

Medicare Supplement Plan B Benefits Overview

Type of Service	Benefit
Inpatient Hospital Services	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
Outpatient Hospital X-Ray	Covers Medicare Part B 20% coinsurance
Outpatient Hospital Laboratory and Pathology	Covers Medicare Part B 20% coinsurance
Emergency Services - Life Threatening and Urgent Medical Emergencies	Covers Medicare Part B 20% coinsurance
Physician Inpatient Services	Covers Medicare Part B 20% coinsurance
Office Visits	Covers Medicare Part B 20% coinsurance
Eye Exams	No coverage for routine Eye Exams Diagnostic exams - Covers Medicare Part B 20% coinsurance Eyeglasses - Covers Medicare Part B 20% coinsurance, only for prosthetic lenses following cataract surgery
Hearing Evaluations	No coverage for routine Hearing Evaluations Diagnostic evaluations - Covers Medicare Part B 20% coinsurance Hearing Aids are not covered
Chiropractic Services	Covers Medicare Part B 20% coinsurance
Prescription Drugs	No coverage

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: 1-800-421-1220).

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.1-800-421-1220)。