

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

*Each year with Original Medicare, you pay a total of \$185 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
Premium	Part B Premium \$135.50 for existing Medicare beneficiaries \$135.50 for new Medicare beneficiaries Higher income consumers may pay more Part A Premium \$437 for people who have under 30 credits \$240 for people who have 30-39 credits These amounts may change in 2020	<ul style="list-style-type: none"> • \$125 	<ul style="list-style-type: none"> • \$220
Inpatient Hospital Coverage	<ul style="list-style-type: none"> • Days 1-60: \$1,364 Part A Deductible • Days 61-90: \$341 per day These amounts may change in 2020	<ul style="list-style-type: none"> • Days 1-60: \$1,364 Part A Deductible • Days 61-90: \$0 	<ul style="list-style-type: none"> • \$0
Skilled Nursing Facility	<ul style="list-style-type: none"> • Days 1-20: \$0 • Days 21-100: \$170.50 per day coinsurance These amounts may change in 2020	<ul style="list-style-type: none"> • Days 1-20: \$0 • Days 21-100: \$170.50 per day coinsurance 	<ul style="list-style-type: none"> • \$0
Emergency Room Care	<ul style="list-style-type: none"> • 20% coinsurance for the doctor and facility charges* 	<ul style="list-style-type: none"> • \$0 After Part B Deductible 	<ul style="list-style-type: none"> • \$0
Primary Care and Specialist Visits	<ul style="list-style-type: none"> • 20% 	<ul style="list-style-type: none"> • \$0 After Part B Deductible 	<ul style="list-style-type: none"> • \$0
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 	
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 	
Outpatient Service/ Surgery	<ul style="list-style-type: none"> • 20% coinsurance for the doctor and facility charges.* 	<ul style="list-style-type: none"> • \$0 After Part B Deductible 	<ul style="list-style-type: none"> • \$0
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 	<ul style="list-style-type: none"> • \$0 After Part B Deductible 	<ul style="list-style-type: none"> • \$0
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"> • \$0 	
Fitness Reimbursement	No Coverage	Up to \$150 Fitness reimbursement annually	