

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 \$257 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.

Premium & 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
Premium	Part B Premium <ul style="list-style-type: none"> • \$185 for existing Medicare beneficiaries • \$185 for new Medicare beneficiaries Higher income consumers may pay more Part A Premium <ul style="list-style-type: none"> • \$518 for people who have under 30 credits; • \$285 for people who have 30–39 credits These amounts may change in 2026	\$256.00	\$322.00	\$302.00	\$260.00	\$228.00
Inpatient Hospital Coverage	Days 1–60: \$1,676 Part A deductible; Days 61–90: \$419 per day; These amounts may change in 2026	Days 1–60: \$1,676 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: \$209.50 per day coinsurance; These amounts may change in 2026	Days 1–20: \$0; Days 21–100: Up to \$209.50 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

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.

HPHC's Medicare Supplement Plan

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Premium & 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 and X-rays*; \$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 United States	First \$250 each calendar year. 20% and amounts over the \$50,000 lifetime maximum.			



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Medicare Supplement Plans are available to all individuals, regardless of age, who are entitled to Medicare benefits due to disability. This policy may not cover all of your medical expenses. Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. This is a solicitation of insurance. An agent/producer may contact you.