

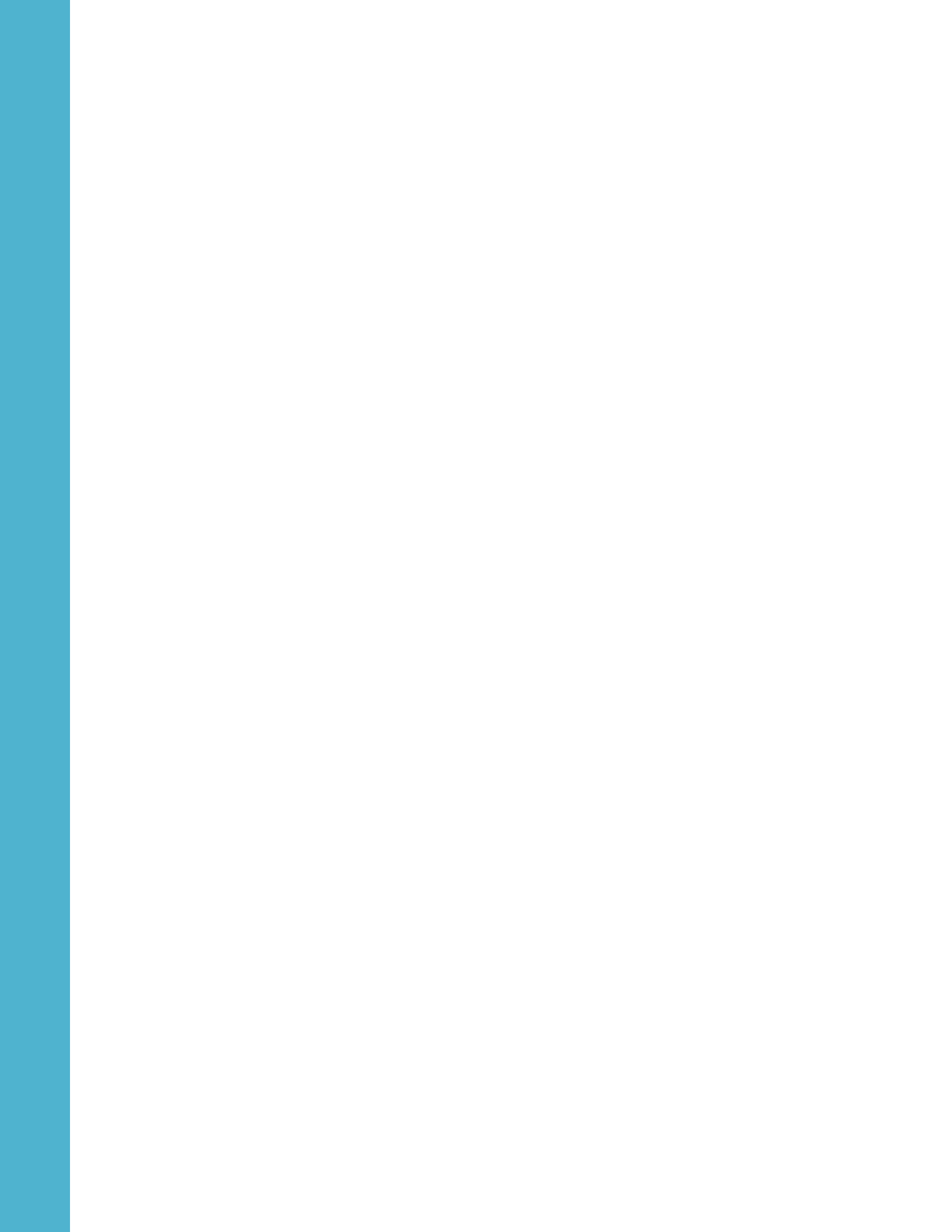
Regence Bridge Medigap (Medicare Supplement) Plans Includes Outline of Coverage

Making sure you have the coverage that's right for you.

Regence
Medicare Plans



Regence



Helping your Medicare coverage do more

Medicare is good coverage. But it doesn't cover everything, and often people need benefits that Original Medicare Parts A and B don't provide. That's why many people buy a Medigap plan.

Medigap covers a number of things that Medicare doesn't. There is a range of Medigap options to choose from, offering a variety of benefits, costs and features. This brochure will introduce you to our Regence Bridge Medigap plans so that you can find the plan that will work best for you.

Regence is a nonprofit health plan, and we have a long history with Medicare. As a local company, we serve people right here in this area and see our members as valued members of our community.

Since the health of our members and our community is important, we offer additional resources to assist with health decisions and purchases. Toll-free phone access to a nurse around the clock, discounts on health-related goods and services, and online health-related tools are built into all our Medigap plans. Learn more about these valuable resources later in this brochure.

Applying is easy. Simply complete and return the enclosed application in the return envelope provided. You can also contact us or your insurance producer (agent) for more information. To contact us by phone call 1-888-REGENCE (1-888-734-3623). TTY users should call 711. Or, you can visit our website at **www.regence.com/medicare**.

We hope you'll discover why so many Medicare beneficiaries in Utah rely on Regence BlueCross BlueShield of Utah for their health care coverage.

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Regence Bridge Medigap Information Section (Overview)

This section provides you with basic information about Medigap benefits, critical issues to consider when selecting a Medigap plan, when and how to enroll, and where to get the answers to your questions.

Outline of Coverage Section (Detail)

The Outline of Coverage digs deeper into the details of each plan, what the plan pays and what Medicare pays, and what the monthly rate is. This section should give you the detail you need to decide which plan you want.

Regence Bridge Medigap options

Regence offers Medigap Plans A, C, F and K. All Medigap plans offer the same “basic benefits”: Medicare Part A coinsurance; Medicare Part B coinsurance/copays; the first three pints of blood; and hospice care coinsurance/copays. Please note that Plan K covers many benefits at 50% and also has an out-of-pocket annual limit.

The basic benefits cover some of the health care costs that can escalate and become a financial burden. These benefits are meant to supplement Medicare coverage, providing you with a more complete health care package. If you want more coverage than the basic benefits, all of the plans except Plan A have additional benefits.

The chart below gives you a quick look at the plans and benefits. Check marks or amounts indicate the benefit is provided in that plan. Immediately following the chart is an explanation of the benefits.

Basic (core) benefits	Regence Bridge Plan A	Regence Bridge Plan C	Regence Bridge Plan F	Regence Bridge Plan K
Medicare Part A coinsurance/copays	✓	✓	✓	✓
Medicare Part B coinsurance/copays	✓	✓	✓	50%
Blood - first 3 pints	✓	✓	✓	50%
Hospice care coinsurance/copays	✓	✓	✓	50%
Additional benefits				
Skilled nursing facility coinsurance		✓	✓	50%
Part A deductible (per benefit period)		✓	✓	50%
Part B deductible (annual)		✓	✓	
Part B excess charges			✓	
Foreign travel emergency		80%	80%	
Out-of-pocket annual limit				\$4,660*

**This amount is for 2012 and may change in 2013.*

What does each Medigap benefit cover?

Basic benefits – offered in all plans

Medicare Part A (inpatient hospital) coinsurance

This is the amount you may have to pay after you meet the Part A deductible. The Part A deductible is explained below.

Medicare Part B (medical services) coinsurance

This is the percentage of the Medicare-approved amount you may have to pay after you meet the Part B deductible*.

Blood – First 3 pints each year*

Hospice care coinsurance/copays

You must meet Medicare's requirements for hospice, including a doctor's certificate of terminal illness*.

Additional benefits – offered by some plans

Skilled nursing facility coinsurance (Plans C, F, K*)

You share a portion of skilled nursing facility expenses with Medicare. Your share of the cost is called your coinsurance. There is no coinsurance for the first 20 days of a benefit period. For days 21-100 of a benefit period the coinsurance is \$144.50** per day.

Medicare Part A deductible (Plans C, F, K*)

When hospitalized, you're required to pay a Medicare Part A deductible before Medicare begins to pay for any covered services. In 2011 the Part A deductible is \$1,156.** The deductible is required once **per benefit period**. A benefit period begins the day you're admitted to a hospital or skilled nursing facility. It ends when you haven't received any inpatient hospital care (or care in a skilled nursing facility) for 60 days in a row. If you go into a hospital or a skilled nursing facility after a benefit period has ended, a new benefit period begins and you'll be required to pay the Part A deductible again.

**PLEASE NOTE: Plan K covers 50% of the charges and you cover 50%.*

***This amount is for 2012 and may change in 2013.*

Medicare Part B deductible (Plans C, F)

Medicare Part B pays for many physician services and other medical care. However, before Medicare begins to pay for services each year, you have to pay the Medicare Part B deductible. In 2012 the Part B deductible is \$140.**

Medicare Part B excess charges (Plan F)

Sometimes you may receive Medicare Part B services from a doctor or provider who does not accept Medicare Assignment. This means the doctor may charge more for medical services than Medicare will pay. This extra amount is called “excess charges.” Plan F covers Part B excess charges for Medicare-eligible expenses.

Foreign travel emergency (Plans C, F)

In most cases, Medicare doesn't pay for care provided outside the United States. During a trip to a foreign country, you may need emergency hospital, physician or medical care. If you receive medically necessary emergency care for an illness or injury that begins during the first 60 days of a trip and your care isn't covered by Medicare, then you pay the first \$250 (once every calendar year) for Medicare-eligible expenses. Once you've paid this amount, your Medigap plan pays 80% of the billed charges for Medicare-eligible expenses up to a lifetime maximum of \$50,000.

***This amount is for 2012 and may change in 2013.*

How do I apply?

If you're undecided about which plan you want

If you need help deciding which plan will work the best for you, please let us know. As you read through this packet of information, please don't hesitate to call us at the number below to get answers to your questions. Or, at your request, a licensed sales representative will come to your home to walk you through your options.

To get information or schedule a home visit, give us a call at 1-888-REGENCE (1-888-734-3623), talk to an insurance producer (agent), or visit www.regence.com/medicare.

If you're ready to enroll, here's what you need to do:

1 Determine if you're eligible to apply.

You may apply for a Regence Bridge Medigap plan if you:

- Reside in Utah
- Will be age 65 or older at the time of coverage
- Are enrolled, or will be enrolled, in Medicare Parts A and B at the time of coverage

2 Determine when you can apply.

The best time to apply is during your Medigap open enrollment period. This period lasts for six months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B. During this time you're guaranteed the right to buy any Regence Bridge Medigap policy without having to submit a health statement.

For information on other periods when you can apply, read "Choosing a Medigap Plan," which is enclosed in this packet.

3 Apply.

We've worked hard to make it as easy as possible to apply for one of our Regence Bridge Medigap plans. There are three different ways to submit an application:

1. Fill out the application enclosed in the packet. Follow the instructions on the application. Be sure to complete all the parts that pertain to you in ink, and then sign and mail. A return envelope is enclosed.
2. Apply online at www.regence.com/medicare.
3. Contact an insurance producer (agent).

4 Choose a payment option.

When completing your application, select one of the two payment options on the application form:

1. **Direct bill:** We can send a direct billing statement to the home address you provide on your application. Be sure to check whether you want the bill monthly, quarterly, semi-annually or annually. You can save \$16 to \$22 a year by paying with one of these multiple-month options.
2. **Surepay:** Surepay allows you to have your premium withdrawn automatically each month from your personal checking or savings account. Payments are made monthly. By using Surepay you'll save on postage and on the time and expense of writing checks. You'll also save \$24 on your premium each year. You won't need to send in your first month's premium. We will automatically deduct it from your checking or savings account. A Surepay form is enclosed for your convenience.

Our Regence Bridge Medigap plans also provide built-in resources to help you make informed decisions about your care and even save money.

- **CareEnhance®:** A 24-hour nurse line that answers medical questions and helps you decide whether to go the ER or urgent care, call your doctor or treat your problem at home.
- **myRegence.com:** An online resource where you can search for providers, check your claims, compare cost and quality, get support and advice, and research health topics.
- **Regence Advantages:** A members-only program that saves you money on health-related goods and services, including hearing aids, eyewear and LASIK surgery.

THESE PROGRAMS ARE NOT INSURANCE BUT ARE OFFERED IN ADDITION TO YOUR MEDIGAP PLAN TO HELP YOU GET INFORMATION AND SUPPORT WHEN YOU NEED IT. WE RESERVE THE RIGHT TO CHANGE THESE SERVICES AT ANY TIME.

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.

How to get more information about Medicare and Medigap

Regence

Call us weekdays, between 8 a.m. and 5 p.m. Pacific time:

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

TTY: 711

We also have product details and forms for all our Regence Bridge Medigap plans online at **www.regence.com/medicare**

Medicare

You can reach Medicare representatives 24 hours a day, seven days a week at the Medicare hotline:

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

TTY/TDD users should call 1 (877) 486-2048

Online resources are also available for general Medicare info: **www.medicare.gov**

You can also call an insurance producer (agent).

Outline of Coverage

(Detailed Benefit Information)

The Outline of Coverage digs deeper into the details of each plan, what the plan pays and what Medicare pays, and what the monthly rate is. This section should give you the detail you need to decide which plan you want.

Medicare Supplement Plans (Medigap Plans)

Outline of Coverage





Regence BlueCross BlueShield of Utah

Benefit Chart of Medicare Supplement Plans sold on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan “A” available. Some plans may not be available in our state. **The plans offered by Regence BlueCross BlueShield of Utah 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 does not offer the high-deductible Plan F.

Regence BlueCross BlueShield of Utah

Outline of Medicare Supplement (Medigap) Coverage – Page 2

K	L	M	N
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
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		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		

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Premium Information

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

Rates effective Aug. 1, 2011

Monthly Surepay Bill										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$92	\$96	\$101	\$105	\$109	\$113	\$117	\$121	\$124	\$127
Plan C	\$121	\$128	\$134	\$140	\$147	\$153	\$160	\$166	\$172	\$177
Plan F	\$122	\$129	\$135	\$141	\$148	\$155	\$161	\$167	\$173	\$178
Plan K	\$66	\$69	\$74	\$77	\$81	\$84	\$87	\$91	\$94	\$97
Monthly Paper Bill										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$94	\$98	\$103	\$107	\$111	\$115	\$119	\$123	\$126	\$129
Plan C	\$123	\$130	\$136	\$142	\$149	\$155	\$162	\$168	\$174	\$179
Plan F	\$124	\$131	\$137	\$143	\$150	\$157	\$163	\$169	\$175	\$180
Plan K	\$68	\$71	\$76	\$79	\$83	\$86	\$89	\$93	\$96	\$99
Quarterly Rate										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$278	\$290	\$305	\$317	\$329	\$341	\$353	\$365	\$374	\$383
Plan C	\$365	\$386	\$404	\$422	\$443	\$461	\$482	\$500	\$518	\$533
Plan F	\$368	\$389	\$407	\$425	\$446	\$467	\$485	\$503	\$521	\$536
Plan K	\$200	\$209	\$224	\$233	\$245	\$254	\$263	\$275	\$284	\$293
Semi-Annual Rate										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$554	\$578	\$608	\$632	\$656	\$680	\$704	\$728	\$746	\$764
Plan C	\$728	\$770	\$806	\$842	\$884	\$920	\$962	\$998	\$1,034	\$1,064
Plan F	\$734	\$776	\$812	\$848	\$890	\$932	\$968	\$1,004	\$1,040	\$1,070
Plan K	\$398	\$416	\$446	\$464	\$488	\$506	\$524	\$548	\$566	\$584
Annual Rate										
Age	65	66	67	68	69	70	71	72	73	74
Plan A	\$1,106	\$1,154	\$1,214	\$1,262	\$1,310	\$1,358	\$1,406	\$1,454	\$1,490	\$1,526
Plan C	\$1,454	\$1,538	\$1,610	\$1,682	\$1,766	\$1,838	\$1,922	\$1,994	\$2,066	\$2,126
Plan F	\$1,466	\$1,550	\$1,622	\$1,694	\$1,778	\$1,862	\$1,934	\$2,006	\$2,078	\$2,138
Plan K	\$794	\$830	\$890	\$926	\$974	\$1,010	\$1,046	\$1,094	\$1,130	\$1,166

Medicare Supplement Plans

Monthly Surepay Bill											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$130	\$133	\$135	\$136	\$137	\$138	\$139	\$140	\$140	\$140	\$140
Plan C	\$183	\$189	\$194	\$198	\$202	\$205	\$209	\$214	\$217	\$220	\$222
Plan F	\$184	\$190	\$195	\$199	\$203	\$206	\$211	\$215	\$218	\$221	\$223
Plan K	\$101	\$103	\$106	\$108	\$110	\$112	\$114	\$117	\$118	\$120	\$121
Monthly Paper Bill											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$132	\$135	\$137	\$138	\$139	\$140	\$141	\$142	\$142	\$142	\$142
Plan C	\$185	\$191	\$196	\$200	\$204	\$207	\$211	\$216	\$219	\$222	\$224
Plan F	\$186	\$192	\$197	\$201	\$205	\$208	\$213	\$217	\$220	\$223	\$225
Plan K	\$103	\$105	\$108	\$110	\$112	\$114	\$116	\$119	\$120	\$122	\$123
Quarterly Rate											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$392	\$401	\$407	\$410	\$413	\$416	\$419	\$422	\$422	\$422	\$422
Plan C	\$551	\$569	\$584	\$596	\$608	\$617	\$629	\$644	\$653	\$662	\$668
Plan F	\$554	\$572	\$587	\$599	\$611	\$620	\$635	\$647	\$656	\$665	\$671
Plan K	\$305	\$311	\$320	\$326	\$332	\$338	\$344	\$353	\$356	\$362	\$365
Semi-Annual Rate											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$782	\$800	\$812	\$818	\$824	\$830	\$836	\$842	\$842	\$842	\$842
Plan C	\$1,100	\$1,136	\$1,166	\$1,190	\$1,214	\$1,232	\$1,256	\$1,286	\$1,304	\$1,322	\$1,334
Plan F	\$1,106	\$1,142	\$1,172	\$1,196	\$1,220	\$1,238	\$1,268	\$1,292	\$1,310	\$1,328	\$1,340
Plan K	\$608	\$620	\$638	\$650	\$662	\$674	\$686	\$704	\$710	\$722	\$728
Annual Rate											
Age	75	76	77	78	79	80	81	82	83	84	85+
Plan A	\$1,562	\$1,598	\$1,622	\$1,634	\$1,646	\$1,658	\$1,670	\$1,682	\$1,682	\$1,682	\$1,682
Plan C	\$2,198	\$2,270	\$2,330	\$2,378	\$2,426	\$2,462	\$2,510	\$2,570	\$2,606	\$2,642	\$2,666
Plan F	\$2,210	\$2,282	\$2,342	\$2,390	\$2,438	\$2,474	\$2,534	\$2,582	\$2,618	\$2,654	\$2,678
Plan K	\$1,214	\$1,238	\$1,274	\$1,298	\$1,322	\$1,346	\$1,370	\$1,406	\$1,418	\$1,442	\$1,454

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 PO Box 30270, Salt Lake City, Utah 84130-0270. 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 Utah 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.

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.

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

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.

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

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

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

****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 (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
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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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

Plan F (continued)

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

Services	Medicare Pays	Plan Pays	You Pay
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
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 \$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.

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
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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

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.

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

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*.





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