

Medigap Policies Compared

Medigap policies are designed to fill the “gaps” in health insurance provided under original Medicare, Parts A and B. These supplemental policies must provide standardized coverage as specified by the federal government.

Through May 31, 2010, 12 standardized Medigap policies could be sold, identified as plans A, B, C, D, E, F, G, H, I, J, K, and L. Effective June 1, 2010, plans E, H, I, and J could no longer be sold, and new plans M and N were added. Individuals who purchased a plan E, H, I, or J before June 1, 2010 may keep those plans.

The following tables compare and contrast the major components of the different policies. Not all policies are available in all states. The policies shown are not available to residents of the states of Massachusetts, Minnesota, or Wisconsin; there are separate standardized policies for residents of those states.

Medigap Plans Sold On or After June 1, 2010

Plan	Core Benefits	Skilled Nursing	Part A Deductible	Part A Hospice	Part B Deductible	Part B Excess Charges	Emergency Foreign Travel	Preventive Care
A	Yes			Yes				Yes
B	Yes		Yes	Yes				Yes
C	Yes	Yes	Yes	Yes	Yes		Yes	Yes
D	Yes	Yes	Yes	Yes			Yes	Yes
F ¹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
G	Yes	Yes	Yes	Yes		Yes	Yes	Yes
K ²	Some	50%	50%	50%				Yes
L ²	Some	75%	75%	75%				Yes
M	Yes	Yes	50%	Yes			Yes	Yes
N	Yes	Yes	Yes	Yes			Yes	Yes

What's included?

- **Core benefits:** Plans A-G, M and N - For Part A hospitalization, cover 100% of all copayments except that for days 1-60 of hospitalization (\$1,288 in 2016), plus adding

¹ Plan F has two options: (1) a standard option and (2) a “high deductible” option with a 2016 deductible of \$2,180.00.

² In 2016, Plan K has an annual out-of-pocket limit of \$4,960.00; Plan L has an annual out-of-pocket limit of \$2,480.00.

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365 lifetime days of hospital coverage after the standard benefit of 150 days is exhausted; 100% of Part B coinsurance amounts¹ after meeting the yearly deductible (\$166.00 in 2016); the first three pints of blood. Plans K and L – For Part A hospitalization, cover 100% of all copayments except that for days 1-60 of hospitalization, plus adding 365 lifetime days of hospital coverage after the standard benefit of 150 days is exhausted; for Part B, Plan K pays 50% of the coinsurance amount after the annual deductible is met; Plan L pays 75% of the Part B coinsurance amount after the annual deductible is met; Plan K pays 50% of the cost of the first three pints of blood; Plan L pays 75% of the cost of the first three pints of blood.

- **Part A skilled nursing:** Plans C-G, M and N – Pay 100% of the coinsurance amount
Plans C-G, M and N – Pay 100% of the coinsurance amount (\$161.00 per day in 2016) for days 21-100 in a skilled nursing facility. Plans K and L – Pay the percentage shown of the coinsurance amount for days 21-100 in a skilled nursing facility.
- **Part A deductible:** Plans B-G, and N – Pay 100% of the Part A deductible (\$1,288 in 2016) for the first 60 days of hospitalization. Plans K, L, and M – Pay the percentage shown of the Part A deductible for the first 60 days of hospitalization.
- **Part A hospice:** Plans A-G, M and N – Pay 100% of the Part A hospice copayment. Plans K and L – Pay the percentage shown of the Part A hospice copayment.
- **Part B deductible:** Plans C and F – Pay 100% of the annual Part B deductible (\$166.00 in 2016).
- **Part B excess charges:** Plans F and G – Pay 100% of the Part B excess charges.
- **Emergency foreign travel:** Plans C-G, M and N – The insured pays a \$250 deductible and then 20% of any remaining costs of emergency health care. This benefit is typically limited to a \$50,000 lifetime maximum and the first 60 days of each trip.
- **Part B preventive care:** All plans – Pay 100% of the coinsurance for preventive care.

¹ Plan N pays 100% of the Part B coinsurance except for a co-payment of up to \$20 for office visits and \$50 for emergency department visits.

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Medigap Plans Sold Through May 31, 2010

Plan	Core Benefits	Skilled Nursing	Part A Deductible	Part B Deductible	Part B Excess Charges	Emergency Foreign Travel	At Home Recovery	Preventive Care
A	Yes							Yes
B	Yes		Yes					Yes
C	Yes	Yes	Yes	Yes		Yes		Yes
D ¹	Yes	Yes	Yes			Yes	Yes	Yes
E	Yes	Yes	Yes			Yes		Yes
F ²	Yes	Yes	Yes	Yes	Yes	Yes		Yes
G ¹	Yes	Yes	Yes		80%	Yes	Yes	Yes
H	Yes	Yes	Yes			Yes		Yes
I	Yes	Yes	Yes		Yes	Yes	Yes	Yes
J ²	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
K ³	Some	50%	50%					Yes
L ³	Some	75%	75%					Yes

What's Included?

- Core benefits:** Plans A-J – For Part A hospitalization, includes 100% of all copayments except that for days 1-60 of hospitalization (\$1,288 in 2016), plus adding 365 lifetime days of hospital coverage after the standard benefit of 150 days is exhausted; 100% of Part B coinsurance amounts after meeting the yearly deductible (\$166.00 in 2016); the first three pints of blood. Plans K and L – Includes all copayments except that for days 1-60 of hospitalization, plus adding 365 lifetime days of hospital coverage after the standard benefit of 150 days is exhausted; for Part B, Plan K pays 50% of the coinsurance amount after the annual deductible is met; Plan L pays 75% of the coinsurance amounts after the annual deductible is met; Plan K pays 50% of the cost of the first three pints of blood; Plan L pays 75% of the cost of the first three pints of blood.

¹ Plans D and G sold before June 1, 2010 have different benefits than Plans D and G purchased after that date.

² Plans F and J also had a high-deductible option available.

³ The basic coverage for Plans K and L also included some Hospice benefits. In 2016, Plan K has an annual out-of-pocket limit of \$4,960.00; Plan L has an annual out-of-pocket limit of \$2,480.00.

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- **Skilled nursing:** Plans C-J – Pay 100% of the coinsurance amount (\$161.00 per day in 2016) under Part A for days 21-100 in a skilled nursing facility. Plans K and L – Pay the percentage shown of the coinsurance amount for days 21-100 in a skilled nursing facility.
- **Part A deductible:** Plans B-J – Pay 100% of the Part A deductible (\$1,288 in 2016) for the first 60 days of hospitalization. Plans K and L – Pay the percentage shown of the Part A deductible for the first 60 days of hospitalization.
- **Part B deductible:** Plans C, F, and J – Pay 100% of the annual Part B deductible
Plans C, F, and J – Pay 100% of the annual Part B deductible (\$166.00 in 2016).
- **Part B excess charges:** Plans F, I, and J – Pay 100% of the Part B excess charges. Plan G – Pays 80% of the Part B excess charges.
- **Emergency foreign travel:** Plans C-J – The insured pays a \$250 deductible and then 20% of any remaining costs of emergency health care. This benefit is typically limited to a \$50,000 lifetime maximum and the first 60 days of each trip.
- **At home recovery:** Plans D, G, I, or J – If Medicare covered home health benefits are provided, the policy may pay up to \$40 per visit for other, non-Medicare covered visits, with a yearly maximum of \$1,600.
- **Part B preventive care:** All plans – Pay 100% of the coinsurance for preventive care.¹

Prescription Drug Benefits

A few Medigap policies issued before 2006 included a prescription drug benefit. However, beginning January 1, 2006, Medicare began a separate prescription drug coverage benefit. Medigap policies issued January 1, 2006 or later do not include prescription drug benefits.

Seek Professional Guidance

Professional guidance is strongly recommended when choosing a Medigap insurance policy. Also:

- **Medicare:** www.medicare.gov, or by phone at (800) 633-4227; TTY: (800) 486-2048.
- **State government:** Many states operate a Health Insurance Assistance Program, designed to provide information and assistance. Otherwise, the local state insurance department will often provide information about Medigap policies.

¹ For non-Medicare covered preventive services (not shown in the table), Plans E and J pay up to \$120 per year. The insured pays all costs after the \$120 limit has been reached.