

# Harvard Pilgrim's Medicare Supplement Plan

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

\*Each year with Original Medicare, you pay a total of \$183 for your Part B Deductible before other cost sharing applies.

Premium & Benefits	Original Medicare You Pay	Medicare Supplement Core Plan You Pay	Medicare Supplement 1 Plan You Pay
<b>Premium</b>	<p><b>Part B Premium</b>                      \$134 for existing Medicare beneficiaries                      \$134 for new Medicare beneficiaries                      Higher income consumers may pay more</p> <p><b>Part A Premium</b>                      \$422 for people who have under 30 credits                      \$232 for people who have 30-39 credits                      These amounts may change in 2019</p>	<ul style="list-style-type: none"> <li>• \$115</li> </ul>	<ul style="list-style-type: none"> <li>• \$217</li> </ul>
<b>Inpatient Hospital Coverage</b>	<ul style="list-style-type: none"> <li>• Days 1-60: \$1,340 Part A Deductible</li> <li>• Days 61-90: \$335 per day</li> </ul> These amounts may change in 2019	<ul style="list-style-type: none"> <li>• Days 1-60: \$1,340 Part A Deductible</li> <li>• Days 61-90: \$0</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>• Days 1-20: \$0</li> <li>• Days 21-100: \$167.50 per day coinsurance</li> </ul> These amounts may change in 2019	<ul style="list-style-type: none"> <li>• Days 1-20: \$0</li> <li>• Days 21-100: \$167.50 per day coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<b>Emergency Room Care</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for the doctor and facility charges*</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 After Part B Deductible</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<b>Primary Care and Specialist Visits</b>	<ul style="list-style-type: none"> <li>• 20%</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 After Part B Deductible</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<b>Preventive Care Services - As covered by Medicare</b>	<ul style="list-style-type: none"> <li>• Covered in full Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>	
<b>Annual Wellness Exam</b>	<ul style="list-style-type: none"> <li>• Covered in full Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>	
<b>Outpatient Service/ Surgery</b>	<ul style="list-style-type: none"> <li>• 20% coinsurance for the doctor and facility charges.*</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 After Part B Deductible</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<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>	<ul style="list-style-type: none"> <li>• \$0 After Part B Deductible</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>
<b>Emergency Care Nationwide and In a Foreign Country</b>	<ul style="list-style-type: none"> <li>• Covered in the United States and while traveling through Canada and Mexico</li> </ul>	<ul style="list-style-type: none"> <li>• \$0</li> </ul>	
<b>Fitness Reimbursement</b>	<ul style="list-style-type: none"> <li>• No Coverage</li> </ul>	Up to \$150 reimbursement for health club membership annually	



Coverage underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care.

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