

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 requires that you pay a total of \$203 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 <sup>†</sup> Plan You Pay	Medicare Supplement 1A Plan You Pay
<b>Premium</b>	<b>Part B Premium</b> \$148.50 for existing Medicare beneficiaries \$148.50 for new Medicare beneficiaries Higher income consumers may pay more <b>Part A Premium</b> \$471 for people who have under 30 credits \$259 for people who have 30-39 credits These amounts may change in 2022	• \$136	• \$242	• \$195
<b>Inpatient Hospital Coverage</b>	<ul style="list-style-type: none"> <li>Days 1-60: \$1,484 Part A Deductible</li> <li>Days 61-90: \$371 per day</li> </ul> These amounts may change in 2022	<ul style="list-style-type: none"> <li>Days 1-60: \$1,484 Part A Deductible</li> <li>Days 61-90: \$0</li> </ul>	• \$0	• \$0
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: \$185.50 per day coinsurance</li> </ul> These amounts may change in 2022	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: Up to \$185.50 per day coinsurance</li> </ul>	• \$0	• \$0
<b>Emergency Room Care</b>	• 20% coinsurance for the doctor and facility charges*	• \$0 After Part B Deductible	• \$0	• \$0 After Part B Deductible
<b>Primary Care and Specialist Visits</b>	• 20% coinsurance	• \$0 After Part B Deductible	• \$0	• \$0 After Part B Deductible
<b>Preventive Care Services - As covered by Medicare</b>	• Covered in full Part B deductible does not apply	• \$0		
<b>Annual Wellness Exam</b>	• Covered in full Part B deductible does not apply	• \$0		
<b>Outpatient Service/ Surgery</b>	• 20% coinsurance for the doctor and facility charges*	• \$0 After Part B Deductible	• \$0	• \$0 After Part B Deductible
<b>Diagnostic Procedures, Tests and Lab Services</b>	<ul style="list-style-type: none"> <li>20% coinsurance for diagnostic tests and x-rays*</li> <li>\$0 copay for Medicare-covered lab services*</li> </ul>	• \$0 After Part B Deductible	• \$0	• \$0 After Part B Deductible
<b>Emergency Care Nationwide and In a Foreign Country</b>	• Covered in the United States and while traveling through Canada and Mexico	• \$0		
<b>Fitness Reimbursement</b>	• No Coverage	• Up to \$150 Fitness reimbursement annually		

Visit us online at [hpforlife.org](http://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.