**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*

### Skilled Nursing Facility
- Days 1-20: $0
- Days 21-100: $200.00 per day coinsurance

*These amounts may change in 2024*

### Emergency Room Care
- 20% coinsurance for the doctor and facility charges*

*Up to $50 copay*

### Primary Care and Specialist Visits
- 20% coinsurance

*Up to $20 copay per office visit*

### Preventive Care Services - As covered by Medicare
- Covered in full
- Part B deductible does not apply

Visit us online at [hpforlife.org](http://hpforlife.org) or call **1-877-909-4742**, TTY users dial 711 for more information.

Form No.: 2022NH003
**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.

<table>
<thead>
<tr>
<th>Benefits</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Wellness Exam</strong></td>
<td>• Covered in full Part B deductible does not apply</td>
<td>• $0 Part B deductible does not apply</td>
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<td></td>
</tr>
<tr>
<td><strong>Outpatient Service/Surgery</strong></td>
<td>• 20% coinsurance for the doctor and facility charges†</td>
<td>• $0*</td>
<td>• $0</td>
<td>• $0*</td>
<td>• $0*</td>
<td>• Up to $20 copay per office visit*</td>
</tr>
<tr>
<td><strong>Diagnostic Procedures, Tests and Lab Services</strong></td>
<td>• 20% coinsurance for diagnostic tests</td>
<td>• $0*</td>
<td>• $0</td>
<td>• $0*</td>
<td>• $0*</td>
<td>• Up to $20 copay per office visit*</td>
</tr>
<tr>
<td><strong>Emergency Care Nationwide and In a Foreign Country</strong></td>
<td>• Covered in the United States and while traveling through Canada and Mexico</td>
<td>• Not covered outside of the U.S.</td>
<td>• First $250 each calendar year. 20% and amounts over the $50,000 lifetime maximum.</td>
<td>• $0</td>
<td></td>
<td></td>
</tr>
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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.