

# Harvard Pilgrim's Medicare Supplement Plan

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.

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 \$166 Part B Deductible before other cost sharing applies.

Benefits	Original Medicare You Pay	Plan A You Pay	Plan F You Pay	Plan M You Pay	Plan N You Pay
<b>Inpatient Hospital Coverage</b>	<ul style="list-style-type: none"> <li>Days 1-60: \$1,288 Part A Deductible</li> <li>Days 61-90: \$322 per day</li> </ul> These amounts may change in 2017	<ul style="list-style-type: none"> <li>Days 1-60: \$1,288 Part A Deductible</li> <li>Days 61-90: \$0</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-60: \$0</li> <li>Days 61-90: \$0</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-60: 50% of Medicare Part A Deductible</li> <li>Days 61-90: \$0</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-60: \$0</li> <li>Days 61-90: \$0</li> </ul>
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>Days 1-20: \$0 copay</li> <li>Days 21-100: \$161 per day coinsurance</li> </ul> These amounts may change in 2017	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: \$161 per day coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: \$0</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: \$0</li> </ul>	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: \$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*</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> </ul>	<ul style="list-style-type: none"> <li>\$0*</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay*</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*</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> </ul>	<ul style="list-style-type: none"> <li>\$0*</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay per office visit if applicable*</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 Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Part B deductible does not apply</li> </ul>

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Underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care of New England.

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

## Harvard Pilgrim's Medicare Supplement Plan (continued)

\*Except for Plan F, all HPHC plans and Original Medicare require that you pay the \$166 Part B Deductible before other cost sharing applies.

Benefits	Original Medicare You Pay	Plan A You Pay	Plan F You Pay	Plan M You Pay	Plan N You Pay
<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 Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Part B deductible does not apply</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Part B deductible does not apply</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*</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> </ul>	<ul style="list-style-type: none"> <li>\$0*</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay per office visit if applicable*</li> </ul>
<b>Diagnostic Procedures, Tests and Lab Services</b>	<ul style="list-style-type: none"> <li>20% coinsurance for diagnostic tests</li> <li>\$0 copay for Medicare-covered lab services</li> </ul>	<ul style="list-style-type: none"> <li>\$0*</li> </ul>	<ul style="list-style-type: none"> <li>\$0</li> </ul>	<ul style="list-style-type: none"> <li>\$0*</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay per office visit if applicable*</li> </ul>
<b>Emergency Care Nationwide and In a Foreign Country</b>	Covered in the United States and while traveling through Canada and Mexico	Not covered outside of the U.S.	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.



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