

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 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.

These are some of the policy exclusions:

1. Any expense a covered person incurs which Medicare does not consider to be a covered charge or approved charge unless such benefits are expressly provided for by this policy;
2. Services performed by you, a member of your immediate family, or a person who usually resides in your home for which no charge is normally made in the absence of insurance;
3. Custodial care;
4. Any loss covered by worker's compensation or employer's liability laws;
5. Home health care to the extent not covered by Medicare;
6. Expense incurred while this policy is not in force, except

as provided in the Part titled *Coverage Provisions* and the section *Benefits After Certificate Terminates*;

7. Hospital or skilled nursing facility confinement medical expense services incurred prior to the effective date of this certificate;
8. That portion of any expense incurred which is paid for by Medicare; or
9. Loss or expense that is payable under any other Medicare supplement insurance policy or certificate.

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 (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 licensed agent 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 insurance company may contact you in an attempt to sell you insurance.

AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST.

In California, Plan A is 2125102, Plan F is 2125103, Plan G is 2125104, Plan N is 2125105.



A variety of Medicare supplement plans to meet your needs



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2024 Benefit structure

		Plan A		Plan F ³		Plan G		Plan N	
Services	Medicare pays	We pay	You pay	We pay	You pay	We pay	You pay	We pay	You pay
Part A	Inpatient Hospitalization								
	1-60 days	Nothing	\$1,632	\$1,632	Nothing	\$1,632	Nothing	\$1,632	Nothing
	61-90 days	\$408 per day	Nothing	\$408 per day	Nothing	\$408 per day	Nothing	\$408 per day	Nothing
	60 lifetime reserve days	\$816 per day	Nothing	\$816 per day	Nothing	\$816 per day	Nothing	\$816 per day	Nothing
	Additional 365 days	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing	100% of Medicare-eligible expenses	Nothing
	Skilled Nursing Facility								
	21-100 days ¹	Nothing	\$204 per day	\$204 per day	Nothing	\$204 per day	Nothing	\$204 per day	Nothing
	Blood								
		First 3 pints	Nothing	First 3 pints	Nothing	First 3 pints	Nothing	First 3 pints	Nothing
	Hospice Care								
Part B		Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing	Medicare copayment/coinsurance	Nothing
	Medical Services								
	Physician, outpatient supplies, physical and speech therapy diagnostic tests, durable medical equipment	Generally 20% of Medicare-approved amount	\$240 deductible	\$240 deductible and generally 20% of Medicare-approved amount	Nothing	Generally 20% of Medicare-approved amount	\$240 deductible	Balance left after deductible and copays	\$240 deductible; up to \$20 per office visit; up to \$50 ² per emergency room visit
	Part B excess charges	Nothing	All costs	100%	Nothing	100%	Nothing	Nothing	All costs
	Foreign travel	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	80% of costs after \$250 annual deductible; \$50,000 lifetime benefit	\$250 annual deductible; 20% of costs. All costs after maximum benefit

¹Medicare 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.

²The \$50 copay is waived if you are admitted to a hospital, and the emergency visit is covered as a Part A expense.

³Effective January 1, 2020: Only applicants first eligible for Medicare before 2020 may purchase Plan F.