BENEFITS INCLUDED IN ALL MEDIGAP PLANS

Indiana Farm Bureau® Health Plans
Insured by Members Health Insurance Company

	MEDICARE SUPPLEMENT INSURANCE (MEDIGAP) PLANS									
BENEFITS	**A**	**B**	**C**	**D**	**F[1]**	**G[1]**	**K**	**L**	**M**	**N**
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or co-payment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ Copays apply[3]
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or co-payment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care co-payment			✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible			✓		✓					
Part B excess charge					✓	✓				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
Out-of-pocket limit[2]							$7,220[2]	$3,610[2]		

[1]Plans F and G also have a high deductible option which require paying a plan deductible of ($2,870) before the plan begins to pay. Once the plan deductible is met, the plan pays one hundred percent (100%) of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2]For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($257 in 2025), the Medigap plan pays 100% of covered services for the rest of the calendar year.

[3]Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that don't result in an inpatient admission.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT **PLAN A**

All dollar amounts shown are the 2025 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2025**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period **Hospitalization[2] -** Semi-private room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,676	$0	$1,676 (Part A deductible)
61st through 90th day	All but $419 a day	$419 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $838 a day	$838 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[2] - 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%	$0	$0
21st through 100th day	All but $209.50 a day	$0	Up to $209.50 a day
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

[1]Notice: When your Medicare Part A hospital benefits are exhausted, Indiana Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (365) days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

[2]A 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.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN A	
		PLAN PAYS	YOU PAY
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 $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	3 pints	$0
Next $257 of Medicare approved amounts[3]	$0	$0	$257 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	$0
Clinical laboratory services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	$0
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	$0	$0	All costs
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	$0	All costs

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT **PLAN D**

All dollar amounts shown are the 2025 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2025**.

SERVICE	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN D	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period **Hospitalization[2] -** Semi-private room and board, general nursing, and miscellaneous services, and supplies			
First 60 days	All but $1,676	$1,676 (Part A deductible)	$0
61st through 90th day	All but $419 a day	$419 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $838 a day	$838 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[2] - 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%	$0	$0
21st through 100th day	All but $209.50 a day	Up to $209.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

[1]Notice: When your Medicare Part A hospital benefits are exhausted, Indiana Farm Bureau Health Plans 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.

[2]A 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 D	
		PLAN PAYS	YOU PAY
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 $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $257 of Medicare approved amounts[3]	$0	$0	$257 (Part B deductible)
Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Clinical laboratory services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	Generally 80%	Generally 20%	$0
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	$0	$0	$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	80%	20%

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT **PLAN G**

All dollar amounts shown are the 2025 original Medicare numbers. The benefits and costs shown are for plans effective **on or after January 1, 2025**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period **Hospitalization[2] -** Semi-private room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,676	$1,676 (Part A deductible)	$0
61st through 90th day	All but $419 a day	$419 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $838 a day	$838 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[2]- 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%	$0	$0
21st through 100th day	All but $209.50 a day	Up to $209.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

[1]Notice: When your Medicare Part A hospital benefits are exhausted, Indiana Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (365) days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

[2]A 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.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN G	
		PLAN PAYS	YOU PAY
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 equpment			
First $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First 3 pints	$0	All costs	$0
Next $257 of Medicare approved amounts[3]	$0	$0	$257 (Part B deductible)
Remainder of Medicare approved amounts	80%	20%	$0
Clinical laboratory services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	$0
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	$0	$0	$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	80%	20%

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

OUTLINE OF COVERAGE - MEDICARE SUPPLEMENT **PLAN N**

All dollar amounts shown are the 2025 original Medicare numbers.The benefits and costs shown are for plans effective **on or after January 1, 2025**.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
Medicare (Part A) hospital services per benefit period **Hospitalization[2] -** Semi-private room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,676	$1,676 (Part A deductible)	$0
61st through 90th day	All but $419 a day	$419 a day	$0
91st day and after (while using 60 lifetime reserve days)	All but $838 a day	$838 a day	$0
Once lifetime reserve days are used, additional 365 days	$0	100% of Medicare-eligible expenses	$0[1]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[2]- 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%	$0	$0
21st through 100th day	All but $209.50 a day	Up to $209.50 a day	$0
101st day and after	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Remainder of Medicare approved amounts	100%	$0	$0
Hospice care - You must meet Medicare's requirements, including a doctor's certification of terminal illness			
Hospice care	All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care.	Medicare co-payment/ coinsurance	$0

[1]Notice: When your Medicare Part A hospital benefits are exhausted, Indiana Farm Bureau Health Plans stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional three hundred sixty-five (365) days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

[2]A 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.

SERVICES	ORIGINAL MEDICARE PAYS	MEDICARE SUPPLEMENT PLAN N	
		PLAN PAYS	YOU PAY
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 $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts (after deductible is met)	Generally 80%	Balance, other than up to a $20 office visit and up to a $50 emergency visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First 3 pints	$0	All costs	$0
Next $257 of Medicare approved amounts[3]	$0	$0	$257 (Part B deductible)
Additional amounts	80%	20%	$0
Clinical laboratory services			
Tests for diagnostic services	100%	$0	$0
Parts A & B Home health care - Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment - first $257 of Medicare-approved amounts (Part B deductible[3])	$0	$0	$257
Remainder of Medicare-approved amounts for durable medical equipment (after deductible is met)	80%	20%	$0
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	$0	$0	$250
Remainder of charges after the foreign travel deductible is met, up to a lifetime maximum of $50,000[4]	$0	80%	20%

[3]The Part B deductible needs to be met only once each calendar year (January 1 - December 31). Once you have been billed $257 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

[4]Member pays all amounts over $50,000.

Notes