

## 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.

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 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 L is 2105278 PA, Plan N is 2105279 PA.



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



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# 2017 Benefit structure

		Plans that use issue-age rating								Plans that use attained-age rating			
		Plan A		Plan B		Plan F		Plan L		Plan C		Plan N	
Services	Medicare pays	We pay	You pay	We pay	You pay	We pay	You pay	We pay	You pay up to \$2,560 <sup>2</sup>	We pay	You pay	We pay	You pay
<b>Part A</b>													
<b>Inpatient Hospitalization</b>													
<b>1-60 days</b>	All costs after \$1,316 deductible per benefit period	Nothing	\$1,316	\$1,316	Nothing	\$1,316	Nothing	\$987	\$329	\$1,316	Nothing	\$1,316	Nothing
<b>61-90 days</b>	All but \$329 per day	\$329 per day	Nothing	\$329 per day	Nothing	\$329 per day	Nothing	\$329 per day	Nothing	\$329 per day	Nothing	\$329 per day	Nothing
<b>60 lifetime reserve days</b>	All but \$658 per day	\$658 per day	Nothing	\$658 per day	Nothing	\$658 per day	Nothing	\$658 per day	Nothing	\$658 per day	Nothing	\$658 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	100% of Medicare-eligible expenses	Nothing
<b>Skilled Nursing Facility</b>													
<b>21-100 days<sup>1</sup></b>	All but \$164.50 per day	Nothing	\$164.50 per day	Nothing	\$164.50 per day	\$164.50 per day	Nothing	\$123.38 per day	\$41.12 per day	\$164.50 per day	Nothing	\$164.50 per day	Nothing
<b>Blood</b>													
	All costs after first 3 pints	First 3 pints	Nothing	First 3 pints	Nothing	First 3 pints	Nothing	75% of first 3 pints	25% of 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	Medicare copayment/coinsurance	Nothing	75% of copayment/coinsurance	25% of copayment/coinsurance	Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing
<b>Part B</b>													
<b>Medical Services</b>													
<b>Physician, outpatient supplies, physical and speech therapy diagnostic tests, durable medical equipment</b>	After \$183 deductible, generally 80% of Medicare-approved amount	Generally 20% of Medicare-approved amount	\$183 deductible	Generally 20% of Medicare-approved amount	\$183 deductible	\$183 deductible and generally 20% of Medicare-approved amount	Nothing	Generally 15% of Medicare-approved amount. Exception: 20% for preventive care	\$183 deductible and generally 5% of Medicare-approved amount	\$183 deductible and generally 20% of Medicare-approved amount	Nothing	Balance left after deductible and copays	\$183 deductible; up to \$20 per office visit; up to \$50 <sup>3</sup> per emergency room visit
<b>Part B excess charges</b>	Nothing	Nothing	All costs	Nothing	All costs	100%	Nothing	Nothing	All costs	Nothing	All costs	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	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

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