



Regence



OREGON

MEDICARE SUPPLEMENT

Plan Comparison Guide

For plan effective dates January 1, 2024 - December 31, 2024

Regence BlueCross BlueShield of Oregon

REG-OR-36414-23/07



Strength & experience matter

Regence gives you peace of mind and the support of our Medicare experts to help make your health care journey stress free.

We have a long history of serving Medicare beneficiaries with coverage options that can suit both your health and financial needs. With a health plan powered by the most trusted name in health insurance, you'll get quick answers, friendly customer service and the reliability you expect from a trusted, local Blue Plan.



Coverage you can count on

With an "A" (Excellent) financial strength rating from AM Best, we'll be here for you now and in the future.¹



Trusted service your neighbors love

93% of our Medicare members say they're happy with their Regence experience.²



Top choice for consumers

Blue Plans are the #1 preferred brand in health insurance since 2005.³



Local, nonprofit company

We've been serving members in Oregon for over 80 years.

(1) AM Best rating affirmed for Regence BlueCross BlueShield of Oregon on Nov. 10, 2022.

(2) Source: 2021 Service Quality Measurement (SQM) Group Member Satisfaction Survey.

(3) Source: Annual Harris Poll® EquiTrend® study, April 2021.

What is a Medigap plan?

Original Medicare was never intended to cover 100% of your medical costs. Without supplemental coverage, there’s no limit to how much you could pay out of pocket each year.

That’s where a Medigap (also called Medicare Supplement) plan comes in. It fills in the gaps and covers the costs Original Medicare (Parts A and B) doesn’t pay—such as deductibles, copays and coinsurance—so you don’t pay thousands of dollars for care.

Compare your costs with Medigap versus Original Medicare

Type of care	With Original Medicare alone	With Medicare and a Medigap Plan G
1-day hospital stay	\$1,632 Part A deductible	\$0
Days 61-90 in the hospital	\$408 a day	\$0
Days 21-100 in a skilled nursing facility	\$204 a day	\$0
Doctor visits and outpatient surgeries	\$240 Part B deductible + 20% coinsurance	\$240

Have freedom and confidence in the years ahead

Medigap makes Medicare simple and predictable. And your benefits never change. So you never have to worry about shopping for a new plan as long as your Medigap plan fits your needs.



Predictable coverage year over year



Premium discounts available if you qualify



Covers you anywhere you travel in the U.S.



Keep your coverage for life as long as you pay your premium



See any Medicare provider nationwide

Peace of mind for life

Feel confident that your physical and financial health is always protected.

Guaranteed issue—Get coverage regardless of medical or claims history.¹

Guaranteed renewable—Keep your coverage year over year as long as you pay your premium.

Coverage starts immediately—There's no waiting period for preexisting conditions.

Policy can't be canceled—You're covered regardless of age, number of claims or health changes.²

Control over your care

You have the freedom to use the doctors and hospitals you trust—you can see any provider that accepts Medicare anywhere in the U.S.

Medigap plans have:

- No provider networks
- No referrals to see a specialist
- No prior authorizations needed for care

Need to find a doctor? Enter your ZIP code at **[medicare.gov/care-compare](https://www.medicare.gov/care-compare)** to find doctors and hospitals in your area who accept Medicare.

More ways to save money

EFT discount

Save \$24 per year when you choose electronic funds transfer (EFT) to automatically pay your monthly plan premium³ from your bank account. It's faster and more convenient than paying your bill by mail. Plus, it's an easy way to stay on track and free up time for the rest of your to-do list.

Household discount

Get a **\$45 monthly discount** on your plan premium³ if you live in a household with other adults. That's a savings of \$540 per year!

You qualify if you reside with a spouse or domestic partner of any age, or you currently reside with at least one, but no more than three, other adults who are age 60 or older.



(1) You have a six-month window for guaranteed acceptance that begins the month you turn 65 and/or the month your Medicare Part B coverage begins. You must have Medicare Parts A and B to apply for a Medigap plan.

(2) As long as you pay your premium and there is no material misrepresentation on your plan application.

(3) Premium discounts are not available for the optional dental, vision and hearing benefits rider.

Medigap benefits explained

Below is a brief description of benefits you may get with a Medigap plan. Not all of them are on every plan. The chart on the next page shows which plans we offer, what services each plan covers and any limits on benefits.

Medicare Part A coinsurance/copays—Covers your costs for Medicare-covered hospital services after you meet the Part A deductible. Includes hospital costs up to an additional 365 days after Medicare benefits are used up.

Medicare Part B coinsurance/copays—Covers your costs for Medicare-covered medical services after you meet the Part B deductible.

Blood—Covers the cost of the first three pints of blood each benefit period.

Hospice care coinsurance/copays—Covers your costs for Medicare-covered hospice services, if you meet Medicare's requirements for hospice.

Skilled nursing facility coinsurance—Covers your coinsurance for days 21-100 of a Medicare-covered stay. There's no coinsurance for the first 20 days of a benefit period.

Medicare Part A deductible—Covers the Part A deductible you need to pay before your coverage for hospital services begins. You need to pay the Part A deductible each time you're admitted to a hospital or skilled nursing facility (also known as a benefit period). The Part A deductible is \$1,632¹ in 2024.

Medicare Part B deductible²—Covers the Part B deductible that you need to pay each year before your medical service coverage begins. The Part B deductible is \$240¹ in 2024.

Part B excess charges—Covers 100% of what you would owe for billed charges over and above what Medicare would pay. This most commonly occurs if you receive care from a provider that doesn't accept Medicare.

Note: Providers that don't accept Medicare typically require you to pay the entire bill up front. It would be up to you to file a claim to be reimbursed for the amount Medicare would have covered.

Foreign travel emergency—Covers 80% of the charges for Medicare-eligible and medically necessary emergency care provided outside the U.S. You must pay for the first \$250 of Medicare-eligible emergency medical expenses (once every calendar year). Your emergency care must be provided within the first 60 days of travel. There's a lifetime benefit maximum of \$50,000.

(1) This amount is for 2024 and may change in 2025.

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

Let's compare plans

The chart below lists the Regence Medigap plans available in your state. A check mark (✓) means the plan pays 100% of this benefit. Otherwise, the plan pays the percentage shown.

All Medigap plans provide basic benefits. Your benefits begin after you meet your deductibles, unless your Medigap plan also pays the deductible.

✓ = 100% coverage

Medigap Plans A, G, K and N are available to all individuals enrolled in Medicare Part A and Part B. You may be eligible for Plans C and F if you became Medicare-eligible before Jan. 1, 2020, based on disability or ESRD status, OR turned 65 before Jan. 1, 2020, and are currently enrolled in Medicare Part A and Part B.

Basic (core) benefits	Plans available to all individuals				Medicare first eligible before 2020 only	
	A	G	K	N	C	F
Medicare Part A coinsurance/copays	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance/copays	✓	✓	50%	✓ ²	✓	✓
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 (once yearly)					✓	✓
Part B excess charges		✓				✓
Foreign travel emergency (up to plan limits)		80%		80%	80%	80%
Annual out-of-pocket limit			\$7,060 ¹			

(1) Plan K pays 100% of covered services for the rest of the calendar year once you meet the annual out-of-pocket limit. Amount listed is for 2024 and may change in 2025.

(2) Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to a \$50 copay for emergency room visits that don't result in inpatient admission.

Which plan is right for me?

The information below is an overview of how each type of plan works, so you can find one that fits you best. In general, a plan with more coverage costs more, and a plan with less coverage costs less. Understanding your health needs and how you'll use Medigap may help you choose a plan with the right cost and benefit structure for you.

PLAN

A

GOOD OPTION if you want a basic plan that pays most of your regular medical care and long-term hospitalization costs.

- Lower monthly premium
- Covers essential medical expenses
- Doesn't cover Part A or B deductibles
- Doesn't cover foreign travel emergencies

PLAN

G

GOOD OPTION if you value convenience and can pay a higher monthly premium for broad coverage and little or no out-of-pocket cost.

- Pay nothing for medical services after your annual Part B deductible (except foreign travel)
- Pays medical bills even from providers that don't accept Medicare
- Emergency travel coverage anywhere in the world

PLAN

K

GOOD OPTION if you're cost conscious and willing to share costs for most medical services in exchange for a very low monthly premium.

- Keeps costs low if you infrequently get care
- Covers medical costs in full after you reach the annual out-of-pocket limit
- Doesn't cover annual Part B deductible
- Doesn't cover foreign travel emergencies

PLAN

N

GOOD OPTION if you want to balance costs and are willing to pay some copays for medical care in exchange for a more affordable premium.

- Moderate premium with limited cost-sharing
- Popular choice with value-minded consumers
- Doesn't cover annual Part B deductible
- Emergency travel coverage anywhere in the world

Valuable extras at no extra cost

Our Medigap plans include programs that help you get the most for your money while helping you stay healthy. **These programs are not insurance and may be changed or discontinued at any time.**



The Silver&Fit® program

Get a free standard gym membership to 16,500+ participating fitness center locations nationwide. Plus you have extra options for home and travel at no cost to you, including:

- Thousands of on-demand workout videos and live streaming fitness classes
- Weekly one-on-one coaching sessions by phone, video or chat

To find a participating fitness center in your area, use the searchable directory at silverandfit.com or call Silver&Fit customer service at **1-888-797-8086** (TTY: 711).



Regence Advice24

Need health questions answered fast? Call our free 24/7 nurse line to talk to a licensed nurse who can answer health questions, assess your symptoms and recommend care.



Secure online member account

Register for your secure member account to get anytime access to the tools and resources you need to use your plan. You can also chat online for instant information and answers from our customer service professionals.



Regence Advantages

Use our members-only discount program to save money on health-related products and services:

Alternative & complementary medicine—

Get 20% off chiropractic, acupuncture, massage therapy and naturopathy services from high-quality integrative health care providers.

Walgreens Smart savings discount—

Save 20% on thousands of Walgreens-brand over-the-counter products when you shop at any Walgreens store.

You'll also save on fitness devices, pet care, healthy meals, prescription eye wear, hearing aids and more. We expand this program all the time, so visit regence.com/member/resources/advantages-discounts for a complete listing.

Vendor participation and discount level may change at any time without prior notice. Some vendors may include separate fees. Regence is independent from the companies that provide these products and services.

Optional dental, vision & hearing

Give yourself the extra coverage you deserve to stay healthy and active for years to come. Your optional benefits rider includes dental, vision and hearing coverage to help you manage the costs of your annual routine exams and corrective care.



Dental

Covers a wide range of services from routine care (like oral exams, cleanings and X-rays) to major services (like crowns, root canals and dentures).



Vision

Covers an annual routine vision exam and standard eyeglass lenses, plus a \$100 allowance per year for eye wear (frames or contact lenses).



Hearing

Covers an annual routine hearing exam, 2 hearing aids (1 per ear per year), 1 year of visits for fittings and adjustments, and 80 free batteries per year.

How it works

You can add the optional dental, vision and hearing benefits rider for an additional \$45 per month.

You can sign up when you first enroll in a Regence Medigap plan. Or you can enroll later during your annual plan renewal period.

Use in-network providers to get the most benefit from your coverage and pay the least out-of-pocket cost.

Visit the sites below to find participating providers near you or around the country:

Dental: regence.com/go/medigap-dental

Vision: vsp.com

Hearing: truhearing.com

You always have the option to go to any provider that accepts Medicare (except for hearing aid coverage), though you may pay more.

This information is not a complete description of benefits. Limitations, copayments and restrictions may apply. There is a 6-month waiting period for Class II (basic) dental services and a 12-month waiting period for Class III (major) dental services. Benefits, premiums and/or copayments/coinsurance may change at your renewal date. The provider network may change at any time. You will receive notice when necessary.

Premium information—Female non-smoker, includes all discounts

Rates effective January 1, 2024

Regence BlueCross BlueShield of Oregon can raise your premium only if we raise the premium for all policies like yours in this state. Premiums are based on your age and gender and whether you smoke. Premiums may increase as you get older.

Your rate may change at your renewal date. Rates are guaranteed not to increase for 12 months after your renewal date. You may receive a monthly premium discount of \$45 if you qualify for our household discount. You qualify if **(1)** you reside with a spouse or domestic partner of any age, or **(2)** you currently reside with at least one, but no more than three, other adults who are age 60 or older. The household discount will be removed if the other person no longer resides with you.

Female monthly plan rates with EFT¹ and household discounts

Non-smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$111	\$190	\$192	\$148	\$70	\$120
66	\$111	\$204	\$205	\$148	\$70	\$120
67	\$111	\$217	\$218	\$148	\$70	\$120
68	\$119	\$232	\$233	\$157	\$76	\$128
69	\$126	\$242	\$244	\$167	\$81	\$136
70	\$134	\$257	\$259	\$176	\$87	\$144
71	\$141	\$268	\$269	\$185	\$92	\$152
72	\$148	\$282	\$283	\$194	\$98	\$160
73	\$156	\$289	\$291	\$204	\$103	\$168
74	\$163	\$301	\$303	\$213	\$109	\$176
75	\$171	\$313	\$314	\$222	\$114	\$184
76	\$178	\$322	\$324	\$231	\$120	\$192
77	\$186	\$337	\$339	\$241	\$125	\$200
78	\$193	\$344	\$345	\$250	\$131	\$208
79	\$201	\$348	\$351	\$259	\$136	\$215
80	\$208	\$357	\$359	\$268	\$142	\$223
81	\$216	\$364	\$366	\$278	\$147	\$231
82	\$223	\$371	\$373	\$287	\$153	\$239
83	\$231	\$380	\$382	\$296	\$158	\$247
84	\$238	\$386	\$388	\$305	\$164	\$255
85	\$246	\$389	\$391	\$315	\$169	\$263
86	\$253	\$389	\$391	\$324	\$175	\$271
87	\$261	\$389	\$391	\$333	\$180	\$279
88	\$268	\$389	\$391	\$343	\$186	\$287
89	\$276	\$389	\$391	\$352	\$191	\$295
90+	\$283	\$389	\$391	\$361	\$197	\$303

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Premium information—Female non-smoker, EFT discount

Rates effective January 1, 2024

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Your rate may change at your renewal date. Rates are guaranteed not to increase for 12 months after your renewal date.

Female monthly plan rates with EFT¹ discount

Non-smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$156	\$235	\$237	\$193	\$115	\$165
66	\$156	\$249	\$250	\$193	\$115	\$165
67	\$156	\$262	\$263	\$193	\$115	\$165
68	\$164	\$277	\$278	\$202	\$121	\$173
69	\$171	\$287	\$289	\$212	\$126	\$181
70	\$179	\$302	\$304	\$221	\$132	\$189
71	\$186	\$313	\$314	\$230	\$137	\$197
72	\$193	\$327	\$328	\$239	\$143	\$205
73	\$201	\$334	\$336	\$249	\$148	\$213
74	\$208	\$346	\$348	\$258	\$154	\$221
75	\$216	\$358	\$359	\$267	\$159	\$229
76	\$223	\$367	\$369	\$276	\$165	\$237
77	\$231	\$382	\$384	\$286	\$170	\$245
78	\$238	\$389	\$390	\$295	\$176	\$253
79	\$246	\$393	\$396	\$304	\$181	\$260
80	\$253	\$402	\$404	\$313	\$187	\$268
81	\$261	\$409	\$411	\$323	\$192	\$276
82	\$268	\$416	\$418	\$332	\$198	\$284
83	\$276	\$425	\$427	\$341	\$203	\$292
84	\$283	\$431	\$433	\$350	\$209	\$300
85	\$291	\$434	\$436	\$360	\$214	\$308
86	\$298	\$434	\$436	\$369	\$220	\$316
87	\$306	\$434	\$436	\$378	\$225	\$324
88	\$313	\$434	\$436	\$388	\$231	\$332
89	\$321	\$434	\$436	\$397	\$236	\$340
90+	\$328	\$434	\$436	\$406	\$242	\$348

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Premium information—Female smoker, includes all discounts

Rates effective January 1, 2024

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Female monthly plan rates with EFT¹ and household discounts

Smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$139	\$231	\$234	\$182	\$90	\$149
66	\$139	\$248	\$249	\$182	\$90	\$149
67	\$139	\$263	\$264	\$182	\$90	\$149
68	\$148	\$281	\$282	\$193	\$97	\$159
69	\$156	\$293	\$295	\$204	\$103	\$168
70	\$166	\$310	\$313	\$215	\$110	\$177
71	\$174	\$323	\$324	\$226	\$116	\$187
72	\$182	\$340	\$341	\$236	\$123	\$196
73	\$191	\$348	\$350	\$248	\$129	\$206
74	\$200	\$362	\$364	\$259	\$136	\$215
75	\$209	\$376	\$377	\$269	\$142	\$224
76	\$217	\$387	\$389	\$280	\$149	\$234
77	\$227	\$404	\$407	\$291	\$155	\$243
78	\$235	\$413	\$414	\$302	\$162	\$253
79	\$244	\$417	\$421	\$313	\$168	\$261
80	\$253	\$428	\$430	\$323	\$175	\$270
81	\$262	\$436	\$439	\$335	\$181	\$280
82	\$270	\$444	\$447	\$346	\$188	\$289
83	\$280	\$455	\$457	\$356	\$194	\$299
84	\$288	\$462	\$464	\$367	\$201	\$308
85	\$297	\$466	\$468	\$379	\$207	\$317
86	\$306	\$466	\$468	\$389	\$214	\$327
87	\$315	\$466	\$468	\$400	\$220	\$336
88	\$323	\$466	\$468	\$411	\$227	\$346
89	\$333	\$466	\$468	\$422	\$233	\$355
90+	\$341	\$466	\$468	\$433	\$240	\$364

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Premium information—Female smoker, EFT discount

Rates effective January 1, 2024

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Your rate may change at your renewal date. Rates are guaranteed not to increase for 12 months after your renewal date.

Female monthly plan rates with EFT¹ discount

Smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$184	\$276	\$279	\$227	\$135	\$194
66	\$184	\$293	\$294	\$227	\$135	\$194
67	\$184	\$308	\$309	\$227	\$135	\$194
68	\$193	\$326	\$327	\$238	\$142	\$204
69	\$201	\$338	\$340	\$249	\$148	\$213
70	\$211	\$355	\$358	\$260	\$155	\$222
71	\$219	\$368	\$369	\$271	\$161	\$232
72	\$227	\$385	\$386	\$281	\$168	\$241
73	\$236	\$393	\$395	\$293	\$174	\$251
74	\$245	\$407	\$409	\$304	\$181	\$260
75	\$254	\$421	\$422	\$314	\$187	\$269
76	\$262	\$432	\$434	\$325	\$194	\$279
77	\$272	\$449	\$452	\$336	\$200	\$288
78	\$280	\$458	\$459	\$347	\$207	\$298
79	\$289	\$462	\$466	\$358	\$213	\$306
80	\$298	\$473	\$475	\$368	\$220	\$315
81	\$307	\$481	\$484	\$380	\$226	\$325
82	\$315	\$489	\$492	\$391	\$233	\$334
83	\$325	\$500	\$502	\$401	\$239	\$344
84	\$333	\$507	\$509	\$412	\$246	\$353
85	\$342	\$511	\$513	\$424	\$252	\$362
86	\$351	\$511	\$513	\$434	\$259	\$372
87	\$360	\$511	\$513	\$445	\$265	\$381
88	\$368	\$511	\$513	\$456	\$272	\$391
89	\$378	\$511	\$513	\$467	\$278	\$400
90+	\$386	\$511	\$513	\$478	\$285	\$409

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Premium information—Male non-smoker, includes all discounts

Rates effective January 1, 2024

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Your rate may change at your renewal date. Rates are guaranteed not to increase for 12 months after your renewal date. You may receive a monthly premium discount of \$45 if you qualify for our household discount. You qualify if **(1)** you reside with a spouse or domestic partner of any age, or **(2)** you currently reside with at least one, but no more than three, other adults who are age 60 or older. The household discount will be removed if the other person no longer resides with you.

Male monthly plan rates with EFT¹ and household discounts

Non-smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$126	\$190	\$192	\$166	\$81	\$136
66	\$126	\$204	\$205	\$166	\$81	\$136
67	\$126	\$217	\$218	\$166	\$81	\$136
68	\$134	\$232	\$233	\$176	\$87	\$145
69	\$142	\$242	\$244	\$186	\$93	\$153
70	\$150	\$257	\$259	\$197	\$99	\$162
71	\$159	\$268	\$269	\$207	\$105	\$171
72	\$167	\$282	\$283	\$217	\$111	\$179
73	\$175	\$289	\$291	\$227	\$117	\$188
74	\$183	\$301	\$303	\$237	\$123	\$197
75	\$191	\$313	\$314	\$247	\$129	\$205
76	\$200	\$322	\$324	\$257	\$135	\$214
77	\$208	\$337	\$339	\$268	\$141	\$223
78	\$216	\$344	\$345	\$278	\$147	\$231
79	\$224	\$348	\$351	\$288	\$153	\$240
80	\$232	\$357	\$359	\$298	\$159	\$249
81	\$240	\$364	\$366	\$308	\$165	\$257
82	\$249	\$371	\$373	\$318	\$171	\$266
83	\$257	\$380	\$382	\$328	\$177	\$275
84	\$265	\$386	\$388	\$339	\$183	\$283
85	\$273	\$389	\$391	\$349	\$190	\$292
86	\$281	\$389	\$391	\$359	\$196	\$301
87	\$290	\$389	\$391	\$369	\$202	\$309
88	\$298	\$389	\$391	\$379	\$208	\$318
89	\$306	\$389	\$391	\$389	\$214	\$327
90+	\$314	\$389	\$391	\$399	\$220	\$336

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Premium information—Male non-smoker, EFT discount

Rates effective January 1, 2024

Regence BlueCross BlueShield of Oregon can raise your premium only if we raise the premium for all policies like yours in this state. Premiums are based on your age and gender and whether you smoke. Premiums may increase as you get older.

Your rate may change at your renewal date. Rates are guaranteed not to increase for 12 months after your renewal date.

Male monthly plan rates with EFT¹ discount

Non-smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$171	\$235	\$237	\$211	\$126	\$181
66	\$171	\$249	\$250	\$211	\$126	\$181
67	\$171	\$262	\$263	\$211	\$126	\$181
68	\$179	\$277	\$278	\$221	\$132	\$190
69	\$187	\$287	\$289	\$231	\$138	\$198
70	\$195	\$302	\$304	\$242	\$144	\$207
71	\$204	\$313	\$314	\$252	\$150	\$216
72	\$212	\$327	\$328	\$262	\$156	\$224
73	\$220	\$334	\$336	\$272	\$162	\$233
74	\$228	\$346	\$348	\$282	\$168	\$242
75	\$236	\$358	\$359	\$292	\$174	\$250
76	\$245	\$367	\$369	\$302	\$180	\$259
77	\$253	\$382	\$384	\$313	\$186	\$268
78	\$261	\$389	\$390	\$323	\$192	\$276
79	\$269	\$393	\$396	\$333	\$198	\$285
80	\$277	\$402	\$404	\$343	\$204	\$294
81	\$285	\$409	\$411	\$353	\$210	\$302
82	\$294	\$416	\$418	\$363	\$216	\$311
83	\$302	\$425	\$427	\$373	\$222	\$320
84	\$310	\$431	\$433	\$384	\$228	\$328
85	\$318	\$434	\$436	\$394	\$235	\$337
86	\$326	\$434	\$436	\$404	\$241	\$346
87	\$335	\$434	\$436	\$414	\$247	\$354
88	\$343	\$434	\$436	\$424	\$253	\$363
89	\$351	\$434	\$436	\$434	\$259	\$372
90+	\$359	\$434	\$436	\$444	\$265	\$381

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Premium information—Male smoker, includes all discounts

Rates effective January 1, 2024

Regence BlueCross BlueShield of Oregon can raise your premium only if we raise the premium for all policies like yours in this state. Premiums are based on your age and gender and whether you smoke. Premiums may increase as you get older.

Your rate may change at your renewal date. Rates are guaranteed not to increase for 12 months after your renewal date. You may receive a monthly premium discount of \$45 if you qualify for our household discount. You qualify if **(1)** you reside with a spouse or domestic partner of any age, or **(2)** you currently reside with at least one, but no more than three, other adults who are age 60 or older. The household discount will be removed if the other person no longer resides with you.

Male monthly plan rates with EFT¹ and household discounts

Smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$156	\$231	\$234	\$203	\$103	\$168
66	\$156	\$248	\$249	\$203	\$103	\$168
67	\$156	\$263	\$264	\$203	\$103	\$168
68	\$166	\$281	\$282	\$215	\$110	\$179
69	\$175	\$293	\$295	\$227	\$117	\$188
70	\$184	\$310	\$313	\$240	\$124	\$199
71	\$195	\$323	\$324	\$251	\$131	\$209
72	\$204	\$340	\$341	\$263	\$139	\$219
73	\$214	\$348	\$350	\$275	\$146	\$229
74	\$223	\$362	\$364	\$287	\$153	\$240
75	\$233	\$376	\$377	\$299	\$160	\$249
76	\$243	\$387	\$389	\$310	\$167	\$260
77	\$253	\$404	\$407	\$323	\$174	\$270
78	\$262	\$413	\$414	\$335	\$181	\$280
79	\$271	\$417	\$421	\$347	\$188	\$290
80	\$281	\$428	\$430	\$359	\$195	\$301
81	\$290	\$436	\$439	\$370	\$202	\$310
82	\$301	\$444	\$447	\$382	\$209	\$321
83	\$310	\$455	\$457	\$394	\$216	\$331
84	\$320	\$462	\$464	\$407	\$223	\$341
85	\$329	\$466	\$468	\$419	\$231	\$351
86	\$339	\$466	\$468	\$430	\$239	\$362
87	\$349	\$466	\$468	\$442	\$246	\$371
88	\$359	\$466	\$468	\$454	\$253	\$382
89	\$368	\$466	\$468	\$466	\$260	\$393
90+	\$377	\$466	\$468	\$477	\$267	\$403

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Premium information—Male smoker, EFT discount

Rates effective January 1, 2024

Regence BlueCross BlueShield of Oregon can raise your premium only if we raise the premium for all policies like yours in this state. Premiums are based on your age and gender and whether you smoke. Premiums may increase as you get older.

Your rate may change at your renewal date. Rates are guaranteed not to increase for 12 months after your renewal date.

Male monthly plan rates with EFT¹ discount

Smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$201	\$276	\$279	\$248	\$148	\$213
66	\$201	\$293	\$294	\$248	\$148	\$213
67	\$201	\$308	\$309	\$248	\$148	\$213
68	\$211	\$326	\$327	\$260	\$155	\$224
69	\$220	\$338	\$340	\$272	\$162	\$233
70	\$229	\$355	\$358	\$285	\$169	\$244
71	\$240	\$368	\$369	\$296	\$176	\$254
72	\$249	\$385	\$386	\$308	\$184	\$264
73	\$259	\$393	\$395	\$320	\$191	\$274
74	\$268	\$407	\$409	\$332	\$198	\$285
75	\$278	\$421	\$422	\$344	\$205	\$294
76	\$288	\$432	\$434	\$355	\$212	\$305
77	\$298	\$449	\$452	\$368	\$219	\$315
78	\$307	\$458	\$459	\$380	\$226	\$325
79	\$316	\$462	\$466	\$392	\$233	\$335
80	\$326	\$473	\$475	\$404	\$240	\$346
81	\$335	\$481	\$484	\$415	\$247	\$355
82	\$346	\$489	\$492	\$427	\$254	\$366
83	\$355	\$500	\$502	\$439	\$261	\$376
84	\$365	\$507	\$509	\$452	\$268	\$386
85	\$374	\$511	\$513	\$464	\$276	\$396
86	\$384	\$511	\$513	\$475	\$284	\$407
87	\$394	\$511	\$513	\$487	\$291	\$416
88	\$404	\$511	\$513	\$499	\$298	\$427
89	\$413	\$511	\$513	\$511	\$305	\$438
90+	\$422	\$511	\$513	\$522	\$312	\$448

(1) If your monthly premium is not paid by electronic fund transfer (EFT), add \$2 to the amount to calculate your monthly paper billing rate.

Things you need to know

Medigap protection periods

If you qualify for a protection period, you do not need to complete a health statement. To be eligible, unless otherwise noted, you must apply within 63 days from the date your prior coverage ended. Below are examples of some common Medigap protection periods. This is not a comprehensive list. If you have any questions, talk to your producer or agent, or call us at **1-844-REGENCE** (1-844-734-3623).

- You are enrolled in Medicare Part B and either turned 65 within the last six months or will turn 65 years old within the next six months.
- You have enrolled in Medicare Part B within the last six months.
- Your Medicare Advantage plan or PACE program coverage ends because the plan is leaving the Medicare program, the plan was discontinued in your area, or you move out of the plan's service area.
- Your employer group health plan coverage ends.
- Your Tricare coverage ends.
- Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage ends through no fault of your own.
- You enrolled in a Medicare Part D plan during your initial enrollment period and are dropping a Medigap plan that covers outpatient prescription medications.
- You enrolled in a Medicare Advantage or PACE program when you were first eligible for Medicare Part A (and you're enrolled in Medicare Part B), and within the first year of joining, you want to transfer to Original Medicare.
- You terminated your enrollment in a Medigap plan to join a Medicare Advantage plan Medicare Select plan, Medicare cost plan, or PACE program for the first time, and now you want to leave less than a year after joining that new plan.

Note: A health statement also is not required if you enroll in the same Medigap plan (with the same company) that you had previously.

- You leave a Medicare Advantage plan or drop a Medigap plan because the company or its representatives haven't followed the rules or misled you.
- You lost medical assistance through the state Medicaid program.
- During the 30 days prior to your birthday and for the 30 days after your birthday, you may transfer from your 1990, 2010 or 2020 standardized Medigap plan to an available standardized plan of equal or lesser benefits.
- You qualify for Medicare by reason of disability and have moved to Oregon from a state that does not permit Medigap policies to be issued to a person under age 65. The guaranteed issue period begins on the date that you establish residency in Oregon and ends 63 days thereafter.

Policy exclusions

We do not provide benefits for any of the following:

- Expenses duplicated by Medicare.
- Expenses not covered by Medicare.
- Third party liability: Services and supplies for treatment of illness or injury for which a third party is responsible.
- 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 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 must, by federal law, enter an agreement with you regarding your liability for the care that provider gives you.

Policy cancellation

Here are some circumstances when your coverage could be canceled:

- You fail to pay the monthly premium, subject to a 30-day grace period.
- You commit fraud or allow another person to use your member ID card to obtain services.
- You commit fraud or make misrepresentations on your individual application form that affect your eligibility for this plan.

Ready to sign up?

Determine your eligibility

You're eligible to enroll in Medigap if you're:

- Enrolled in Medicare Part A and Part B
- A resident of Oregon (proof of residency may be required)

Choose your plan

- Visit regence.com/medicare and enter your ZIP code to review your plan options.
- Or call us at **1-844-REGENCE** (1-844-734-3623) (TTY: 711) if you have questions or need help picking a plan.

Claim your discounts

- EFT: Check the box for EFT in the premium billing options section of the application, and fill out the requested bank account information.
- Household: Review the qualification requirements in the household discount section of the application. If you qualify, fill out the information requested.

Complete your application

- Call and talk to a local insurance producer or agent.
- Or visit regence.com/medicare to apply online.
- Or call us at **1-844-REGENCE** (1-844-734-3623) (TTY: 711) to complete your application over the phone.
- Fill out the enclosed application and mail it to us in the return envelope. Be sure to complete all information accurately and completely.

If you prefer to apply by mail

- Fill out the enclosed application. Be sure to complete all information accurately and completely.
- Select the dental, vision and hearing box on the application if you're adding this optional benefits (rider) to your plan (for an additional monthly premium).
- Mail your completed application(s) in the return envelope, or mail to:

Regence
P.O. Box 1106
Lewiston, ID 83501

Enjoy your new plan

If you meet eligibility requirements and your application is accepted, your coverage will begin on the first day of the next month, unless otherwise indicated. You'll receive your Regence member ID card in the mail within 10 days after we approve your application.

To get care, simply show your Regence member ID card so your health care providers know who to bill. You'll use the same member ID card for your dental, vision and hearing care if you signed up for the optional benefits rider.



The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH. Limitations, member fees, and restrictions may apply. Participating facilities and fitness chains may vary by location and are subject to change. Non-standard membership services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed.

American Specialty Health (ASH) Fitness Inc. is a separate company that provides discount wellness programs for Regence members. TruHearing is a separate company that provides discounted hearing products. VSP is a separate company that provides vision services.

For more information

Call us at **1-844-REGENCE** (1-844-734-3623) (TTY: 711), 8 a.m. to 5 p.m., Monday through Friday. Or contact your local insurance producer or agent.

regence.com/medicare

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-319-0942** (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-319-0942** (TTY: 711)。



Regence BlueCross BlueShield of Oregon
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Regence BlueCross BlueShield of Oregon
100 SW Market Street | Portland, OR 97201

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