coinsurance					
		Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible	Part A deductible
		Part B deductible		Part B deductible	
				Part B Excess Charges (100%)	Part B Excess Charges (100%)
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency	Foreign travel emergency

Plan F also has an option called a high deductible plan F.* ***Regence BlueCross BlueShield of Oregon does not offer a high deductible Plan F**. The high deductible plan pays the same benefits as Plan F after one has paid a $2,240 calendar year deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.*

Regence BlueCross BlueShield of Oregon

Outline of Medicare Supplement (Medigap) Coverage – Page 2

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		Foreign travel emergency	Foreign travel emergency
Out-of-pocket limit $5,240; paid at 100% after limit reached	Out-of-pocket limit $2,620; paid at 100% after limit reached		

Premium information—
Medicare Supplement plans

Regence BlueCross BlueShield of Oregon can raise your premium only if we raise the premium for all policies like yours in this state.

Rates effective January 1, 2018

	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
Monthly Automatic Bank Withdrawal	$151	$218	$219	$175	$114	$140
Monthly Paper Bill Rate	$153	$220	$221	$177	$116	$142

These plans have an annual renewal date of January 1. Because of this, you may experience a rate change within 12 months during your initial year of enrollment. After your first year, rates are guaranteed not to increase for 12 months.

A spousal discount of $10 per member, per month may be available if two members reside at the same physical address, are both enrolled in a Regence 2010 Standard plan and are a married couple or state-registered domestic partners.

Disclosures

Use this outline to compare benefits and premiums among policies. **This outline shows benefits and premium of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I and J are no longer available for sale.**

Read your policy very carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to return policy

If you find that you are not satisfied with your policy, you may return it to Regence BlueCross BlueShield of Oregon, P.O. Box 1271, Portland, OR 97207-1271. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare and You* for more details. Neither Regence BlueCross BlueShield of Oregon nor its producers are connected with Medicare.

Complete answers are very important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Medigap Plan A

Medicare (Part A) – Hospital Services – Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*—Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$0	$1,340 (Part A deductible)
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*—You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	$0	Up to $167.50 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

***NOTICE:* When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.*

Plan A (cont.)

Medicare (Part B) – Medical Services – Per Calendar Year

***Once you have been billed $183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses—in or out of hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care— Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: First $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Medigap Plan C

Medicare (Part A) – Hospital Services – Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*—Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*—You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

******NOTICE:*** *When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.*

Plan C (cont.)

Medicare (Part B) – Medical Services – Per Calendar Year

***Once you have been billed $183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses—in or out of hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $183 of Medicare-approved amounts***	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-approved amounts***	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care— Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: First $183 of Medicare-approved amounts***	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits—Not Covered by Medicare

Foreign Travel—Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States

First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Medigap Plan F

Medicare (Part A) – Hospital Services – Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*—Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*—You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

******NOTICE:*** *When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.*

Plan F (cont.)

Medicare (Part B) – Medical Services – Per Calendar Year

***Once you have been billed $183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses—in or out of hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $183 of Medicare-approved amounts***	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-approved amounts***	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care— Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: First $183 of Medicare-approved amounts***	$0	$183 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits—Not Covered by Medicare

Foreign Travel—Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States

First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Medigap Plan G

Medicare (Part A) – Hospital Services – Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*—Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*—You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

******NOTICE:*** *When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.*

Plan G (cont.)

Medicare (Part B) – Medical Services – Per Calendar Year

***Once you have been billed $183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses—in or out of hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home Health Care— Medicare-Approved Services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: First $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits—Not Covered by Medicare

Foreign Travel—Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States

First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Medigap Plan K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $5,240 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference between the amount charged by your provider and the amount paid by Medicare for the items or service.**

Medicare (Part A) – Hospital Services – Per Benefit Period

**A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay*
Hospitalization—Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$670 (50% of Part A deductible)	$670 (50% of Part A deductible)◆
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0***
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care—You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $83.75 a day	Up to $83.75 a day◆
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	50%	50%◆
Additional amounts	100%	$0	$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for out-patient drugs and inpatient respite care	50% of copayment/ coinsurance	50% of Medicare copayment/ coinsurance◆

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.*

Plan K (cont.)

Medicare (Part B) – Medical Services – Per Calendar Year

****Once you have been billed $183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay*
Medical expenses—in or out of hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $183 of Medicare-approved amounts****	$0	$0	$183 (Part B deductible)****◆
Preventive benefits for Medicare-covered services	Generally 80% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-approved amounts	Generally 80%	Generally 10%	Generally 10%◆
Part B Excess Charges (above Medicare-approved amounts)	$0	$0	All costs (and they do not count toward annual out-of-pocket limit of $5,240)*
Blood			
First 3 pints	$0	50%	50%◆
Next $183 of Medicare-approved amounts****	$0	$0	$183 (Part B deductible)****◆
Remainder of Medicare-approved amounts	80%	Generally 10%	Generally 10%◆
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Parts A & B Home Health Care—Medicare-Approved Services

Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: First $183 of Medicare-approved amounts****	$0	$0	$183 (Part B deductible)◆
Remainder of Medicare-approved amounts	80%	10%	10% ◆

This plan limits your annual out-of-pocket payments for Medicare-approved amounts to $5,240 per year.* ***However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying the difference between the amount charged by your provider and the amount paid by Medicare for the item or service.* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare.*

Medigap Plan N

Medicare (Part A) – Hospital Services – Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*—Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare-eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*—You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $167.50 a day	Up to $167.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	$0

******NOTICE:*** *When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.*

Plan N (cont.)

Medicare (Part B) – Medical Services – Per Calendar Year

***Once you have been billed $183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical expenses—in or out of hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment			
First $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copay of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copay of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Parts A & B Home Health Care—Medicare-Approved Services

Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment: First $183 of Medicare-approved amounts***	$0	$0	$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Plan N (cont.)

Services	Medicare Pays	Plan Pays	You Pay
Other Benefits—Not Covered by Medicare **Foreign Travel**—Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Regence Medicare Supplement (Medigap) Plans

For more information, call one of our Plan's sales representatives,
8 a.m. to 5 p.m., Monday through Friday **toll-free: 1-844-REGENCE (734-3623)**
TTY users should call 711.

Or contact your local insurance producer.

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

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).**

Regence

P.O. Box 1271
Portland, OR 97207-1271

regence.com/medicare

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