



Regence Bridge

Medicare Supplement (Medigap) plans

Helping your Medicare coverage do more

Regence Medicare Supplement plans offer peace of mind by protecting you from a variety of medical expenses that are not covered by Original Medicare. With Regence BlueCross BlueShield of Oregon, you can count on getting the coverage you need and friendly service from a trusted local health plan.

There is a range of Medicare Supplement plans to choose from, offering a variety of benefits, costs and features, so that you can find the plan that will work best for you.

As a local company, we proudly serve our members right here in this community. Since the health of our members is important to us, we offer additional resources to help our members get and stay healthy. All of our Medicare Supplement plans have the following features built right in: toll-free access to a nurse around the clock*; discounts on health-related goods and services*; a secure members-only

website; and **The Silver&Fit® program*** which provides members access to over 13,000 participating fitness centers and YMCAs across the country or the choice of up to two home fitness kits each calendar year with the Home Fitness Program.

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

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein.

Not all YMCAs participate in the network. Please check the searchable directory on the Silver&Fit website to see if your location participates in the program.

How to reach us

For more information, call us toll-free at **1-844-REGENCE** (1-844-734-3623) between 8 a.m. and 5 p.m. or contact your insurance producer. TTY users should call 711.

Send completed applications to:
Regence BlueCross BlueShield of Oregon, P.O. Box 1106, MS-LB1, Lewiston, ID 83501-1106

Many resources, including product details and forms, are also available on our website: **[regence.com/medicare](https://www.regence.com/medicare)**.

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

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Regence Bridge Medigap plan 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 of the 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. Black dots or amounts indicate that the benefit is included in that plan. **Amounts shown are for 2019 and may change for 2020.**

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		\$170.50	\$170.50	\$170.50	\$170.50 (you pay \$85.25 and the plan pays \$85.25)	\$170.50
Part A deductible (per benefit period)		\$1,364	\$1,364	\$1,364	\$1,364 (you pay \$682 and the plan pays \$682)	\$1,364
Part B deductible (once yearly)		\$185	\$185			
Part B excess charges			100%	100%		
Foreign travel emergency		80%	80%	80%		80%
Out-of-pocket annual limit					\$5,560	

*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 2019 the Part A deductible is \$1,364.** 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 \$170.50** 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 2019 the Part B deductible is \$185.**

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.” Plans F and G cover 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 2019 and may change in 2020.

Rates effective January 1, 2019

Age band	Plan A		Plan C		Plan F		Plan G		Plan K		Plan N	
	Monthly EFT		Monthly EFT		Monthly EFT		Monthly EFT		Monthly EFT		Monthly EFT	
	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker
<65	\$145	\$171	\$181	\$213	\$182	\$214	\$155	\$182	\$98	\$115	\$142	\$167
65	\$145	\$171	\$181	\$213	\$182	\$214	\$155	\$182	\$98	\$115	\$142	\$167
66	\$151	\$178	\$190	\$224	\$192	\$226	\$163	\$192	\$101	\$119	\$150	\$176
67	\$158	\$186	\$201	\$236	\$202	\$238	\$172	\$202	\$107	\$126	\$156	\$184
68	\$164	\$193	\$212	\$249	\$213	\$250	\$180	\$212	\$111	\$131	\$165	\$194
69	\$172	\$202	\$220	\$259	\$221	\$260	\$188	\$221	\$117	\$138	\$172	\$202
70	\$178	\$209	\$230	\$271	\$233	\$274	\$197	\$232	\$121	\$142	\$181	\$213
71	\$185	\$218	\$239	\$281	\$241	\$284	\$205	\$241	\$128	\$150	\$187	\$220
72	\$190	\$223	\$250	\$294	\$252	\$297	\$215	\$253	\$133	\$156	\$197	\$232
73	\$194	\$228	\$258	\$303	\$258	\$304	\$219	\$258	\$139	\$163	\$201	\$236
74	\$200	\$235	\$266	\$313	\$267	\$314	\$227	\$267	\$142	\$167	\$208	\$245
75	\$205	\$241	\$275	\$323	\$275	\$324	\$235	\$276	\$145	\$171	\$215	\$253
76	\$208	\$245	\$282	\$332	\$283	\$333	\$241	\$283	\$150	\$176	\$220	\$259
77	\$212	\$249	\$291	\$342	\$293	\$345	\$249	\$293	\$153	\$180	\$228	\$268
78	\$213	\$250	\$298	\$350	\$299	\$352	\$254	\$299	\$156	\$184	\$233	\$274
79	\$216	\$254	\$303	\$356	\$303	\$357	\$258	\$303	\$161	\$189	\$236	\$278
80	\$217	\$255	\$309	\$363	\$309	\$364	\$263	\$309	\$163	\$192	\$241	\$284
81	\$218	\$256	\$313	\$368	\$314	\$369	\$267	\$314	\$167	\$197	\$244	\$287
82	\$220	\$259	\$320	\$376	\$321	\$378	\$273	\$321	\$171	\$201	\$249	\$293
83	\$220	\$259	\$325	\$382	\$326	\$383	\$276	\$325	\$173	\$203	\$253	\$298
84	\$220	\$259	\$331	\$389	\$332	\$390	\$281	\$331	\$175	\$206	\$258	\$304
85+	\$220	\$259	\$333	\$392	\$335	\$394	\$285	\$335	\$178	\$209	\$261	\$307

Please see the Outline of Coverage for more payment options. 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.

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)。

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)** or contact your local insurance producer.

TTY users should call 711.



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