

Medicare Supplement Program

Outline of Coverage

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



Form No. MS07151-008-00C

Medicare is very good coverage. But it doesn't pay for everything. There are "gaps" in its coverage. Most people buy some form of Medicare Supplement coverage to take care of those gaps.

To make the choice that's right for you, start with some simple facts about Medicare.

Medicare basics

- You become eligible for Medicare either by “aging in” (turning 65) or qualifying as disabled.
- When you become eligible, you automatically receive **Medicare Part A**, which is for hospital care.
- You can add **Part B**, which covers doctor visits. Part B premiums typically come out of your monthly Social Security payment. With Part B, you also pay deductibles and coinsurance.
- **Part D** covers prescription drugs. It's optional and is provided by private health insurance companies.
- Parts A and B don't cover all your medical expenses.
- To cover some of the services that Parts A and B don't, you can purchase one of the following:
 - A **Medicare Supplement** (or “Medigap”) plan, which helps you with Parts A and B deductibles and coinsurance. These plans are standardized and offered by private carriers. You can see any provider who accepts Medicare. Not all carriers offer all Medicare Supplement plans.
 - A **Medicare Advantage** plan, which offers a package of benefits to replace your Medicare coverage. These plans offer coverage that is at least equal to Medicare. Since they're built and run by private carriers, they may have different copays and coinsurance levels. They may also require you to use the carrier's network.
 - A **Part D** plan. These plans provide coverage for prescription drugs only. (Some Medicare Advantage plans also offer built-in prescription coverage.)
 - Or a combination of these
- When you become eligible for Medicare, you have a seven-month window to enroll (the month of your eligibility, the three months before and the three months after). After this, there are set enrollment periods when you can enroll late or switch plans. If you are considering changing plans and are not sure when you can change, call us at 1-888-REGENCE (1-888-734-3623); TTY 711, Monday through Friday between 8:30 a.m. and 6 p.m. Mountain time.

When you have questions or need to talk through your options, there are many resources available. Regence staffs highly trained and experienced Medicare experts who are easy to reach and talk to.

Regence

Call us Monday through Friday, between 8:30 a.m. and 6 p.m., Mountain time:

Toll-free: 1-888-REGENCE (1-888-734-3623)

TTY: 711

We also have many resources available online:

Product details and forms for all our Medicare Supplement and Regence MedAdvantage (PPO) plans: www.regence.com/UT/products/medicare

Medicare

You can reach Medicare experts 24 hours a day, 7 days a week at:

Toll-free: 1-800-MEDICARE (1-800-633-4227)

TTY: 1 (877) 486-2048

Online resources are also available for:

General Medicare info: www.medicare.gov

Once you've decided that you need a Medicare supplement plan, your next job is to decide which one is right for you. We're here to help you figure that out.

Which standard plan is right for you?

That depends on your health, finances and preferences. Each plan has its own advantages. The enclosed booklet, "Choosing a Medigap Policy—A Guide to Health Insurance for People With Medicare," will help you better understand Medicare's gaps, compare plans and make the right decision.

Low-cost options

Regence offers two lower-cost Medicare Select plans—Plans C and F, from Regence HealthWise. Available only to residents of Weber, Davis, Salt Lake and Utah counties, these plans are virtually identical to our standard Medicare Supplement plans C and F except that:

- The premiums for the BlueSelect plans are lower.
- In general, BlueSelect subscribers must use the IHC hospital network listed in the BlueSelect brochure to receive full benefits.

Only at Regence

At Regence, we're committed to helping you make the most of your health care dollar. That's why we provide programs that are designed not only to help you when you need care, but also to support you in improving your overall health and wellness. These programs and tools include an interactive Web site—**myRegence.com**, powered by the Regence Engine—which provides advice and assistance in navigating the health care system. We are also pleased to offer you access to a number of health-related discounts on goods and services such as prescription drugs at 50,000 pharmacies nationwide, fitness memberships, eyeglasses, hearing aid services and more. Visit our Web site at www.regence.com/UT/products/medicare for a complete list and more information.

Regence BlueCross BlueShield of Utah

Outline of Medicare Supplement (Medigap) Coverage – Benefit Plans A – J

These charts show the benefits included in each of the standard Medicare Supplement plans. Every company must make available Plan “A.” Some plans may not be available in our state. The plans offered by Regence BlueCross BlueShield of Utah are shaded in the chart below.

See Outlines of Coverage sections for details about all plans.

BASIC BENEFITS: For Plans A - J.

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.
Blood: First three pints of blood each year.

A	B	C	D	E	F*	G	H	I	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility 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 A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
	Part B Deductible	Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
		At-Home Recovery	At-Home Recovery		At-Home Recovery	At-Home Recovery		At-Home Recovery	At-Home Recovery
				Preventive Care NOT covered by Medicare					Preventive Care NOT covered by Medicare

*Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a \$2,000 calendar year deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses exceed \$2,000. 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.

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Outline of Medicare Supplement (Medigap) Coverage – Page 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost sharing for the basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% coinsurance for Part B Preventive Services
Skilled Nursing Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT covered by Medicare		
	\$4,620 out-of-pocket annual limit***	\$2,310 out-of-pocket annual limit***

** Plans K and L provide for different cost-sharing for items and services than Plans A – J.

Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges”. You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions.

Premium Information – Medicare Supplement Plans

Rates effective August 1, 2009

Monthly Premium Rates							
Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65	\$101	\$115	\$134	\$125	\$126	\$136	\$134
66	\$107	\$119	\$142	\$132	\$131	\$143	\$142
67	\$109	\$126	\$148	\$136	\$137	\$150	\$148
68	\$113	\$131	\$154	\$143	\$144	\$155	\$154
69	\$115	\$136	\$161	\$150	\$149	\$162	\$160
70	\$117	\$143	\$167	\$154	\$155	\$169	\$166
71	\$120	\$148	\$173	\$161	\$162	\$175	\$172
72	\$124	\$152	\$179	\$168	\$168	\$184	\$179
73	\$126	\$160	\$187	\$175	\$175	\$189	\$187
74	\$128	\$166	\$193	\$180	\$180	\$196	\$193
75-79	\$135	\$182	\$216	\$202	\$202	\$218	\$216
80-84	\$142	\$202	\$235	\$220	\$221	\$240	\$235
85+	\$144	\$211	\$247	\$230	\$231	\$251	\$247

Quarterly Premium Rates							
Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65	\$303	\$345	\$402	\$375	\$378	\$408	\$402
66	\$321	\$357	\$426	\$396	\$393	\$429	\$426
67	\$327	\$378	\$444	\$408	\$411	\$450	\$444
68	\$339	\$393	\$462	\$429	\$432	\$465	\$462
69	\$345	\$408	\$483	\$450	\$447	\$486	\$480
70	\$351	\$429	\$501	\$462	\$465	\$507	\$498
71	\$360	\$444	\$519	\$483	\$486	\$525	\$516
72	\$372	\$456	\$537	\$504	\$504	\$552	\$537
73	\$378	\$480	\$561	\$525	\$525	\$567	\$561
74	\$384	\$498	\$579	\$540	\$540	\$588	\$579
75-79	\$405	\$546	\$648	\$606	\$606	\$654	\$648
80-84	\$426	\$606	\$705	\$660	\$663	\$720	\$705
85+	\$432	\$633	\$741	\$690	\$693	\$753	\$741

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

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There’s a lot to know about Medicare and Medicare Supplement plans. This brochure will help you make sense of your options—and then find the one that fits you best.

Disclosures

Use this outline to compare benefits and premiums among policies.

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 2890 East Cottonwood Parkway, Salt Lake City, Utah 84121. 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 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.

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.

Neither Regence BlueCross BlueShield of Utah nor its agents are connected with Medicare.

Plan A

Services	Medicare Pays	Plan A Pays	You Pay
Medicare (Part A) – Hospital Services – Per Benefit Period			
Hospitalization*			
Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$0	\$1,068 (Part A deductible)
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$512 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 \$133.50 a day	\$0	Up to \$133.50 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			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

* 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.

** **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 (continued)

Services	Medicare Pays	Plan A Pays	You Pay
Medicare (Part B) – Medical Services – Per 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

*** Once you have been billed \$135 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.

Plan B

Services	Medicare Pays	Plan B Pays	You Pay
Medicare (Part A) – Hospital Services – Per Benefit Period			
Hospitalization*			
Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	\$0	Up to \$133.50 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			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

* 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.

** **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 B (continued)

Services	Medicare Pays	Plan B Pays	You Pay
Medicare (Part B) – Medical Services – Per 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood 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 \$135 of Medicare approved amounts***	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

*** Once you have been billed \$135 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.

Plan C

Services	Medicare Pays	Plan C Pays	You Pay
Medicare (Part A) – Hospital Services – Per Benefit Period			
Hospitalization*			
Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 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			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

* 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.

** **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 (continued)

Services	Medicare Pays	Plan C Pays	You Pay
Medicare (Part B) – Medical Services – Per 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 \$135 of Medicare approved amounts***	\$0	\$135 (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 \$135 of Medicare approved amounts***	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood 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 \$135 of Medicare approved amounts***	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

*** Once you have been billed \$135 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.

Plan C (continued)

Services	Medicare Pays	Plan C Pays	You Pay
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Other Benefits – not covered by Medicare

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

Plan D

Services	Medicare Pays	Plan D Pays	You Pay
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Medicare (Part A) – Hospital Services – Per Benefit Period

Hospitalization*

Semi-private room & board, general nursing and miscellaneous services and supplies

First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267/day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 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

* 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.

** **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 D (continued)

Services	Medicare Pays	Plan D Pays	You Pay
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Medicare (Part A) – Hospital Services – Per Benefit Period (continued)**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 \$133.50 a day	Up to \$133.50 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

Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
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Medicare (Part B) – Medical Services – Per 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (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

* 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.

*** Once you have been billed \$135 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.

Plan D (continued)

Services	Medicare Pays	Plan D Pays	You Pay
Medicare (Part B) – Medical Services – Per Calendar Year (continued)			
Blood			
First 3 pints	\$0	All Costs	\$0
Next \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
At-Home Recovery Service – Not covered by Medicare			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
Calendar year maximum	\$0	\$1,600	Balance

*** Once you have been billed \$135 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.

Plan D (continued)

Services	Medicare Pays	Plan D Pays	You Pay
Other Benefits – not covered by Medicare			
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

Plan E

Services	Medicare Pays	Plan E Pays	You Pay
Medicare (Part A) – Hospital Services – Per Benefit Period			
Hospitalization*			
Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 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

* 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.

** **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 E (continued)

Services	Medicare Pays	Plan E Pays	You Pay
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Medicare (Part A) – Hospital Services – Per Benefit Period (continued)**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 \$133.50 a day	Up to \$133.50 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

Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
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Medicare (Part B) – Medical Services – Per 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (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

* 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.

*** Once you have been billed \$135 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.

Plan E (continued)

Services	Medicare Pays	Plan E Pays	You Pay
Medicare (Part B) – Medical Services – Per Calendar Year (continued)			
Blood			
First 3 pints	\$0	All Costs	\$0
Next \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0
Other Benefits – not covered by Medicare			
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

*** Once you have been billed \$135 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.

Plan E (continued)

Services	Medicare Pays	Plan E Pays	You Pay
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Other Benefits – not covered by Medicare (continued)

Preventive Medical Care Benefit – not covered by Medicare****

Some annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare

First \$120 each calendar year	\$0	\$120	\$0
Additional charges	\$0	\$0	All costs

Plan F

Services	Medicare Pays	Plan F Pays	You Pay
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Medicare (Part A) – Hospital Services – Per Benefit Period

Hospitalization*

Semi-private room & board, general nursing and miscellaneous services and supplies

First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 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

*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.

** **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.

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

Plan F (continued)

Services	Medicare Pays	Plan F Pays	You Pay
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Medicare (Part A) – Hospital Services – Per Benefit Period (continued)**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 \$133.50 a day	Up to \$133.50 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

Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
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Medicare (Part B) – Medical Services – Per 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 \$135 of Medicare approved amounts***	\$0	\$135 (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

* 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.

*** Once you have been billed \$135 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.

Plan F (continued)

Services	Medicare Pays	Plan F Pays	You Pay
Medicare (Part B) – Medical Services – Per Calendar Year (continued)			
Blood			
First 3 pints	\$0	All Costs	\$0
Next \$135 of Medicare approved amounts***	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood 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 \$135 of Medicare approved amounts***	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0
Other Benefits – not covered by Medicare			
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

*** Once you have been billed \$135 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.

Plan G

Services	Medicare Pays	Plan G Pays	You Pay
Medicare (Part A) – Hospital Services – Per Benefit Period			
Hospitalization*			
Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61st thru 90th day	All but \$267 a day	\$267 a day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$534 a day	\$534 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 \$133.50 a day	Up to \$133.50 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			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

* 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.

** **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 (continued)

Services	Medicare Pays	Plan G Pays	You Pay
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Medicare (Part B) – Medical Services – Per 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 \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	80%	20%

Blood

First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

Clinical Laboratory Services

Blood tests for diagnostic services	100%	\$0	\$0
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Home Health Care – Medicare-approved services

Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$135 of Medicare approved amounts***	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	\$0

*** Once you have been billed \$135 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.

Plan G (continued)

Services	Medicare Pays	Plan G Pays	You Pay
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Parts A & B (continued)**At-Home Recovery Service – Not covered by Medicare**

Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan

Benefit for each visit	\$0	Actual charges to \$40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
Calendar year maximum	\$0	\$1,600	Balance

Other Benefits – not covered by Medicare**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

What Is Not Covered

Underwriting requirements

If you are age 65 or older and you enroll within six months of your Medicare Part B effective date, you are not subject to any Regence BlueCross BlueShield of Utah underwriting requirements.

No benefits are provided for:

- Private duty nursing
- Services excluded by Medicare
- Custodial nursing home care costs
- Intermediate nursing home care costs
- Home health care if the patient is not homebound
- Services considered not medically necessary
- Dental care, dentures, physicals, routine immunizations, cosmetic surgery, routine care examinations, the cost of hearing aids or eyeglasses except when eyeglasses are required following cataract surgery (does not apply if you have purchased the preventive package)
- Injuries or disease covered by Workers Compensation or other liability insurance which is primary
- Services provided by an employer-sponsored program or service covered under federal, state or local laws
- Disease contracted or injury sustained as a result of war
- Services or supplies not ordered by an attending physician
- Services of blood donors
- Services to a subscriber confined to a hospital or extended care facility on the effective date, so long as subscriber is continuously confined
- Services covered and paid, or which could have been covered and paid, by Medicare

Payment Plan Options

Direct Quarterly Bill

If you choose, you can receive a direct quarterly billing, mailed to your home address as indicated on your application.

SurePay

SurePay allows you to have your premium withdrawn automatically each month from your personal checking account. Payments are made monthly rather than quarterly, making your budgeting process much easier. SurePay eliminates postage as well as the time and expense of writing checks. It is not necessary to send in your first month's premium with your application. Generally, we will automatically deduct it from your checking account. **Please note:** occasionally, applications are received and processed without time for Surepay to be set up. In these instances, we will send you a bill for the premium due until the Surepay draft takes effect.

When completing your application, select one of the two payment options on the application form. A SurePay form is enclosed for your convenience when selecting this payment option.

Salt Lake City

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or visit us on the web at

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