

This is an advertisement. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company. Not connected with or endorsed by the U.S. Government or the Federal Medicare Program. This policy may not cover all of your medical expenses.



HPHC's Medicare Supplement Plan

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 \$257 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
Inpatient Hospital Coverage	Days 1–60: \$1,676 Part A deductible; Days 61–90: \$419 per day; These amounts may change in 2026	Days 1–60: \$1,676 Part A deductible; Days 61–90: \$0	Days 1–60: \$0; Days 61–90: \$0	Days 1–60: \$0; Days 61–90: \$0	Days 1–60: 50% of Medicare Part A Deductible; Days 61–90: \$0	Days 1–60: \$0; Days 61–90: \$0
Skilled Nursing Facility	Days 1–20: \$0; Days 21–100: \$209.50 per day coinsurance; These amounts may change in 2026	Days 1–20: \$0; Days 21–100: Up to \$209.50 per day coinsurance	Days 1–20: \$0; Days 21–100: \$0	Days 1–20: \$0; Days 21–100: \$0	Days 1–20: \$0; Days 21–100: \$0	Days 1–20: \$0; Days 21–100: \$0
Emergency Room Care	20% coinsurance for the doctor and facility charges*	\$0*	\$0	\$0*	\$0*	Up to \$50 copay*
Primary Care and Specialist Visits	20% coinsurance	\$0*	\$0	\$0*	\$0*	Up to \$20 copay per office visit*
Preventive Care Services—as covered by Medicare	Covered in full; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply
Annual Wellness Exam	Covered in full; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply	\$0; Part B deductible does not apply
Outpatient Service/Surgery	20% coinsurance for the doctor and facility charges*	\$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.

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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
Diagnostic Procedures, Tests, and Lab Services	20% coinsurance for diagnostic tests and X-rays*; \$0 copay for Medicare-covered lab services*	\$0*	\$0	\$0*	\$0*	Up to \$20 copay per office visit*
Emergency Care Nationwide and in a Foreign Country	Covered in the United States and while traveling through Canada and Mexico	Not covered outside of the United States	First \$250 each calendar year. 20% and amounts over the \$50,000 lifetime maximum.			



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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.