

# 2020 Benefit structure

Services		Plans that use attained-age rating		Plan N	
		Plan C <sup>2</sup>		We pay	You pay
Medicare pays		We pay	You pay	We pay	You pay
<b>Part A</b>					
<b>Inpatient Hospitalization</b>					
<b>1-60 days</b>	All costs after \$1,408 deductible per benefit period	\$1,408	Nothing	\$1,408	Nothing
<b>61-90 days</b>	All but \$352 per day	\$352 per day	Nothing	\$352 per day	Nothing
<b>60 lifetime reserve days</b>	All but \$704 per day	\$704 per day	Nothing	\$704 per day	Nothing
<b>Additional 365 days</b>	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing
<b>Skilled Nursing Facility</b>					
<b>21-100 days</b>	All but \$176 per day	\$176 per day	Nothing	\$176 per day	Nothing
<b>Blood</b>					
	All costs after first 3 pints	First 3 pints	Nothing	First 3 pints	Nothing
<b>Hospice Care</b>					
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing
<b>Part B</b>					
<b>Medical Services</b>					
<b>Physician, out-patient supplies, physical and speech therapy diagnostic tests, durable medical equipment</b>	After \$198 deductible, generally 80% of Medicare-approved amount	\$198 deductible and generally 20% of Medicare-approved amount	Nothing	Balance left after deductible and copays	\$198 deductible; up to \$20 per office visit; up to \$50 <sup>1</sup> per emergency room visit
<b>Part B excess charges</b>	Nothing	Nothing	All costs	Nothing	All costs
<b>Foreign travel</b>					
	Nothing	80% of costs after \$250 annual deductible; \$50,000 lifetime benefit	\$250 annual deductible; 20% of costs. All costs after maximum benefit	80% of costs after \$250 annual deductible; \$50,000 lifetime benefit	\$250 annual deductible; 20% of costs. All costs after maximum benefit

<sup>1</sup>The \$50 copay is waived if you are admitted to a hospital, and the emergency visit is covered as a Part A expense.

<sup>2</sup>Effective January 1, 2020: Only applicants first eligible for Medicare before 2020 may purchase Plan C.

## A variety of Medicare supplement plans to meet your needs



### Plan limitations and your rights

Medicare supplement plans from Everence do have some limitations of coverage. And, if you enroll, you will have certain rights as a covered person.

### Benefits not covered

Unless specifically stated in your plan, Everence's Medicare supplement plans do not cover or consider for payment any service or supply, or any portion of a service or supply, that is not a Medicare-eligible expense, nor will it duplicate any benefit paid by Medicare.

### Your coverage cannot be canceled

As with any Medicare supplement plan offered in your state, we will not cancel or refuse to renew your health plan certificate for any reason other than failure to make premium payment or because of fraudulent misrepresentation by the applicant, unless authorized by the insurance commissioner.

### One supplement plan is enough

If you are already enrolled in another Medicare plan other than original Medicare (such as another Medicare supplement plan or Medicare Advantage plan), you do not need two plans. If you wish to cancel a previously issued health policy, only you can do so. Talk to your Everence representative about how to cancel the other coverage.

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# 2020 Benefit structure

Services		Plans that use issue-age rating									
		Plan A		Plan B		Plan F <sup>4</sup>		Plan G		Plan L	
		We pay	You pay	We pay	You pay	We pay	You pay	We pay	You pay	We pay	You pay up to \$2,940 <sup>2</sup>
<b>Part A</b>											
<b>Inpatient Hospitalization</b>											
<b>1-60 days</b>	All costs after \$1,408 deductible per benefit period	Nothing	\$1,408	\$1,408	Nothing	\$1,408	Nothing	\$1,408	Nothing	\$1,056	\$352
<b>61-90 days</b>	All but \$352 per day	\$352 per day	Nothing	\$352 per day	Nothing	\$352 per day	Nothing	\$352 per day	Nothing	\$352 per day	Nothing
<b>60 lifetime reserve days</b>	All but \$704 per day	\$704 per day	Nothing	\$704 per day	Nothing	\$704 per day	Nothing	\$704 per day	Nothing	\$704 per day	Nothing
<b>Additional 365 days</b>	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing
<b>Skilled Nursing Facility</b>											
<b>21-100 days<sup>1</sup></b>	All but \$176 per day	Nothing	\$176 per day	Nothing	\$176 per day	\$176 per day	Nothing	\$176 per day	Nothing	\$132 per day	\$44 per day
<b>Blood</b>											
	All costs after first 3 pints	First 3 pints	Nothing	First 3 pints	Nothing	First 3 pints	Nothing	First 3 pints	Nothing	75% of first 3 pints	25% of first 3 pints
<b>Hospice Care</b>											
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing	75% of copayment/coinsurance	25% of copayment/coinsurance
<b>Medical Services</b>											
<b>Physician, outpatient supplies, physical and speech therapy diagnostic tests, durable medical equipment</b>	After \$198 deductible, generally 80% of Medicare-approved amount <sup>3</sup>	Generally 20% of Medicare-approved amount	\$198 deductible	Generally 20% of Medicare-approved amount	\$198 deductible	\$198 deductible and generally 20% of Medicare-approved amount	Nothing	Generally 20% of Medicare-approved amount	\$198 deductible	Generally 15% of Medicare-approved amount. Exception: 20% for preventive care	\$198 deductible and generally 5% of Medicare-approved amount
<b>Part B excess charges</b>	Nothing	Nothing	All costs	Nothing	All costs	100%	Nothing	100%	Nothing	Nothing	All costs
<b>Foreign travel</b>											
	Nothing	Nothing	All costs	Nothing	All costs	80% of costs after \$250 annual deductible; \$50,000 lifetime benefit	\$250 annual deductible; 20% of costs. All costs after maximum benefit	80% of costs after \$250 annual deductible; \$50,000 lifetime benefit	\$250 annual deductible; 20% of costs. All costs after maximum benefit	Nothing	All costs
<b>Part B</b>											

This is a brief summary of the Medicare supplement plans available from Everence. The health plan certificate contains details about the plan's provisions, limitations, and variations. Medicare supplement insurance plans offered by **Everence Association, Inc., a fraternal benefit society**, are not available in all states, and are not connected with or endorsed by the U.S. government or the Federal Medicare Program. This is a solicitation of insurance and an insurance agent or company may contact you in an attempt to sell you insurance.

**In Delaware**, Plan A is 2105268 DE, Plan B is 2105269 DE, Plan C is 2105270 DE, Plan F is 2105271 DE, Plan G is 2185058, Plan L is 2105272 DE, Plan N is 2105273 DE.

**In Pennsylvania**, Plan A is 2105274 PA, Plan B is 2105275 PA, Plan C is 2105276 PA, Plan F is 2105277 PA, Plan G is 2185056, Plan L is 2105278 PA, Plan N is 2105279 PA.

<sup>1</sup>Medicare covers all costs for days 1-20 after a three-day hospital stay, so the plans don't need to cover those first 20 days.

<sup>2</sup>This is your annual out-of-pocket limit. All expenses in the "You pay" column accumulate toward this limit except excess charges, foreign travel, and additional preventive care not covered by Medicare.

<sup>3</sup>Part B deductible means you pay for services covered by Part B up to the deductible amount. Then Medicare pays 80% of the cost (coinsurance) approved by Medicare for most Part B services.

<sup>4</sup>Effective January 1, 2020: Only applicants first eligible for Medicare before 2020 may purchase Plan F.