Regence Application Packet

Thank you for your interest in applying for the Regence BlueCross BlueShield of Oregon Medicare Supplement plan for Clark County, WA!

This application packet provides you with access to a printable copy of the Enrollment Form, a link to their online enrollment form and the Outline of Coverage in addition to a link to the Choosing a Medigap Policy Guide.

Should you decide to apply by secure upload/mail/fax/email, the printable application needs to be reviewed and signed by an Agent before it can be submitted to Regence BlueCross BlueShield of Oregon. You may email, fax or mail it in to CDA Insurance:

- Fax: 1.541.284.2994
- Email: cs@cda-insurance.com
- Secure File Upload: Click here
- Mail: CDA Insurance LLC
  PO Box 26540
  Eugene, Oregon 97402

Other Important Information
Download Medicare's Choosing a Medigap Policy Guide (.pdf) **Online Application** – Click here Download Policy Outline (.pdf) Download Application (.pdf)

Our website: https://medicare-washington.com

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

Regence

OUTLINE OF COVERAGE

Regence Bridge

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

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

REG-36344-19/07-CC

Regence BlueCross BlueShield of Oregon

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 BlueCross BlueShield of Oregon 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 2020**					$5,880**	$2,940**				

Plans F and G also have a high deductible option which require first paying a plan deductible of $2,340 before the plan begins to pay.* ***Regence BlueCross BlueShield of Oregon 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.*

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, 2020

You may be eligible for Plans C and F if you turned age 65 before Jan. 1, 2020, and are currently enrolled in Medicare Part A and Part B. Only those applicants who are initially eligible for Medicare before January 1, 2020, may apply for Plans C and F.

	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
Monthly automatic bank withdrawal	$160	$231	$232	$186	$121	$148
Monthly paper bill rate	$162	$233	$234	$188	$123	$150

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

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

Disclosures

Use this outline to compare benefits and premiums among policies. **This outline shows benefits and premiums 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 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 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.

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 $1,408	$0	$1,408 (Part A deductible)
61st thru 90th day	All but $352 a day	$352 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $704 a day	$704 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 $176 a day	$0	Up to $176 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 $198 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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $1,408	$1,408 (Part A deductible)	$0
61st thru 90th day	All but $352 a day	$352 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $704 a day	$704 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 $176 a day	Up to $176 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 $198 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 $198 of Medicare-approved amounts***	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$198 (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 $1,408	$1,408 (Part A deductible)	$0
61st thru 90th day	All but $352 a day	$352 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $704 a day	$704 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 $176 a day	Up to $176 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 $198 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 $198 of Medicare-approved amounts***	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$198 (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 $1,408	$1,408 (Part A deductible)	$0
61st thru 90th day	All but $352 a day	$352 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $704 a day	$704 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 $176 a day	Up to $176 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 $198 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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $5,880 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 $1,408	$704 (50% of Part A deductible)	$704 (50% of Part A deductible)♦
61st thru 90th day	All but $352 a day	$352 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $704 a day	$704 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 $176 a day	Up to $88 a day (50% of Part A coinsurance)	Up to $88 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 $198 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 $198 of Medicare-approved amounts****	$0	$0	$198 (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 $5,880)*
Blood			
First 3 pints	$0	50%	50%◆
Next $198 of Medicare-approved amounts****	$0	$0	$198 (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 $198 of Medicare-approved amounts****	$0	$0	$198 (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 $5,880 per year.* ***However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "excess charges") and you will be responsible for paying the difference between the amount charged by your provider and the amount paid by Medicare for the item or service.*

Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

Medigap Plan N

Medicare (Part A) – hospital services – per benefit period

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

Services	Medicare pays	Plan pays	You pay
Hospitalization*—Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,408	$1,408 (Part A deductible)	$0
61st thru 90th day	All but $352 a day	$352 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $704 a day	$704 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 $176 a day	Up to $176 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 $198 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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$0	$198 (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 $198 of Medicare-approved amounts***	$0	$0	$198 (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

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Regence Medicare Supplement (Medigap) plans

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

Or contact your local insurance producer.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711).

注意 : 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-344-6347 (TTY: 711).**

Regence

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

regence.com/medicare

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