

Outline of coverage - Medicare Supplement Plan N

All dollar amounts shown are the 2023 Original Medicare numbers. The benefits and costs shown are for plans effective on or after January 1, 2023.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period¹			
Hospitalization - Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but \$1,600	\$1,600 (Part A deductible)	Nothing
61st through 90th day	All but \$400 a day	\$400 a day	Nothing
91st day and after (while using 60 lifetime reserve days)	All but \$800 a day	\$800 a day	Nothing
Once lifetime reserve days are used, additional 365 days	Nothing	100% of Medicare-eligible expenses	Nothing ²
Beyond the additional 365 days	Nothing	Nothing	All costs
Skilled nursing facility care¹ - You must meet Medicare's requirements, including having been in a hospital for at least three days and having entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	100%	Nothing	Nothing
21st through 100th day	All but \$200 a day	Up to \$200 a day	Nothing
101st day and after	Nothing	Nothing	All costs
Blood			
First 3 pints	Nothing	3 pints	Nothing
Additional amounts	100%	Nothing	Nothing
Hospice care - Available as long as your doctor certifies that you are terminally ill and you elect to receive these services			
Hospice care	All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care.	Medicare copayment/coinsurance	Nothing
Medicare Part B medical services per calendar year			
Medical expenses - In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment			
First \$226 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$226
Remainder of Medicare-approved amounts (after deductible is met)	80%	20% except up to a \$20 office visit and up to a \$50 emergency visit copay	Up to \$20 per office visit and up to \$50 per emergency room visit ⁴
Part B excess charges (above Medicare-approved amounts)	Nothing	Nothing	All costs

¹A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare preventive care			
First \$226 of Medicare-approved amounts (Part B deductible ³) when applicable	Nothing	Nothing	\$226
Medicare-approved amounts (after deductible is met) when applicable	80%	20%	Nothing
Blood			
First 3 pints	Nothing	3 pints	Nothing
Clinical laboratory services			
Tests for diagnostic services	100%	Nothing	Nothing
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	Nothing	Nothing
Durable medical equipment - first \$226 of Medicare-approved amounts (Part B deductible ³)	Nothing	Nothing	\$226
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	Nothing
Other benefits - Services not covered by Medicare			
Foreign Travel - Emergency care services beginning during the first 60 days of each trip outside the U.S.			
\$250 foreign travel deductible that must be met once each calendar year	Nothing	Nothing	\$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of \$50,000 ⁵	Nothing	80%	20%

²NOTICE: When your Medicare Part A hospital benefits are exhausted, FBHP stands in the place of Medicare and pays whatever amount Medicare would have paid for up to an additional 365 days. During this time, the hospital can't bill you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

³The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed \$226 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

⁴Emergency visit copay waived and visit covered as a Part A expense if you are admitted to any hospital.

⁵Member pays all amounts over \$50,000.