10 Standardized Medicare Supplement (Medigap) plans chart

Effective on or after Jan. 1, 2017

How to read the chart:

- ✓ = policy covers 100% of benefit
- % = policy covers that percentage
- Blank = policy doesn't cover that benefit

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Note: The Medicare Supplement policy covers coinsurance only after you've paid the Medicare deductible (unless the policy also covers the deductible).

Basic benefits	A	В	С	D	F*	G	K	L	M	N	
Part A: Hospital coinsurance (plus costs up to an additional 365 days after Medicare benefits end)	~	~	1	~	✓	~	1	~	✓	~	
Part A: Hospice care coinsurance or copay	✓	1	1	1	1	1	50%	75%	1	V	
Part B: Coinsurance or copay	✓	1	1	1	√	1	50%	75%	1	V***	
Medicare preventive care Part B coinsurance	1	1	V	1	V	1	V	V	✓	V	
Parts A & B: Blood (first 3 pints)	1	1	V	/	1	1	50%	75%	1	/	
Additional benefits	А	В	С	D	F*	G	К	L	М	N	
Skilled nursing facility care coinsurance			1	1	1	1	50%	75%	1	1	
Part A deductible: \$1,316		1	1	1	V	1	50%	75%	50%	1	
Part B deductible: \$183			1		1						
Part B excess charges					1	1					
Foreign travel emergency (lifetime limit of \$50,000)			80%	80%	80%	80%			80%	80%	
Out-of-pocket yearly limit**						0505507470	\$5,120	\$2,560		2070	

^{*}Plan F offers a high-deductible plan. You pay for Medicare-covered costs up to the deductible amount (\$2,220 in 2017) before your plan pays anything.

Need more help?

There is no yearly open enrollment period for Medicare Supplement (Medigap) plans. You may apply to buy or switch plans at any time.

However, insurers may require you to pass a health questionnaire. If you have questions about who needs to take the questionnaire, call our Insurance Consumer Hotline.

If you want individual help understanding all of your options, call our hotline and ask to speak with a SHIBA counselor in your area.

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Insurance Consumer Hotline: 1-800-562-6900



^{**}After you meet your out-of-pocket yearly limit and Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

^{***}Plan N pays 100% of the Part B coinsurance except up to \$20 copays for some office visits and up to \$50 copays for emergency room visits (if the hospital admits you, the plan waives your emergency room copays).