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.

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 may not have two plans. If you wish to cancel a previously issued health policy, only you can do so.[1] 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.

Plan A is available to under age 65 Medicare-qualified individuals due to a disability.

[1] *When canceling previously issued coverage for new coverage, underwriting may apply for policy approval and new coverage could be rated or denied.*

A variety of Medicare supplement plans to meet your needs

Everence®

Everence Association Inc.,
a fraternal benefit society
1110 North Main Street
Goshen, IN 46527

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Everence®

2025 Benefit structure

	Services	Medicare pays	Plans that use issue-age rating Plan A We pay	Plan A You pay	Plan F[5] We pay	Plan F[5] You pay	Plan G We pay	Plan G You pay	Plan L We pay	Plan L You pay up to $3,610[2]	Plan that uses attained-age rating Plan N We pay	Plan N You pay
Part A	**Inpatient Hospitalization**											
	1-60 days	All costs after $1,676 deductible per benefit period	Nothing	$1,676	$1,676	Nothing	$1,676	Nothing	$1,257	$419	$1,676	Nothing
	61-90 days	All but $419 per day	$419 per day	Nothing	$419 per day	Nothing	$419 per day	Nothing	$419 per day	Nothing	$419 per day	Nothing
	60 lifetime reserve days	All but $838 per day	$838 per day	Nothing	$838 per day	Nothing	$838 per day	Nothing	$838 per day	Nothing	$838 per day	Nothing
	Additional 365 days	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
	Skilled Nursing Facility											
	21-100 days[1]	All but $209.50 per day	Nothing	$209.50 per day	$209.50 per day	Nothing	$209.50 per day	Nothing	$157.13 per day	$52.37 per day	$209.50 per day	Nothing
	Blood											
		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
	Hospice Care											
		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
Part B	**Medical Services**											
	Physician, out-patient supplies, physical and speech therapy diagnostic tests, durable medical equipment	After $257 deductible, generally 80% of Medicare-approved amount[4]	Generally 20% of Medicare-approved amount	$257 deductible	$257 deductible and generally 20% of Medicare-approved amount	Nothing	Generally 20% of Medicare-approved amount	$257 deductible	Generally 15% of Medicare-approved amount. Exception: 20% for preventive care	$257 deductible and generally 5% of Medicare-approved amount	Balance left after deductible and copays	$257 deductible; up to $20 per office visit; up to $50[3] per emergency room visit
	Part B excess charges	Nothing	Nothing	All costs	100%	Nothing	100%	Nothing	Nothing	All costs	Nothing	All costs
	Foreign travel	Nothing	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	80% of costs after $250 annual deductible; $50,000 lifetime benefit	$250 annual deductible; 20% of costs. All costs after maximum benefit

[1]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.
[2]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.
[3]The $50 copay is waived if you are admitted to a hospital, and the emergency visit is covered as a Part A expense.
[4]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.
[5]Effective January 1, 2020: Only applicants first eligible for Medicare before 2020 may purchase Plan F.