Regence

OUTLINE OF COVERAGE

Regence Bridge

Medicare Supplement (Medigap) plans
Includes Senior Selection (Modified Plan F)

Regence BlueShield of Idaho, Inc.
is an Independent Licensee of the
Blue Cross and Blue Shield Association

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Table of contents

Regence BlueShield of Idaho, Inc.

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 BlueShield of Idaho, Inc., are shaded in the chart below. See Outlines of Coverage sections for details about all plans.

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.

You may be eligible for Plans C and Senior Selection (Modified Plan F) if you became Medicare-eligible before Jan. 1, 2020, based on disability or ESRD status, OR turned 65 before Jan. 1, 2020, and are currently enrolled in Medicare Part A and Part B.

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 does not offer the high deductible Plan F.* *The high deductible plan pays the same benefits as Plan F after one has paid a $2,700 calendar-year deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $2,700. 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 BlueShield of Idaho, Inc.

Outline of Medicare Supplement (Medigap) coverage – page 2

Senior Selection (Modified Plan F)	K	L	M	N
Basic benefits	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
Skilled nursing facility coinsurance	50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance	Skilled nursing facility coinsurance	Skilled nursing facility coinsurance
Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
Part B deductible				
Part B excess charges (100%)				
Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
	Out-of-pocket limit $6,940; paid at 100% after limit reached	Out-of-pocket limit $3,470; paid at 100% after limit reached		
80% diagnostic and preventive dental services up to $500 per year				
Individual Assistance Program; 8 counseling sessions				

Premium information—
Medicare Supplement plans

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

Rates effective March 1, 2023

Monthly premium

You may be eligible for Plans C and Senior Selection (Modified Plan F) if you became Medicare-eligible before Jan. 1, 2020, based on disability or ESRD status, OR turned 65 before Jan. 1, 2020, and are currently enrolled in Medicare Part A and Part B.

Your rate may change at the Plan's annual renewal date on March 1, so you may initially see an increase before a 12-month period. Rates are guaranteed not to increase for 12 months after the renewal date.

A household discount of $20 per member per month may be available. Eligibility for a household discount requires two current Regence Medigap members to reside at the same physical address. Only members on a community rated Regence Bridge Medigap plan may be eligible to receive the discount. The household premium discount will be removed if the other Regence Medigap member whose policy status entitles you to the discount no longer resides with you. However, if that person becomes deceased your discount will still apply.

	Plan A		**Plan C**		**Plan SS***		**Plan G**		**Plan K**		**Plan N**	
	Monthly premium		Monthly premium		Monthly premium		Monthly premium		Monthly premium		Monthly premium	
Age band	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker
<65	$154	$181	$551	$649	$435	$511	$292	$344	$273	$321	$277	$325
>65	$103	$121	$368	$433	$290	$341	$195	$230	$182	$214	$185	$217
	Household discount monthly premium		Household discount monthly premium		Household discount monthly premium		Household discount monthly premium		Household discount monthly premium		Household discount monthly premium	
	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker	non-smoker	smoker
<65	$134	$161	$531	$629	$415	$491	$272	$324	$253	$301	$257	$305
>65	$83	$101	$348	$413	$270	$321	$175	$210	$162	$194	$165	$197

***Senior Selection (Modified Plan F)**

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 January 1, 2020.**

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 BlueShield of Idaho, Inc., P.O. Box 1106, Lewiston, ID 83501. 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 BlueShield of Idaho, Inc., 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 complete 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.

Regence BlueShield of Idaho, Inc.

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. The plans offered by Regence BlueShield of Idaho, Inc., are shaded in the chart below. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

Note: A black dot means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G*	K	L	M	N	C	F*
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	●	●	●	●	●	●	●	●	●	●
Medicare Part B coinsurance or copayment	●	●	●	●	50%	75%	●	● Copays apply***	●	●
Blood (first three pints)	●	●	●	●	50%	75%	●	●	●	●
Part A hospice care coinsurance or copayment	●	●	●	●	50%	75%	●	●	●	●
Skilled nursing facility Coinsurance			●	●	50%	75%	●	●	●	●
Medicare Part A deductible		●	●	●	50%	75%	50%	●	●	●
Medicare Part B deductible									●	●
Medicare Part B excess charges				●						●
Foreign travel emergency (up to plan limits)			●	●			●	●	●	●
Out-of-pocket limit in 2023**					$6,940**	$3,470**				

Plans F and G also have a high deductible option which require first paying a plan deductible of $2,700 before the plan begins to pay.* ***Regence BlueShield of Idaho, Inc., does not offer a high deductible Plan F or G.* *Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.*
***Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.*
****Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.*

Regence Bridge 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 $1,600	$0	$1,600 (Part A deductible)
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	$0	Up to $200 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 $226 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 $226 of Medicare-approved amounts***	$0	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$0	$226 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Regence Bridge 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 $1,600	$1,600 (Part A deductible)	$0
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $200 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 $226 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 $226 of Medicare-approved amounts***	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$226 (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

Regence Bridge Senior Selection (Modified 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 $1,600	$1,600 (Part A deductible)	$0
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $200 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 $226 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 $226 of Medicare-approved amounts***	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$226 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Plan F (cont.)

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
Dental Services			
$500 annual maximum for diagnostic and preventive services	$0	80%	20%
Individual Assistance Program Benefits			
Eight (8) professional, confidential counseling sessions (may be a duplication of Medicare benefits)	$0	All costs	$0
Individual Assistance Program Services			
Toll-free 24-hours crisis line access, legal services, and Web-based and telephonic consultations regarding senior care and financial planning	$0	All costs	$0

Regence Bridge 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 $1,600	$1,600 (Part A deductible)	$0
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $200 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 $226 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 $226 of Medicare-approved amounts***	$0	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$0	$226 (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

Regence Bridge Plan K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of $6,940 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 $1,600	$800 (50% of Part A deductible)	$800 (50% of Part A deductible)♦
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $100 a day (50% of Part A coinsurance)	Up to $100 a day (50% of Part A coinsurance)♦
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 $226 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 $226 of Medicare-approved amounts****	$0	$0	$226 (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 $6,940)*
Blood			
First 3 pints	$0	50%	50%◆
Next $226 of Medicare-approved amounts****	$0	$0	$226 (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 $226 of Medicare-approved amounts****	$0	$0	$226 (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 $6,940 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.*

Regence Bridge 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 $1,600	$1,600 (Part A deductible)	$0
61st thru 90th day	All but $400 a day	$400 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $800 a day	$800 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 $200 a day	Up to $200 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 $226 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 $226 of Medicare-approved amounts***	$0	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$0	$226 (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 $226 of Medicare-approved amounts***	$0	$0	$226 (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

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.

Dental exclusions

In addition to the exclusions listed above, we will not provide benefits for any of the following conditions, **including any direct complications or consequences that arise from them:**

Non-Covered Dental Services
Any procedure, treatment, supply, or service not specifically listed as a Covered Dental Service.

Not Dentally Appropriate
Services that are not considered Dentally Appropriate.

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Regence Bridge 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 Pacific time toll-free: **1-844-REGENCE (1-844-734-3623)**. TTY users should call 711. Or contact your local insurance producer.

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P.O. Box 1106
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