



Regence



OREGON

Together
We Health

MEDICARE SUPPLEMENT

Plan Comparison Guide

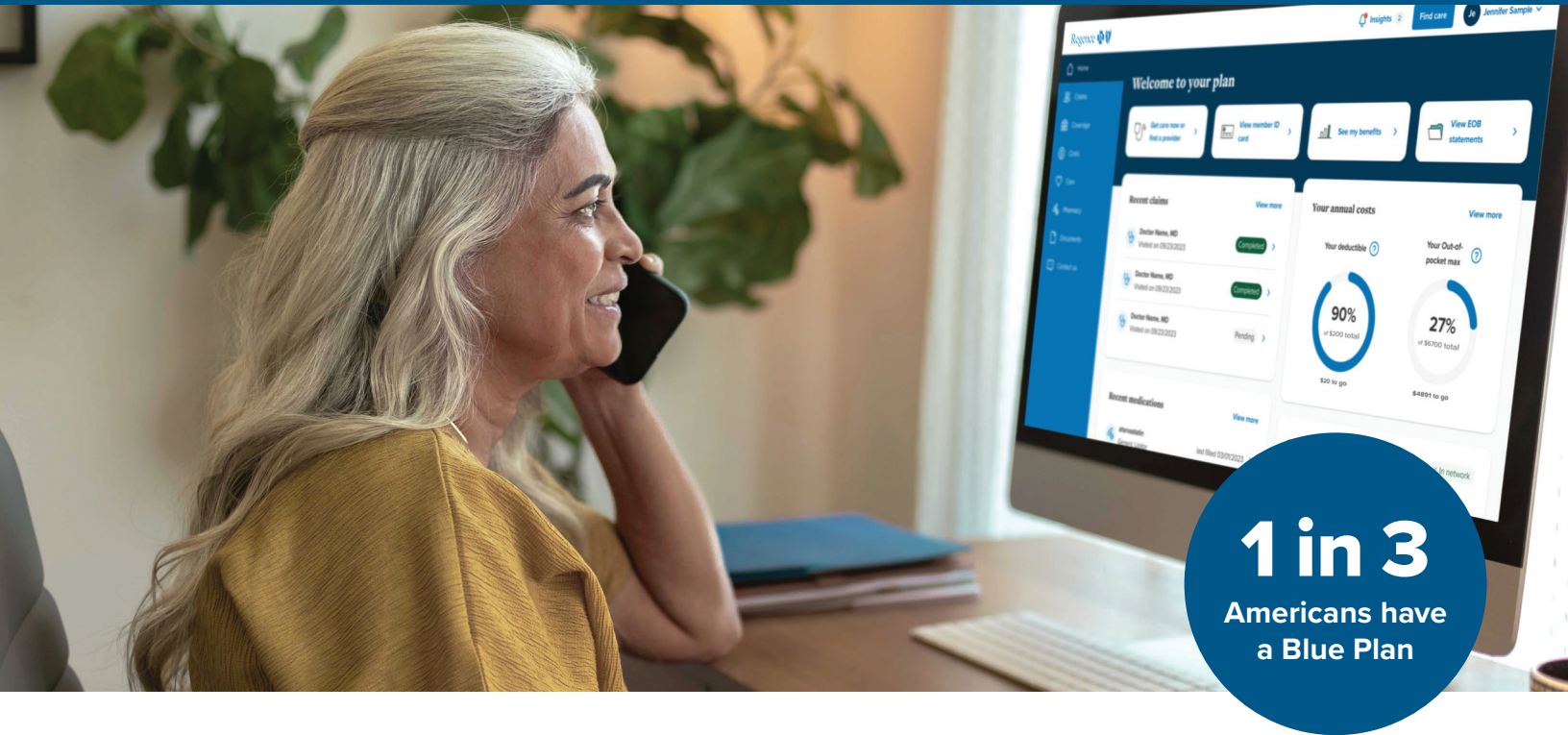
For plan effective dates January 1, 2025 — December 31, 2025

Regence BlueCross BlueShield of Oregon

REG-OR-36414-24/08



Rest easy with a trusted Blue® Plan



With a Regence Medicare Supplement plan, you'll have peace of mind with reliable coverage from a partner who's always by your side. We're a part of the Blue Cross and Blue Shield Association, a federation of 34 independent and locally operated Blue Cross and/or Blue Shield companies that cover 115 million Americans nationwide.



Real people, reliable support

You'll always get caring customer service provided by local representatives—never outsourced. We make sure you get accurate answers to questions and reliable guidance about your coverage.

"It's nice to know that I have someone I can call. Anyone I talk to at Regence seems to have the answers when I need them; they don't have to get back to me."

—Carol C., Regence Medicare member



Customer service that truly cares

Our team is specially trained to help you through difficult challenges. Whether it's exploring treatment options, arranging medical services or finding community resources, we're here to support you every step of the way.



Your local partner in health since 1941

As a tax-paying nonprofit, we're focused on you—not shareholders. We've been serving Oregon communities for more than 80 years, putting your health and well-being first every day.

Peace of mind for life

Feel confident that your physical and financial health is always protected. Medicare Supplement (also known as Medigap) plans cover out-of-pocket medical costs, such as deductibles, copays and coinsurance. And your policy can never be canceled due to your age or health, so you'll always be covered even if you have unexpected medical or health changes.¹

Benefits that never change

Never worry about searching for a new plan. Your benefits never change, so you can rest easy with predictable coverage year after year.

No referrals, no prior authorizations

Your time is valuable—don't waste it waiting for approvals. With no referrals or prior authorizations, you'll just get the care you need, when you need it.

Simple & seamless

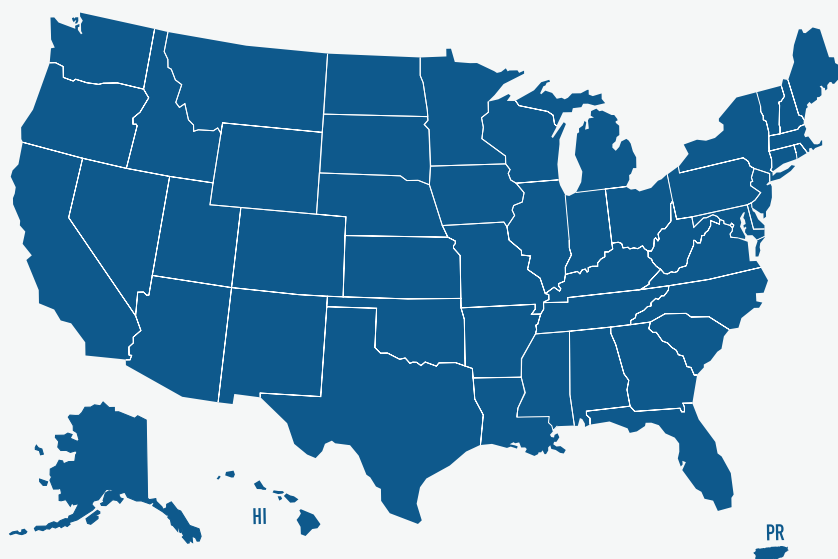
Your claims are paid automatically with no claim forms or paperwork. You might not even receive a medical bill.

Guaranteed immediate coverage

Get coverage regardless of your health or claims history—and there's no waiting period for preexisting conditions.²

See the doctors you want

Say goodbye to provider networks and finding doctors who accept your insurance. You can see **any doctor or hospital that accepts Medicare**. Nearly all hospitals and 98% of doctors nationwide accept Medicare, so you can **get care no matter where you live and travel** in the country.



¹ Your policy can't be canceled as long as you continue to pay your premium and there is no material misrepresentation on your plan application.

² Your initial Medicare Supplement Open Enrollment Period lasts for six months beginning with the first day of the month in which you are age 65 or older and enrolled in Medicare Part B.

Predictable is priceless

Original Medicare isn't enough

Original Medicare doesn't cover all your medical costs, leaving you with surprising medical bills. And without extra coverage, you could pay thousands out of pocket.

Predictable costs, without the hassle

A Medicare Supplement plan makes budgeting for health care easy and stress-free. It covers most of your out-of-pocket costs, so you'll know exactly what you'll pay each month.

Compare your out-of-pocket costs with:

Type of care	Original Medicare	Medicare & Plan N	Medicare & Plan G
Specialist office visit	\$40 - \$150 per visit	\$0 - 20 per visit	\$0
Outpatient surgery	\$450 - \$2,000	\$0	\$0
1-day hospital stay	\$1,676	\$0	\$0
90-day hospital stay	\$13,827	\$0	\$0
100-day skilled nursing facility stay	\$16,550.50	\$0	\$0

Costs assume annual Part B deductible has been met. Out-of-pocket costs listed are for illustrative purposes only. Actual costs will vary by facility and plan, and can change each year.

More ways to save money



Household discount

Get a **\$45 monthly discount** on your plan premium if you live with a spouse or domestic partner, or in a household with up to three other adults.



Electronic funds transfer (EFT) discount

Put your Medicare on autopilot! **Save \$24 per year** when you set up automatic deduction of your monthly plan premium from your bank account.

Your benefits explained

Below is a brief description of benefits that are available on a Medicare Supplement 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 \$1,676¹ in 2025.

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 \$257¹ in 2025.

Part B excess charges—Covers the Part B charges you would owe that are over and above what Medicare would pay. This would occur if you received Part B medical services or supplies from a nonparticipating provider who does not accept Medicare reimbursement rates as full payment for Part B medical services or supplies. Nonparticipating providers can bill up to 15% over Medicare-approved amounts.

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 2025 and may change in 2026.

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 Medicare Supplement plans available in your state. A check mark (✓) means the plan pays 100% of this benefit. Otherwise, the plan pays the percentage shown.

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

✓ = 100% coverage

Medicare Supplement 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.

Plans available to all individuals					Medicare first eligible before 2020 only	
Basic (core) benefits	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			\$7,220 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 2025 and may change in 2026.

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?

Some plans pay most of your out-of-pocket costs but have a higher monthly premium. Other plans pay fewer out-of-pocket costs but have a lower monthly premium. Understanding your health needs and how you'll use Medicare Supplement may help you choose a plan with the right cost and benefit structure for you.

PLAN

G

**Most coverage,
lowest out-of-pocket costs**

Pick this plan if you value convenience and are willing to pay a higher premium for the most coverage and lowest out-of-pocket costs.

- Pay nothing for covered services after your annual Part B deductible (except foreign travel)
- Covers excess charges from providers who don't accept Medicare rates as full payment
- Covers emergency care when traveling anywhere in the world

PLAN

N

**Strong coverage,
some copays**

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

- Copays for doctor office and ER visits
- Popular choice with value-minded consumers
- Doesn't cover annual Part B deductible
- Covers emergency care when traveling anywhere in the world

PLAN

K

**Pay as you go,
lowest premium**

Pick this plan if you're budget-conscious and willing to share costs for medical care in exchange for a very low premium.

- Keeps costs low if you get care infrequently
- Covers 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

A

**Basic,
affordable coverage**

Pick this plan if you want basic benefits that cover most of your regular medical care and long-term hospitalization costs.

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

Optional dental, vision & hearing

Enjoy dental, vision and hearing benefits under a single easy-to-use plan. Our optional benefits rider works seamlessly with your Regence Medicare Supplement plan to provide the coverage you need to maintain your overall health and well-being. You can sign up when you enroll in your plan or within the first month of your plan's start date.

Add to your
plan for
\$47
monthly
premium

Dental benefits			
Benefit maximum	\$1,000 per calendar year for all services		
Annual deductible	\$0 for preventive services; \$100 for basic and major services		
Preventive services (no waiting period)	Frequency	Plan pays	
		In-network	Out-of-network
Routine periodic exam Comprehensive oral exam Comprehensive periodontal exam	2 per calendar year, any combination	100%; deductible doesn't apply	50%; deductible doesn't apply
Routine cleanings Periodontal maintenance	2 per calendar year, any combination		
Periodontal scaling/root planing	1 per quadrant every 24 months		
Topical fluoride	1 per calendar year		
Bitewing X-rays	1 set per calendar year		
Full-mouth or panoramic X-rays	1 per 36 months		
Basic services (6-month waiting period)			
Fillings (silver or white)	2 per calendar year	80% after \$100 deductible	50% after \$100 deductible
Major services (12-month waiting period)			
Crowns (resin, porcelain or metal)	1 per calendar year	50% after \$100 deductible	50% after \$100 deductible
Dentures (full or partial)	1 every 5 years		
Endodontics (root canals)	1 per calendar year		
Extractions (with local anesthesia)	2 per calendar year		
Periodontal full mouth debridement	1 every 3 years		

Services must be received from a Participating Dental Network provider to be eligible for in-network coverage. Visit regencedental.com to search for a dentist in your area. Out-of-network dental providers may charge more than our contractually allowed amounts. You may be responsible for paying the difference in addition to your coinsurance amount.

Vision benefits	Frequency	Plan pays	
		In-network	Out-of-network
Routine vision exam	1 per calendar year	100%	Up to \$45
Eyeglass lenses	1 pair per calendar year	100%	Varies by lens type
Eyeglass frames	1 pair per calendar year	Up to \$100	Up to \$70
Contact lenses (in lieu of glasses)	1 annual supply purchase per calendar year	Up to \$100	Up to \$85

Services must be received from a VSP provider for in-network coverage. Visit vsp.com to search for a provider in your area. If you use an out-of-network provider, you will need to submit a claim for reimbursement to VSP within 12 months of the date of service.

Hearing benefits	Frequency	You pay	
		In-network	Out-of-network
Routine hearing exam	1 per calendar year	\$45 copay	\$150 copay
Hearing aids	Up to 2 aids per calendar year (1 per ear)	\$499 copay per aid (standard model) \$699 copay per aid (advanced model) \$999 copay per aid (premium model) Hearing aids only covered from a TruHearing provider	

Services must be received from a TruHearing provider for in-network coverage. Visit TruHearing.com to search for a provider in your area.

This information is not a complete description of benefits. See the policy for more information. Limitations, restrictions and exclusions may apply. Benefits, premiums and/or copayments/coinsurance may change at your renewal date. The provider network may change at any time. Premium discounts are not available for the optional dental, vision and hearing benefits rider.

Extra benefits at no extra cost

We're your partner in health, here to help you do the things that make a healthier you. That's why our plans include more than just coverage—they include these extras at no additional cost.



The Silver&Fit® program

Staying active just got easier! You have options that include:

- No-cost membership at thousands of fitness centers and select YMCA locations nationwide
- Access to on-demand workout videos through the Silver&Fit workout library
- Customized workout plans and well-being coaching by phone, video or chat

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



Advice24

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



Regence Advantages

Our discount program helps you save on the health-related products and services you need most.

Alternative care

Get 20% off chiropractic, acupuncture, massage and naturopath services from select providers.

Walgreens Smart savings discount

Save 20% on thousands of Walgreens brand over-the-counter health and wellness products.

Fitbit savings

Save up to 30% on Fitbit smartwatches and activity trackers to support your fitness goals.

Zenni Optical

Get 5% off already low prices on eyewear, with more than 3,000 styles to choose from.

Mom's Meals

Get free shipping on nutritious, ready-to-heat-and-eat meals sent directly to your home.

Visit regence.com/member/resources/advantages-discounts for a current list of available discounts.

These programs are not insurance and may be changed or discontinued at any time. Regence Advantages discounts and vendor participation may change without prior notice. Some vendors may include separate fees. Regence is independent from the companies that provide these products and services.

Let's get started



Check your eligibility

You're eligible to enroll in a Medicare Supplement plan if you're enrolled in Medicare Part A and Part B, and you're an Oregon resident (proof of residency may be required).

Claim your discounts

Review the household discount eligibility requirements on pages 12-19 to see if you qualify. To claim the EFT discount, provide the requested bank account information on your application.

Submit your application

Call our Medicare plan advisors, who can discuss your plan options, answer any questions and take your application over the phone. Or we can connect you to a local licensed insurance producer or agent for a no-cost, no-obligation consultation.

1-844-REGENCE (734-3623)
(TTY: 711) 9 a.m. to 5 p.m.,
Monday through Friday or visit
regence.com/go/shop-25
or scan the QR code to
apply online.



Keep an eye on your mailbox

If your application is accepted, we'll mail you a confirmation letter within 10 days to let you know when your coverage starts. You'll also receive your Regence member ID card in a separate mailing within 14 days.

Enjoy your new plan



Explore your benefits

Create your account at regence.com for easy access to tools and resources—all personalized based on your plan benefits. See what's covered, view your claims, explore your care options and more. It only takes a few minutes to set up.



Book that visit!

Call your doctor to schedule your Annual Wellness Visit. Be sure to show your Medicare card (red, white and blue) and Regence member ID card when receiving medical services so they know who to bill.

Premium information—Female non-smoker, includes all discounts

Rates effective January 1, 2025

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	\$125	\$211	\$213	\$169	\$80	\$135
66	\$125	\$226	\$228	\$169	\$80	\$135
67	\$125	\$241	\$242	\$169	\$80	\$135
68	\$133	\$257	\$258	\$179	\$86	\$144
69	\$141	\$268	\$270	\$190	\$92	\$152
70	\$149	\$284	\$286	\$200	\$98	\$161
71	\$157	\$296	\$297	\$210	\$104	\$170
72	\$165	\$311	\$313	\$221	\$110	\$178
73	\$174	\$319	\$321	\$231	\$116	\$187
74	\$182	\$332	\$334	\$241	\$122	\$196
75	\$190	\$345	\$346	\$251	\$128	\$204
76	\$198	\$355	\$357	\$262	\$134	\$213
77	\$206	\$371	\$374	\$272	\$140	\$222
78	\$214	\$379	\$380	\$282	\$146	\$230
79	\$222	\$383	\$387	\$292	\$152	\$239
80	\$231	\$393	\$395	\$303	\$158	\$247
81	\$239	\$401	\$403	\$313	\$164	\$256
82	\$247	\$408	\$411	\$323	\$170	\$265
83	\$255	\$418	\$420	\$334	\$176	\$273
84	\$263	\$425	\$427	\$344	\$182	\$282
85	\$271	\$428	\$430	\$354	\$188	\$291
86	\$279	\$428	\$430	\$364	\$194	\$299
87	\$288	\$428	\$430	\$375	\$200	\$308
88	\$296	\$428	\$430	\$385	\$206	\$317
89	\$304	\$428	\$430	\$395	\$212	\$325
90+	\$312	\$428	\$430	\$406	\$218	\$334

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, 2025

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.

Female monthly plan rates with EFT¹ discount

Non-smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$170	\$256	\$258	\$214	\$125	\$180
66	\$170	\$271	\$273	\$214	\$125	\$180
67	\$170	\$286	\$287	\$214	\$125	\$180
68	\$178	\$302	\$303	\$224	\$131	\$189
69	\$186	\$313	\$315	\$235	\$137	\$197
70	\$194	\$329	\$331	\$245	\$143	\$206
71	\$202	\$341	\$342	\$255	\$149	\$215
72	\$210	\$356	\$358	\$266	\$155	\$223
73	\$219	\$364	\$366	\$276	\$161	\$232
74	\$227	\$377	\$379	\$286	\$167	\$241
75	\$235	\$390	\$391	\$296	\$173	\$249
76	\$243	\$400	\$402	\$307	\$179	\$258
77	\$251	\$416	\$419	\$317	\$185	\$267
78	\$259	\$424	\$425	\$327	\$191	\$275
79	\$267	\$428	\$432	\$337	\$197	\$284
80	\$276	\$438	\$440	\$348	\$203	\$292
81	\$284	\$446	\$448	\$358	\$209	\$301
82	\$292	\$453	\$456	\$368	\$215	\$310
83	\$300	\$463	\$465	\$379	\$221	\$318
84	\$308	\$470	\$472	\$389	\$227	\$327
85	\$316	\$473	\$475	\$399	\$233	\$336
86	\$324	\$473	\$475	\$409	\$239	\$344
87	\$333	\$473	\$475	\$420	\$245	\$353
88	\$341	\$473	\$475	\$430	\$251	\$362
89	\$349	\$473	\$475	\$440	\$257	\$370
90+	\$357	\$473	\$475	\$451	\$263	\$379

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, 2025

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

Smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$155	\$256	\$259	\$207	\$102	\$167
66	\$155	\$274	\$276	\$207	\$102	\$167
67	\$155	\$291	\$293	\$207	\$102	\$167
68	\$164	\$310	\$311	\$219	\$109	\$177
69	\$174	\$323	\$326	\$231	\$116	\$187
70	\$183	\$342	\$344	\$243	\$123	\$197
71	\$193	\$356	\$357	\$255	\$130	\$208
72	\$202	\$374	\$376	\$268	\$137	\$217
73	\$213	\$383	\$386	\$280	\$144	\$228
74	\$222	\$399	\$401	\$291	\$151	\$239
75	\$231	\$414	\$415	\$303	\$159	\$248
76	\$241	\$426	\$428	\$316	\$166	\$259
77	\$250	\$444	\$448	\$328	\$173	\$269
78	\$260	\$454	\$455	\$340	\$180	\$279
79	\$269	\$459	\$463	\$351	\$187	\$289
80	\$280	\$470	\$473	\$364	\$194	\$299
81	\$289	\$480	\$482	\$376	\$201	\$309
82	\$299	\$488	\$491	\$388	\$208	\$320
83	\$308	\$500	\$502	\$401	\$215	\$329
84	\$317	\$508	\$510	\$413	\$222	\$340
85	\$327	\$511	\$514	\$424	\$229	\$350
86	\$336	\$511	\$514	\$436	\$236	\$360
87	\$347	\$511	\$514	\$449	\$243	\$370
88	\$356	\$511	\$514	\$461	\$250	\$381
89	\$366	\$511	\$514	\$473	\$257	\$390
90+	\$375	\$511	\$514	\$486	\$264	\$401

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, 2025

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.

Female monthly plan rates with EFT¹ discount

Smoker						
Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$200	\$301	\$304	\$252	\$147	\$212
66	\$200	\$319	\$321	\$252	\$147	\$212
67	\$200	\$336	\$338	\$252	\$147	\$212
68	\$209	\$355	\$356	\$264	\$154	\$222
69	\$219	\$368	\$371	\$276	\$161	\$232
70	\$228	\$387	\$389	\$288	\$168	\$242
71	\$238	\$401	\$402	\$300	\$175	\$253
72	\$247	\$419	\$421	\$313	\$182	\$262
73	\$258	\$428	\$431	\$325	\$189	\$273
74	\$267	\$444	\$446	\$336	\$196	\$284
75	\$276	\$459	\$460	\$348	\$204	\$293
76	\$286	\$471	\$473	\$361	\$211	\$304
77	\$295	\$489	\$493	\$373	\$218	\$314
78	\$305	\$499	\$500	\$385	\$225	\$324
79	\$314	\$504	\$508	\$396	\$232	\$334
80	\$325	\$515	\$518	\$409	\$239	\$344
81	\$334	\$525	\$527	\$421	\$246	\$354
82	\$344	\$533	\$536	\$433	\$253	\$365
83	\$353	\$545	\$547	\$446	\$260	\$374
84	\$362	\$553	\$555	\$458	\$267	\$385
85	\$372	\$556	\$559	\$469	\$274	\$395
86	\$381	\$556	\$559	\$481	\$281	\$405
87	\$392	\$556	\$559	\$494	\$288	\$415
88	\$401	\$556	\$559	\$506	\$295	\$426
89	\$411	\$556	\$559	\$518	\$302	\$435
90+	\$420	\$556	\$559	\$531	\$309	\$446

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, 2025

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

Non-smoker

Age	Plan A	Plan C	Plan F	Plan G	Plan K	Plan N
65	\$141	\$211	\$213	\$189	\$92	\$152
66	\$141	\$226	\$228	\$189	\$92	\$152
67	\$141	\$241	\$242	\$189	\$92	\$152
68	\$150	\$257	\$258	\$201	\$98	\$162
69	\$158	\$268	\$270	\$212	\$105	\$171
70	\$167	\$284	\$286	\$223	\$111	\$180
71	\$176	\$296	\$297	\$234	\$118	\$190
72	\$185	\$311	\$313	\$246	\$124	\$199
73	\$194	\$319	\$321	\$257	\$131	\$209
74	\$203	\$332	\$334	\$268	\$138	\$218
75	\$212	\$345	\$346	\$279	\$144	\$228
76	\$221	\$355	\$357	\$291	\$151	\$237
77	\$230	\$371	\$374	\$302	\$157	\$247
78	\$239	\$379	\$380	\$313	\$164	\$256
79	\$248	\$383	\$387	\$324	\$170	\$266
80	\$257	\$393	\$395	\$336	\$177	\$275
81	\$265	\$401	\$403	\$347	\$184	\$284
82	\$274	\$408	\$411	\$358	\$190	\$294
83	\$283	\$418	\$420	\$369	\$197	\$303
84	\$292	\$425	\$427	\$381	\$203	\$313
85	\$301	\$428	\$430	\$392	\$210	\$322
86	\$310	\$428	\$430	\$403	\$216	\$332
87	\$319	\$428	\$430	\$414	\$223	\$341
88	\$328	\$428	\$430	\$425	\$229	\$351
89	\$337	\$428	\$430	\$437	\$236	\$360
90+	\$346	\$428	\$430	\$448	\$243	\$370

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, 2025

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	\$186	\$256	\$258	\$234	\$137	\$197
66	\$186	\$271	\$273	\$234	\$137	\$197
67	\$186	\$286	\$287	\$234	\$137	\$197
68	\$195	\$302	\$303	\$246	\$143	\$207
69	\$203	\$313	\$315	\$257	\$150	\$216
70	\$212	\$329	\$331	\$268	\$156	\$225
71	\$221	\$341	\$342	\$279	\$163	\$235
72	\$230	\$356	\$358	\$291	\$169	\$244
73	\$239	\$364	\$366	\$302	\$176	\$254
74	\$248	\$377	\$379	\$313	\$183	\$263
75	\$257	\$390	\$391	\$324	\$189	\$273
76	\$266	\$400	\$402	\$336	\$196	\$282
77	\$275	\$416	\$419	\$347	\$202	\$292
78	\$284	\$424	\$425	\$358	\$209	\$301
79	\$293	\$428	\$432	\$369	\$215	\$311
80	\$302	\$438	\$440	\$381	\$222	\$320
81	\$310	\$446	\$448	\$392	\$229	\$329
82	\$319	\$453	\$456	\$403	\$235	\$339
83	\$328	\$463	\$465	\$414	\$242	\$348
84	\$337	\$470	\$472	\$426	\$248	\$358
85	\$346	\$473	\$475	\$437	\$255	\$367
86	\$355	\$473	\$475	\$448	\$261	\$377
87	\$364	\$473	\$475	\$459	\$268	\$386
88	\$373	\$473	\$475	\$470	\$274	\$396
89	\$382	\$473	\$475	\$482	\$281	\$405
90+	\$391	\$473	\$475	\$493	\$288	\$415

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, 2025

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	\$174	\$256	\$259	\$230	\$116	\$187
66	\$174	\$274	\$276	\$230	\$116	\$187
67	\$174	\$291	\$293	\$230	\$116	\$187
68	\$184	\$310	\$311	\$244	\$123	\$199
69	\$194	\$323	\$326	\$257	\$131	\$209
70	\$204	\$342	\$344	\$270	\$139	\$220
71	\$215	\$356	\$357	\$283	\$147	\$231
72	\$226	\$374	\$376	\$297	\$154	\$242
73	\$236	\$383	\$386	\$310	\$162	\$254
74	\$247	\$399	\$401	\$323	\$170	\$264
75	\$257	\$414	\$415	\$336	\$177	\$276
76	\$268	\$426	\$428	\$350	\$186	\$287
77	\$279	\$444	\$448	\$363	\$193	\$299
78	\$289	\$454	\$455	\$376	\$201	\$309
79	\$300	\$459	\$463	\$389	\$208	\$321
80	\$310	\$470	\$473	\$403	\$216	\$331
81	\$320	\$480	\$482	\$416	\$224	\$342
82	\$330	\$488	\$491	\$429	\$231	\$354
83	\$341	\$500	\$502	\$442	\$240	\$364
84	\$351	\$508	\$510	\$456	\$247	\$376
85	\$362	\$511	\$514	\$469	\$255	\$387
86	\$373	\$511	\$514	\$482	\$262	\$399
87	\$383	\$511	\$514	\$495	\$270	\$409
88	\$394	\$511	\$514	\$508	\$277	\$421
89	\$404	\$511	\$514	\$522	\$286	\$431
90+	\$415	\$511	\$514	\$535	\$294	\$443

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, 2025

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	\$219	\$301	\$304	\$275	\$161	\$232
66	\$219	\$319	\$321	\$275	\$161	\$232
67	\$219	\$336	\$338	\$275	\$161	\$232
68	\$229	\$355	\$356	\$289	\$168	\$244
69	\$239	\$368	\$371	\$302	\$176	\$254
70	\$249	\$387	\$389	\$315	\$184	\$265
71	\$260	\$401	\$402	\$328	\$192	\$276
72	\$271	\$419	\$421	\$342	\$199	\$287
73	\$281	\$428	\$431	\$355	\$207	\$299
74	\$292	\$444	\$446	\$368	\$215	\$309
75	\$302	\$459	\$460	\$381	\$222	\$321
76	\$313	\$471	\$473	\$395	\$231	\$332
77	\$324	\$489	\$493	\$408	\$238	\$344
78	\$334	\$499	\$500	\$421	\$246	\$354
79	\$345	\$504	\$508	\$434	\$253	\$366
80	\$355	\$515	\$518	\$448	\$261	\$376
81	\$365	\$525	\$527	\$461	\$269	\$387
82	\$375	\$533	\$536	\$474	\$276	\$399
83	\$386	\$545	\$547	\$487	\$285	\$409
84	\$396	\$553	\$555	\$501	\$292	\$421
85	\$407	\$556	\$559	\$514	\$300	\$432
86	\$418	\$556	\$559	\$527	\$307	\$444
87	\$428	\$556	\$559	\$540	\$315	\$454
88	\$439	\$556	\$559	\$553	\$322	\$466
89	\$449	\$556	\$559	\$567	\$331	\$476
90+	\$460	\$556	\$559	\$580	\$339	\$488

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.



Notes:

[illegible]



Handwriting practice lines consisting of alternating light blue and white horizontal bands. Each band contains a thin grey line for letter height guidance. There are 10 such sets of lines across the page.

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. Fitbit, Mom’s Meals, Walgreens and Zenni Optical are separate companies that provide discounted products or services.

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), 9 a.m. to 5 p.m., Monday through Friday. Or contact your local insurance producer or agent.

regence.com/medicare



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Regence BlueCross BlueShield of Oregon
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