This is an advertisement. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company. Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. This policy may not cover all of your medical expenses.

HPHC Insurance Company

HPHC's Medicare Supplement Plan

Partial listing - Please see the Outline of Coverage for a complete list of benefits.
*Except for Plan F, all HPHC plans and Original Medicare require that you pay the $226 Part B Deductible before other cost sharing applies.
†Medicare Supplement benefit Plan F, will not be offered to individuals newly eligible for Medicare on or after January 1, 2020.

Benefits	Original Medicare You Pay	Plan A You Pay	Plan F† You Pay	Plan G You Pay	Plan M You Pay	Plan N You Pay
Inpatient Hospital Coverage	• Days 1-60: $1,600 Part A Deductible • Days 61-90: $400 per day These amounts may change in 2024	• Days 1-60: $1,600 Part A Deductible • Days 61-90: $0	• Days 1-60: $0 • Days 61-90: $0	• Days 1-60: $0 • Days 61-90: $0	• Days 1-60: 50% of Medicare Part A Deductible • Days 61-90: $0	• Days 1-60: $0 • Days 61-90: $0
Skilled Nursing Facility	• Days 1-20: $0 • Days 21-100: $200.00 per day coinsurance These amounts may change in 2024	• Days 1-20: $0 • Days 21-100: Up to $200.00 per day coinsurance	• Days 1-20: $0 • Days 21-100: $0	• Days 1-20: $0 • Days 21-100: $0	• Days 1-20: $0 • Days 21-100: $0	• Days 1-20: $0 • Days 21-100: $0
Emergency Room Care	• 20% coinsurance for the doctor and facility charges*	• $0*	• $0	• $0*	• $0*	• Up to $50 copay*
Primary Care and Specialist Visits	• 20% coinsurance	• $0*	• $0	• $0*	• $0*	• Up to $20 copay per office visit*
Preventive Care Services - As covered by Medicare	• Covered in full Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply

Continued

HPHC's Medicare Supplement Plan

*Except for Plan F, all HPHC plans and Original Medicare require that you pay the $226 Part B Deductible before other cost sharing applies.

†Medicare Supplement benefit Plan F, will not be offered to individuals newly eligible for Medicare on or after January 1, 2020.

Benefits	Original Medicare You Pay	Plan A You Pay	Plan F† You Pay	Plan G You Pay	Plan M You Pay	Plan N You Pay
Annual Wellness Exam	• Covered in full Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply	• $0 Part B deductible does not apply
Outpatient Service/ Surgery	• 20% coinsurance for the doctor and facility charges*	• $0*	• $0	• $0*	• $0*	• Up to $20 copay per office visit*
Diagnostic Procedures, Tests and Lab Services	• 20% coinsurance for diagnostic tests • $0 copay for Medicare-covered lab services*	• $0*	• $0	• $0*	• $0*	• Up to $20 copay per office visit*
Emergency Care Nationwide and In a Foreign Country	• Covered in the United States and while traveling through Canada and Mexico	• Not covered outside of the U.S.	• First $250 each calendar year. 20% and amounts over the $50,000 lifetime maximum.			

HPHC Insurance Company

Visit us online at **hpforlife.org** or call **1-877-909-4742 TTY users dial 711** for more information.
October 1 – March 31, 8 a.m. – 8 p.m. 7 days a week, April 1 – September 30, 8 a.m. – 8 p.m. Monday through Friday.