



Supplemental insurance for Original Medicare (Medigap plans)

Medigap plans

[Medigaps are health insurance policies](#) that offer standardized benefits to work with Original Medicare (not Medicare Advantage). They are sold by private insurance companies. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first. Medigaps may also cover health care costs that Medicare does not cover at all, like care received when traveling abroad.

Remember, Medigaps only work with Original Medicare. If you have a Medicare Advantage Plan, you cannot buy a Medigap.

Choosing a Medigap plan

Depending on where you live, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M and N. Four other plans (E, H, I and J) stopped being sold to new members in 2010, but some people still have these plans. Each lettered plan pays for a certain set of benefits. The benefits are the same no matter which company sells the plan.

Listed below are things you should consider when choosing a Medigap plan. Make sure to review the Medigap plan benefits chart for additional information. **Note:** Massachusetts, Minnesota, and Wisconsin have different Medigap plans.

- **Plan A covers fewer benefits than other Medigap plans.**
- **Plan F is the most comprehensive Medigap.** Plan F covers all Medigap benefits. Plans C and G are also very comprehensive.
- **Plans K and L only cover part of your Part B coinsurance.** Both plans pay 100% of your coinsurance after you reach an out-of-pocket maximum.
- **Medigap plans are guaranteed renewable.** That means that as long as you pay the premium, you can keep your plan. However, premiums may change yearly.
- **Shop around.** Different insurance companies charge different premiums for the exact same plan.

Medigap plan benefits

For plans sold on or after June 1, 2010

	A	B	C	D	F*	G	K**	L**	M	N
Hospital copayment Copay for days 61-90 (\$335) and days 91-150 (\$670) in hospital; Payment in full for 365 additional lifetime days	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
Part B coinsurance Coinsurance for Part B services, such as doctors' services, laboratory and x-ray services, durable medical equipment, and hospital outpatient services	▪	▪	▪	▪	▪	▪	50%	75%	▪	Except \$20 for doctors visits and \$50 for emergency visits
First three pints of blood	▪	▪	▪	▪	▪	▪	50%	75%	▪	▪
Hospital deductible Covers \$1,340 in each benefit period		▪	▪	▪	▪	▪	50%	75%	50%	▪
Skilled nursing facility (SNF) daily copay Covers \$167.50 a day for days 21-100 each benefit period			▪	▪	▪	▪	50%	75%	▪	▪
Part B annual deductible Covers \$183 (Part B deductible)			▪		▪					
Part B excess charges benefits 100% of Part B excess charges. (Under federal law, the excess limit is 15% more than Medicare's approved charge when provider does not take assignment; under New York State law, the excess limit is 5% for most services)					▪	▪				
Emergency care outside the U.S. 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.			▪	▪	▪	▪			▪	▪
100% of coinsurance for Part B-covered preventive care services after the Part B deductible has been paid	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
Hospice care Coinsurance for respite care and other Part A-covered services	▪	▪	▪	▪	▪	▪	50%	75%	▪	▪

* Plan F also offers a high-deductible option in which you pay a \$2,240 deductible in 2018 before Medigap coverage starts.

** Plans K and L pay 100% of your Part A and Part B copays after you spend a certain amount out of pocket. The 2018 out-of-pocket maximum is \$5,240 for Plan K and \$2,620 for Plan L.

Note: Plans E, H, I, and J stopped being sold June 1, 2010. If you bought a Medigap between July 31, 1992 and June 1, 2010, you can keep it even if it's not being sold anymore. Your benefits are different from what's on the chart above. This chart also doesn't apply to Massachusetts, Minnesota and Wisconsin. Those states have their own Medigap systems.