

DECISION GUIDE

Regence Bridge

Medicare Supplement (Medigap) Plans
for Clark County, Washington

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

REG-36414-16/09-16-CC

Learn more

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Welcome

Original Medicare is good coverage, but it was never designed to cover everything. Often, people with Original Medicare Parts A and B want additional coverage for things that aren't covered by Medicare, such as deductibles and coinsurance. Medigap plans were intended for just that purpose—to supplement Medicare coverage, providing you with a more complete health care package.

This booklet explains the benefits of Medigap plans, and more specifically, the benefits of Regence Bridge Medigap Plans. Because we offer a wide range of coverage options, we are confident you'll find a plan that suits both your health and financial needs.

Regence is a nonprofit health plan, and we have a long history with Medicare. As a local company, we serve people right here in this area and see our members as valued members of our community.

With a Regence Medigap plan you get:

- Help paying eligible expenses not covered by Medicare
- Free fitness membership*
- Toll-free access to a nurse 24/7*
- Secure members-only website*
- Discounts on health-related products and services*

****These programs are not insurance and may be discontinued at any time.***

Choosing a Medigap plan that's right for you

When it comes to choosing a Medigap plan, there's a lot to think about. We're here to make it easy.

That's why we're committed to helping you through the entire process. We'll help you identify your needs, review your options and answer your questions while you fill out your paperwork. Then, when you become a member, we're here to answer your claims questions and give you the information you need to make the health care decisions that are right for you.

To see which plan will fit you best, first determine what you need. Do you have a chronic condition that requires frequent doctor visits? If so, **Plan F** might be a good choice for you, as it covers both the Part B deductible and Excess Charges.

If you rarely need care, **Plan A** might be all you need. Or, you might want to take a look at **Plan K**, which has a lower premium but greater cost-sharing. If you travel outside the United States on a regular basis, **Plans C, F, G and N** cover foreign travel emergencies.

As you think about what plan to choose, take a look at your past medical bills to see what kind of costs you might have in the future. Or, give one of our Medigap sales representatives a call. You can also call your insurance producer.

With **all** our Medigap plans, you have total control over your choice of providers. There are no network restrictions or referrals needed, so you can see any provider who accepts Medicare coverage.

Regence Bridge Medigap options

Regence offers Medigap Plans A, C, F, G, K and N. All Medigap plans offer the same “basic benefits”: Medicare Part A coinsurance; Medicare Part B coinsurance/copays; the first three pints of blood; and hospice care coinsurance/copays. Please note that Plan K covers many benefits at 50% and also has an out-of-pocket annual limit.

The basic benefits cover some of the health care costs that can escalate and become a financial burden. These benefits are meant to supplement Medicare coverage, providing you with a more complete health care package. If you want more coverage than the basic benefits, all of the plans except Plan A have additional benefits.

The chart below gives you a quick look at the plans and benefits. Check marks or amounts indicate the benefit is provided in that plan. Immediately following the chart is an explanation of the benefits.

Regence Bridge Plans						
Basic (core) benefits	A	C	F	G	K	N
Medicare Part A coinsurance/copays	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance/copays	✓	✓	✓	✓	50%	✓**
Blood—first 3 pints	✓	✓	✓	✓	50%	✓
Hospice care coinsurance/copays	✓	✓	✓	✓	50%	✓
Additional benefits						
Skilled nursing facility coinsurance per day for days 21-100 of each benefit period		✓	✓	✓	50%	✓
Part A deductible (per benefit period)		✓	✓	✓	50%	✓
Part B deductible (once yearly)		✓	✓			
Part B Excess Charges			✓	✓		
Foreign travel emergency		80%	80%	80%		80%
Out-of-pocket annual limit					\$5,120*	

*This amount is for 2017 and may change in 2018.

**Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in inpatient admission.

What does each Medigap benefit cover?

Basic benefits—offered in all plans

Medicare Part A (inpatient hospital)

coinsurance—This is the amount you may have to pay after you meet the Part A deductible.

Medicare Part B (medical services)

coinsurance—This is the percentage of the Medicare-approved amount you may have to pay after you meet the Part B deductible.*

Blood—Medigap plans cover the first three pints each year.*

Hospice care coinsurance/copays—You must meet Medicare’s requirements for hospice, including a doctor’s certificate of terminal illness.*

Additional benefits— offered by some plans

Medicare Part A deductible (Plans C, F,

G, K* and N)—When hospitalized, you’re required to pay a Medicare Part A deductible before Medicare begins to pay for any covered services. In 2017 the Part A deductible is \$1,316.** The deductible is required once per benefit period. A benefit period begins the day you’re admitted to a hospital or skilled nursing facility. It ends when you haven’t received any inpatient hospital care (or care in a skilled nursing facility) for 60 days in a row. If you go into a hospital or a skilled nursing facility after a benefit period has ended, a new benefit period begins and you’ll be required to pay the Part A deductible again.

Skilled nursing facility coinsurance

(Plans C, F, G, K* and N)—You share a portion of skilled nursing facility expenses with Medicare. Your share of the cost is called your coinsurance. There is no coinsurance for the first 20 days of a benefit period. For days 21-100 of a benefit period the coinsurance is \$164.50** per day.

Medicare Part B deductible (Plans C and F)—

Medicare Part B pays for many physician services and other medical care. However, before Medicare begins to pay for services each year, you have to pay the Medicare Part B deductible. In 2017 the Part B deductible is \$183.**

Medicare Part B Excess Charges (Plans F and G)—

Sometimes you may receive Medicare Part B services from a doctor or provider who does not accept Medicare Assignment. This means the doctor may charge more for medical services than Medicare will pay. This extra amount is called “Excess Charges.” Plan F covers 100% of Part B Excess Charges for Medicare-eligible expenses.

Foreign travel emergency (Plans C, F, G and N)—

In most cases, Medicare doesn’t pay for care provided outside the United States. During a trip to a foreign country, you may need emergency hospital, physician or medical care. If you receive medically necessary emergency care for an illness or injury that begins during the first 60 days of a trip and your care isn’t covered by Medicare, then you pay the first \$250 (once every calendar year) for Medicare-eligible expenses. Once you’ve paid this amount, your Medigap plan pays 80% of the billed charges for Medicare-eligible expenses up to a lifetime maximum of \$50,000.

*PLEASE NOTE: Plan K covers 50% of the charges and you cover 50%.

**This amount is for 2017 and may change in 2018.

Tools that help you make the most of your health

We provide more than benefits. We also offer ways to help you stay healthy and better manage your health care costs, including access to online tools and information, and discounts on health-related products and services.

The Silver&Fit® Program

With the Silver&Fit program you get access to more than 12,000 participating fitness facility locations across the country, where you can use the equipment, attend group fitness classes or join in fun quarterly social events (where available). Or, you can enroll in the Home Fitness Program, which offers members up to two home fitness kits each benefit year. The Silver&Fit program enables active older adults to be healthy, meet their fitness goals, and maintain an active social life.

Regence Advice24

Get around-the-clock answers from a registered nurse. If you have a question, don't know how to treat a condition or are not sure what kind of care you need, a free call to a registered nurse can get you on the right track.

Manage your health with our members-only website

Your good health is important to us. That's why we offer programs and tools to help you better understand your health needs, prescriptions and wellness options.

For example, if you log in at **regence.com/medicare** to your secure, members-only website, you can see your claims history, participate in a wellness program, and learn about health conditions and prescription drugs. Access to this site comes with your Regence membership.

Regence Advantages discount program

Our Regence Advantages discount program offers you savings from several nationally recognized, health-related companies to help you get and stay well. Just have your member ID card ready at the time of service. Discounts include a variety of options, from local gyms to weight loss programs, and from hearing aids to alternative medicine providers, such as chiropractors and massage therapists.

THESE PROGRAMS ARE NOT INSURANCE BUT ARE OFFERED IN ADDITION TO YOUR MEDIGAP PLAN TO HELP YOU GET INFORMATION AND SUPPORT WHEN YOU NEED IT. WE RESERVE THE RIGHT TO CHANGE THESE SERVICES AT ANY TIME.

Applying is easy!

How to enroll

If you are ready to enroll, here's what you need to do:

1

Determine
eligibility

To apply for a Regence Medigap plan, you must be 65 or older, enrolled in Medicare Part A and Part B, and reside in Clark County, Washington (or will at the time of coverage). If you need help deciding which plan will work for you, please call us at 1-844-REGENCE (1-844-734-3623), visit our website at [regence.com/medicare](https://www.regence.com/medicare), or talk to an insurance producer.

2

Choose
plan

Review the plan options in the Outline of Coverage to find the right plan that works with your budget and lifestyle.

3

Complete
application

Fill out the enclosed application. Be sure to complete all parts that pertain to you in ink, and then sign and mail. A return envelope is enclosed for your convenience. You may also apply online at [regence.com/medicare](https://www.regence.com/medicare), over the phone with one of our sales representatives by calling 1-844-734-3623, or through an insurance producer.

4

Select
payment
method

Choose to pay your premium by one of the options listed on the application form: 1) direct paper bill monthly, quarterly, semi-annually or annually; or 2) automatic deduction monthly from your bank account. There are discounts for using quarterly, semi-annual or annual paper billing, or automatic monthly deduction from your bank account. A household discount may also be available. See page 11 for more information.

Frequently asked questions

When will my coverage be effective?

If you meet eligibility requirements and your application is accepted, your coverage will usually begin on the first day of the following month, unless otherwise indicated.

How do I begin to receive care under this plan?

Simply show your member ID card to your health care providers so they know who to bill. That's it! In most cases, there's virtually no paperwork. When you enroll, you'll receive a new member welcome kit with additional information. You can also give us a call if you have any questions.

What happens if I'm traveling and am outside the service area?

Wherever you are in the United States you can receive care at any Medicare-approved provider or medical facility. In most cases, Medicare doesn't pay for care **outside** the United States. Regence Bridge Medigap Plans C, F, G and N help with emergency care expenses in a foreign country. See page 4 for more information about this benefit.

Does it cost more to buy coverage through an insurance producer?

No. There's never an extra cost or obligation if you use an appointed insurance producer.

Are prescription drugs covered?

No. Only Medicare Part B drugs are covered. You may be able to enroll in a Medicare Part D plan that will give you prescription drug coverage. Please contact a sales representative

at 1-844-REGENCE (1-844-734-3623) (TTY: 711) Monday through Friday, 8 a.m. to 5 p.m. Pacific time for more information.

How are eye exams covered?

Medicare provides coverage for diagnosis and treatment of eye conditions. Additionally, members with diabetes are eligible for a dilated eye exam once every calendar year. Routine medical eye exams are not a benefit of Medigap plans.

What can I do if I have a grievance or appeal?

If you aren't completely satisfied with our service or the quality of the medical care you received, please call Customer Service at 1 (888) 319-0942. Our goal is always to protect your rights and find a solution as quickly as possible.

On what basis could my Regence Medigap coverage be cancelled?

Here are some circumstances when your coverage could be cancelled:

- If you don't retain Medicare Parts A and B
- If you fail to pay the monthly premium, subject to a 30-day grace period
- If you commit fraud or allow another person to use your member ID card to obtain services
- If you commit fraud or make misrepresentations on your individual application form that affect your eligibility to enroll in this plan

Is there a waiting period before pre-existing conditions are covered?

No.

Exclusions

We will not provide benefits for any of the following:

- Expenses duplicated by Medicare.
- Expenses not covered by Medicare.
- Services and supplies provided by a provider not recognized by Medicare—any services or supplies provided by a physician, hospital, skilled nursing facility, or any other provider

that is not recognized as payable under the Medicare Act, except as specifically covered under the policy for foreign travel. This includes services provided by a provider who has opted out of Medicare, and who must by federal law enter into an agreement with you regarding your liability for the care that provider gives you.

- Third party liability—services and supplies for treatment of illness or injury for which a third party is responsible.



Regence

OUTLINE OF COVERAGE

Regence Bridge

Medicare Supplement (Medigap) Plans

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

REG-36344-16/09-16-CC

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 \$2,200 calendar year deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,200. 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 \$5,120; paid at 100% after limit reached	Out-of-pocket limit \$2,560; 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, 2017

	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
Quarterly Rate	\$455	\$656	\$659	\$527	\$344	\$422
Semi-Annual Rate	\$908	\$1,310	\$1,316	\$1,052	\$686	\$842
Annual Rate	\$1,814	\$2,618	\$2,630	\$2,102	\$1,370	\$1,682

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.

Discounts are reflected in the premiums listed above for all payment options other than monthly paper bill. There is no discount for monthly paper billing. A household discount of \$10 per-member, per-month may also be available if two members reside at the same physical address and are a married couple or state-registered domestic partners.

Monthly automatic bank withdrawal from your bank account receives a discount of \$2 – a \$24 savings annually.

Paying your bill quarterly saves you \$4 – a \$16 savings annually.

Paying your bill semi-annually saves you \$10 – a \$20 savings annually.

Paying your bill annually saves you \$22.

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 \$1,316	\$0	\$1,316 (Part A deductible)
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 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 \$164.50 a day	\$0	Up to \$164.50 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 \$1,316	\$1,316 (Part A deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 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 \$164.50 a day	Up to \$164.50 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 \$1,316	\$1,316 (Part A deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 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 \$164.50 a day	Up to \$164.50 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
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****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 \$1,316	\$1,316 (Part A deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 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 \$164.50 a day	Up to \$164.50 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
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****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 \$5,120 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 \$1,316	\$658 (50% of Part A deductible)	\$658 (50% of Part A deductible)◆
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 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 \$164.50 a day	Up to \$82.25 a day	Up to \$82.25 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◆
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*****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 \$5,120)*
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 \$5,120 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
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Hospitalization*—Semi-private room & board, general nursing and miscellaneous services and supplies

First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$658 a day	\$658 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 \$164.50 a day	Up to \$164.50 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
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****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
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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

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