

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 \$226 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 \$164.90 for existing Medicare beneficiaries \$164.90 for new Medicare beneficiaries Higher income consumers may pay more Part A Premium \$506 for people who have under 30 credits \$278 for people who have 30-39 credits These amounts may change in 2024	• \$138.50	• \$246	• \$198.50
Inpatient Hospital Coverage	<ul style="list-style-type: none"> • Days 1-60: \$1,600 Part A Deductible • Days 61-90: \$400 per day • These amounts may change in 2024 	<ul style="list-style-type: none"> • Days 1-60: \$1,600 Part A Deductible • Days 61-90: \$0 	• \$0	• \$0
Skilled Nursing Facility	<ul style="list-style-type: none"> • Days 1-20: \$0 • Days 21-100: \$200 per day coinsurance • These amounts may change in 2024 	<ul style="list-style-type: none"> • Days 1-20: \$0 • Days 21-100: Up to \$200 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	<ul style="list-style-type: none"> • 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 **1-877-909-4742 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.