Regence

DECISION GUIDE

Regence Bridge

Medicare Supplement (Medigap) Plans

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

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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

No-cost fitness center 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 changed or 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** or **G** may be a good choice for you, as they both cover Part B 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. Black dots 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			100%	100%		
Foreign travel emergency		80%	80%	80%		80%
Out-of-pocket annual limit					$5,560*	

**This amount is for 2019 and may change in 2020.*
***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.*

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 13,000 participating fitness center and YMCA 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 calendar 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 sign 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 or discontinue these services 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.

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 enrolled in Medicare Part A and Part B, and reside in Oregon (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**, 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**, 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 the Outline of Coverage 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 from 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 6 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 or talk to an insurance producer.

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.

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

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.

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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).**

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P.O. Box 1271
Portland, OR 97207-1271
regence.com/medicare

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