



812-934-6600

Out of the area? Call Toll Free **800-934-6606**
 976 State Road 46 East Batesville, Indiana 47006

www.Konradi123.com

EMAIL: service@konradi123.com

Medicare Supplements as simple as **1,2,3**

	Plan A	Plan B	Plan C	Plan D	Plan F ₁	Plan F ₂
BASIC COVERAGE	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance
Skilled Nursing Facility Coinsurance	NO	NO	100%	100%	100%	100%
THE PLAN PAYS						
Part A Deductible	NO	100%	100%	100%	100%	100%
Part B Deductible	NO	NO	100%	NO	100%	100%
Part B Excess	NO	NO	NO	NO	100%	100%
Foreign Travel	NO	NO	YES	YES	YES	YES
YOUR OUT OF POCKET					NONE	\$2200

	Plan G	Plan K	Plan L	Plan M	Plan N
BASIC COVERAGE	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid 100%, other basic benefits paid at 50%	Hospitalization and preventive care paid 100%, other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$20 copay for office visit & up to \$50 copay for ER
Skilled Nursing Facility Coinsurance	100%	50%	75%	100%	100%
THE PLAN PAYS					
Part A Deductible	100%	50%	75%	50%	100%
Part B Deductible	NO	NO	NO	NO	NO
Part B Excess	100%	NO	NO	NO	NO
Foreign Travel	YES	NO	NO	YES	YES
YOUR OUT OF POCKET		OOP limit at \$5,120; paid at 100% after limit is reached	OOP limit at \$2,560; paid at 100% after limit is reached		

Have Questions?

Do not hesitate to contact us with any questions.

We have 70+ years experience helping local residents find right coverage.