

# 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 \$147 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>	<ul style="list-style-type: none"> <li>Part B premium - \$104.90 per month - Higher income consumers may pay more</li> <li>Part A premium - \$441 for people who pay a premium</li> </ul> These amounts may change in 2014	• \$100.50	• \$189.50
<b>Inpatient Hospital Coverage</b>	<ul style="list-style-type: none"> <li>Days 1-60: \$1,184 Part A Deductible</li> <li>Days 61-90: \$296 per day</li> </ul> These amounts may change in 2014	<ul style="list-style-type: none"> <li>Days 1-60: \$1,184 Part A Deductible</li> <li>Days 61-90: \$0</li> </ul>	• \$0
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: \$148 per day coinsurance</li> </ul> These amounts may change in 2014	<ul style="list-style-type: none"> <li>Days 1-20: \$0</li> <li>Days 21-100: \$148 per day coinsurance</li> </ul>	• \$0
<b>Emergency Room Care</b>	<ul style="list-style-type: none"> <li>20% coinsurance for the doctor and facility charges*</li> </ul>	• \$0 After Part B Deductible	• \$0
<b>Primary Care and Specialist Visits</b>	• 20%	• \$0 After Part B Deductible	• \$0
<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>	• \$0	
<b>Annual Wellness Exam</b>	<ul style="list-style-type: none"> <li>Covered in full Part B deductible does not apply</li> </ul>	• \$0	
<b>Outpatient Service/ Surgery</b>	<ul style="list-style-type: none"> <li>20% coinsurance for the doctor and facility charges.*</li> </ul>	• \$0 After Part B Deductible	• \$0
<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>	• \$0 After Part B Deductible	• \$0
<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>	• \$0	
<b>Fitness Reimbursement</b>	<ul style="list-style-type: none"> <li>No Coverage</li> </ul>	Up to \$150 reimbursement for health club membership annually	



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