

Partial listing—Please see the Outline of Coverage for a complete list of benefits.

*Except for Medicare Supplement 1, all HPHC Plans and Original Medicare require that you pay a total of \$283 for your Part B Deductible before other cost sharing applies.

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

Premium & Benefits	Original Medicare You Pay	Medicare Supplement Core Plan You Pay	Medicare Supplement 1† Plan You Pay	Medicare Supplement 1A Plan You Pay
Premium	Part B Premium <ul style="list-style-type: none"> • \$202.90 for existing Medicare beneficiaries • \$202.90 for new Medicare beneficiaries Higher income consumers may pay more Part A Premium <ul style="list-style-type: none"> • \$565 for people who have under 30 credits • \$311 for people who have 30–39 credits These amounts may change in 2027	\$177.10	\$315.15	\$254.10
Inpatient Hospital Coverage	Days 1–60: \$1,736 Part A deductible; Days 61–90: \$434 per day; These amounts may change in 2027	Days 1–60: \$1,736 Part A Deductible; Days 61–90: \$0	\$0	\$0
Skilled Nursing Facility	Days 1–20: \$0; Days 21–100: \$217 per day coinsurance; These amounts may change in 2027	Days 1–20: \$0; Days 21–100: Up to \$217 per day coinsurance	\$0	\$0
Emergency Room Care	20% coinsurance for the doctor and facility charges*	\$0 after Part B deductible	\$0	\$0 after Part B deductible
Primary Care and Specialist Visits	20% coinsurance	\$0 after Part B deductible	\$0	\$0 after Part B deductible
Preventive Care Services— As covered by Medicare	Covered in full; Part B deductible does not apply	\$0		
Annual Wellness Exam	Covered in full; Part B deductible does not apply	\$0		
Outpatient Service/Surgery	20% coinsurance for the doctor and facility charges*	\$0 after Part B deductible	\$0	\$0 after Part B deductible
Diagnostic Procedures, Tests, and Lab Services	20% coinsurance for diagnostic tests and X-rays*; \$0 copay for Medicare–covered lab services*	\$0 after Part B deductible	\$0	\$0 after Part B deductible
Emergency Care Nationwide and In a Foreign Country	Covered in the United States and while traveling through Canada and Mexico	\$0		
Fitness Reimbursement	No coverage	Up to \$150 fitness reimbursement annually		

Visit us online at hpforlife.org or call **1-877-906-4742**, **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.