



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 \$198 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	<p>Part B Premium \$144.60 for existing Medicare beneficiaries \$144.60 for new Medicare beneficiaries Higher income consumers may pay more</p> <p>Part A Premium \$458 for people who have under 30 credits \$252 for people who have 30-39 credits These amounts may change in 2021</p>	\$186	\$233	\$218	\$189	\$165
Inpatient Hospital Coverage	<ul style="list-style-type: none"> Days 1-60: \$1,408 Part A Deductible Days 61-90: \$352 per day <p>These amounts may change in 2021</p>	<ul style="list-style-type: none"> Days 1-60: \$1,408 Part A Deductible Days 61-90: \$0 	<ul style="list-style-type: none"> Days 1-60: \$0 Days 61-90: \$0 	<ul style="list-style-type: none"> Days 1-60: \$0 Days 61-90: \$0 	<ul style="list-style-type: none"> Days 1-60: 50% of Medicare Part A Deductible Days 61-90: \$0 	<ul style="list-style-type: none"> Days 1-60: \$0 Days 61-90: \$0
Skilled Nursing Facility	<ul style="list-style-type: none"> Days 1-20: \$0 Days 21-100: \$176 per day coinsurance <p>These amounts may change in 2021</p>	<ul style="list-style-type: none"> Days 1-20: \$0 Days 21-100: Up to \$176 per day coinsurance 	<ul style="list-style-type: none"> Days 1-20: \$0 Days 21-100: \$0 	<ul style="list-style-type: none"> Days 1-20: \$0 Days 21-100: \$0 	<ul style="list-style-type: none"> Days 1-20: \$0 Days 21-100: \$0 	<ul style="list-style-type: none"> Days 1-20: \$0 Days 21-100: \$0
Emergency Room Care	<ul style="list-style-type: none"> 20% coinsurance for the doctor and facility charges* 	• \$0*	• \$0	• \$0*	• \$0*	• Up to \$50 copay*
Primary Care and Specialist Visits	<ul style="list-style-type: none"> 20% coinsurance 	• \$0*	• \$0	• \$0*	• \$0*	• Up to \$20 copay per office visit*

Continued

Visit us online at hpforlife.org or call 1-877-909-4742, TTY users dial 711 for more information.

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
Preventive Care Services - As covered by Medicare	<ul style="list-style-type: none"> Covered in full Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply
Annual Wellness Exam	<ul style="list-style-type: none"> Covered in full Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply 	<ul style="list-style-type: none"> \$0 Part B deductible does not apply
Outpatient Service/ Surgery	<ul style="list-style-type: none"> 20% coinsurance for the doctor and facility charges* 	<ul style="list-style-type: none"> \$0* 	<ul style="list-style-type: none"> \$0 	<ul style="list-style-type: none"> \$0* 	<ul style="list-style-type: none"> \$0* 	<ul style="list-style-type: none"> Up to \$20 copay per office visit*
Diagnostic Procedures, Tests and Lab Services	<ul style="list-style-type: none"> 20% coinsurance for diagnostic tests \$0 copay for Medicare-covered lab services* 	<ul style="list-style-type: none"> \$0* 	<ul style="list-style-type: none"> \$0 	<ul style="list-style-type: none"> \$0* 	<ul style="list-style-type: none"> \$0* 	<ul style="list-style-type: none"> Up to \$20 copay per office visit*
Emergency Care Nationwide and In a Foreign Country	<ul style="list-style-type: none"> Covered in the United States and while traveling through Canada and Mexico 	<ul style="list-style-type: none"> Not covered outside of the U.S. 	<ul style="list-style-type: none"> First \$250 each calendar year. 20% and amounts over the \$50,000 lifetime maximum. 			

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.



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.