

Regence Bridge Medicare Supplement Plans (Medigap Plans)

Outline of Coverage





Regence BlueShield of Idaho

Benefit Chart of Regence Bridge 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 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 (100%)	Part B Excess (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. The high deductible plan pays the same benefits as Plan F after one has paid a \$2,070 calendar year deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2,070. 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

Outline of Regence Bridge 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 (100%)				
Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
	Out-of-pocket limit \$4,660; paid at 100% after limit reached	Out-of-pocket limit \$2,330; paid at 100% after limit reached		
80% Diagnostic and Preventive Dental services up to \$500 per year				
Individual Assistance Program; 8 counseling sessions				

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Premium Information – Regence

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

Rates effective March 1, 2012

Monthly Surepay Bill										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$151	\$156	\$160	\$164	\$168	\$172	\$175	\$178	\$182	\$184
Plan C	\$226	\$234	\$243	\$250	\$258	\$265	\$273	\$280	\$286	\$292
SS*	\$180	\$186	\$193	\$199	\$205	\$211	\$217	\$222	\$227	\$232
Plan K	\$126	\$131	\$135	\$139	\$144	\$147	\$151	\$156	\$159	\$162
Monthly Paper Bill										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$153	\$158	\$162	\$166	\$170	\$174	\$177	\$180	\$184	\$186
Plan C	\$228	\$236	\$245	\$252	\$260	\$267	\$275	\$282	\$288	\$294
SS*	\$182	\$188	\$195	\$201	\$207	\$213	\$219	\$224	\$229	\$234
Plan K	\$128	\$133	\$137	\$141	\$146	\$149	\$153	\$158	\$161	\$164
Quarterly Rate										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$455	\$470	\$482	\$494	\$506	\$518	\$527	\$536	\$548	\$554
Plan C	\$680	\$704	\$731	\$752	\$776	\$797	\$821	\$842	\$860	\$878
SS*	\$542	\$560	\$581	\$599	\$617	\$635	\$653	\$668	\$683	\$698
Plan K	\$380	\$395	\$407	\$419	\$434	\$443	\$455	\$470	\$479	\$488
Semi-Annual Rate										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$908	\$938	\$962	\$986	\$1,010	\$1,034	\$1,052	\$1,070	\$1,094	\$1,106
Plan C	\$1,358	\$1,406	\$1,460	\$1,502	\$1,550	\$1,592	\$1,640	\$1,682	\$1,718	\$1,754
SS*	\$1,082	\$1,118	\$1,160	\$1,196	\$1,232	\$1,268	\$1,304	\$1,334	\$1,364	\$1,394
Plan K	\$758	\$788	\$812	\$836	\$866	\$884	\$908	\$938	\$956	\$974
Annual Rate										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$1,814	\$1,874	\$1,922	\$1,970	\$2,018	\$2,066	\$2,102	\$2,138	\$2,186	\$2,210
Plan C	\$2,714	\$2,810	\$2,918	\$3,002	\$3,098	\$3,182	\$3,278	\$3,362	\$3,434	\$3,506
SS*	\$2,162	\$2,234	\$2,318	\$2,390	\$2,462	\$2,534	\$2,606	\$2,666	\$2,726	\$2,786
Plan K	\$1,514	\$1,574	\$1,622	\$1,670	\$1,730	\$1,766	\$1,814	\$1,874	\$1,910	\$1,946

*SS refers to Senior Selection (Modified Plan F)

Bridge Medicare Supplement Plans

Monthly Surepay Bill											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$186	\$188	\$189	\$190	\$191	\$191	\$193	\$193	\$193	\$193	\$193
Plan C	\$298	\$304	\$309	\$313	\$318	\$321	\$325	\$329	\$331	\$333	\$335
SS*	\$237	\$242	\$245	\$249	\$252	\$256	\$258	\$261	\$263	\$264	\$265
Plan K	\$165	\$169	\$172	\$174	\$176	\$178	\$181	\$182	\$184	\$185	\$186
Monthly Paper Bill											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$188	\$190	\$191	\$192	\$193	\$193	\$195	\$195	\$195	\$195	\$195
Plan C	\$300	\$306	\$311	\$315	\$320	\$323	\$327	\$331	\$333	\$335	\$337
SS*	\$239	\$244	\$247	\$251	\$254	\$258	\$260	\$263	\$265	\$266	\$267
Plan K	\$167	\$171	\$174	\$176	\$178	\$180	\$183	\$184	\$186	\$187	\$188
Quarterly Rate											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$560	\$566	\$569	\$572	\$575	\$575	\$581	\$581	\$581	\$581	\$581
Plan C	\$896	\$914	\$929	\$941	\$956	\$965	\$977	\$989	\$995	\$1,001	\$1,007
SS*	\$713	\$728	\$737	\$749	\$758	\$770	\$776	\$785	\$791	\$794	\$797
Plan K	\$497	\$509	\$518	\$524	\$530	\$536	\$545	\$548	\$554	\$557	\$560
Semi-Annual Rate											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$1,118	\$1,130	\$1,136	\$1,142	\$1,148	\$1,148	\$1,160	\$1,160	\$1,160	\$1,160	\$1,160
Plan C	\$1,790	\$1,826	\$1,856	\$1,880	\$1,910	\$1,928	\$1,952	\$1,976	\$1,988	\$2,000	\$2,012
SS*	\$1,424	\$1,454	\$1,472	\$1,496	\$1,514	\$1,538	\$1,550	\$1,568	\$1,580	\$1,586	\$1,592
Plan K	\$992	\$1,016	\$1,034	\$1,046	\$1,058	\$1,070	\$1,088	\$1,094	\$1,106	\$1,112	\$1,118
Annual Rate											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$2,234	\$2,258	\$2,270	\$2,282	\$2,294	\$2,294	\$2,318	\$2,318	\$2,318	\$2,318	\$2,318
Plan C	\$3,578	\$3,650	\$3,710	\$3,758	\$3,818	\$3,854	\$3,902	\$3,950	\$3,974	\$3,998	\$4,022
SS*	\$2,846	\$2,906	\$2,942	\$2,990	\$3,026	\$3,074	\$3,098	\$3,134	\$3,158	\$3,170	\$3,182
Plan K	\$1,982	\$2,030	\$2,066	\$2,090	\$2,114	\$2,138	\$2,174	\$2,186	\$2,210	\$2,222	\$2,234

*SS refers to 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 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 BlueShield of Idaho, 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 nor its agents 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.

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 \$1,156	\$0	\$1,156 (Part A deductible)
61st thru 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 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 \$144.50 a day	\$0	Up to \$144.50 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
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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.

Regence Bridge Plan A (continued)

Medicare (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), 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 \$140 of Medicare Approved Amounts*	\$0	\$0	\$140 (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 \$140 of Medicare Approved Amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Home Health Care – Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$140 of Medicare Approved Amounts*	\$0	\$0	\$140 (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 \$1,156	\$1,156 (Part A deductible)	\$0
61st thru 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 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 \$144.50 a day	Up to \$144.50 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.

Regence Bridge Plan C (continued)

Medicare (Part B) – Medical Services – Per Calendar Year

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), 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 \$140 of Medicare Approved Amounts*	\$0	\$140 (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 \$140 of Medicare Approved Amounts*	\$0	\$140 (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 \$140 of Medicare Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

Regence Bridge Plan C (continued)

Other Benefits – not covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel—not covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
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

****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.

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 \$1,156	\$1,156 (Part A deductible)	\$0
61st thru 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 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 \$144.50 a day	Up to \$144.50 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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Regence Bridge Senior Selection (Modified Plan F) (continued)

Medicare (Part A) – Hospital Services – Per Benefit Period (continued)

*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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Medicare (Part B) – Medical Services – Per Calendar Year

***Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

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 \$140 of Medicare Approved Amounts**	\$0	\$140 (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 \$140 of Medicare Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

Clinical Laboratory Services

Tests for diagnostic services	100%	\$0	\$0
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Parts A & B

Home Health Care – Medicare-approved services

Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$140 of Medicare Approved Amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

*Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Regence Bridge Senior Selection (Modified Plan F) (continued)

Other Benefits – not covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel – not covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
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-hour crisis line access, legal services, and Web-based and telephonic consultations regarding senior care and financial planning.	\$0	All costs	\$0

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 \$4,660 each calendar year. The amounts that count toward your annual limit are noted with diamonds (◆) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare co-payment 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 in the amount charged by your provider and the amount paid by Medicare for the items or service.**

Services	Medicare Pays	Plan Pays	You Pay
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.			
Hospitalization**			
Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,156	\$578 (50% of Part A deductible)	\$578 (50% of Part A deductible)◆
61st thru 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after: – While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0
– Once lifetime reserve days are used:	\$0	100% of Medicare eligible expenses	\$0**
Additional 365 days – Beyond the additional 365 days	\$0	\$0	All costs

Regence Bridge Plan K (continued)

Medicare (Part A) – Hospital Services – Per Benefit Period

Services	Medicare Pays	Plan Pays	You Pay
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 \$144.50 a day	Up to \$72.25 a day	Up to \$72.25 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 copayments/ coinsurance for outpatient 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 the 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.

Regence Bridge Plan K (continued)

Medicare (Part B) – Medical Services – Per Calendar Year

****Once you have been billed \$140 of Medicare-approved amounts for covered services (which are noted with an asterisk), 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 \$140 of Medicare Approved Amounts*	\$0	\$0	\$140 (Part B deductible)****◆
Preventive Benefits for Medicare covered services	Generally 75% 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 \$4,660)*
Blood			
First 3 pints	\$0	50%	50%◆
Next \$140 of Medicare Approved Amounts*	\$0	\$0	\$140 (Part B deductible)****◆
Remainder of Medicare Approved Amounts	Generally 80%	Generally 10%	Generally 10%◆
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0

Regence Bridge Plan K (continued)

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care – Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$140 of Medicare Approved Amounts****	\$0	\$0	\$140 (Part B deductible)◆
Remainder of Medicare Approved Amounts	80%	10%	10%◆

*****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.

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

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 or may be 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





Regence

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