

## Medicare Supplement Plan N Benefits Overview

Type of Service	Benefit
<b>Inpatient Hospital Services</b>	Covers Medicare Part A inpatient deductible and the hospital coinsurance for days 61 - 90 and for the 60 lifetime reserve days. After Medicare benefits exhaust, including lifetime reserve days, an additional 365 days per lifetime covered in full are available
<b>Outpatient Hospital X-Ray</b>	Covers Medicare Part B 20% coinsurance
<b>Outpatient Hospital Laboratory and Pathology</b>	Covers Medicare Part B 20% coinsurance
<b>Emergency Services - Life Threatening and Urgent Medical Emergencies</b>	Covers balance except the lesser of fifty dollars (\$50) or the Medicare Part B coinsurance or copayment for each covered emergency room visit
<b>Physician Inpatient Services</b>	Covers Medicare Part B 20% coinsurance
<b>Office Visits</b>	Covers balance except the lesser of twenty dollars (\$20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists)
<b>Eye Exams</b>	No coverage for routine Eye Exams Diagnostic exams - Covers balance except the lesser of twenty dollars (\$20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists) Eyeglasses - Covers Medicare Part B 20% coinsurance, only for prosthetic lenses following cataract surgery
<b>Hearing Evaluations</b>	No coverage for routine Hearing Evaluations Diagnostic evaluations - Covers balance except the lesser of twenty dollars (\$20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists) Hearing Aids are not covered
<b>Chiropractic Services</b>	Covers balance except the lesser of twenty dollars (\$20) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists)
<b>Prescription Drugs</b>	No coverage
<b>Foreign Travel Coverage</b>	Covers medically necessary emergency care at 80% after the deductible up to \$50,000

This summary is not a contract or binding agreement. It reflects some commonly held benefits for this plan.

Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-659-1986 (TTY: 1-800-662-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-659-1986 (TTY.1-800-662-1220)。