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. 

- **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

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<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F*</th>
<th>G</th>
<th>K**</th>
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<tr>
<td><strong>Hospital coinsurance</strong></td>
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| Coinsurance for days 61-90 ($341) and  
  days 91-150 ($682) in hospital; Pay-  
  ment in full for 365 additional lifetime  
  days                           | * | * | * | * | *  | * |     |     | * | * |
| **Part B coinsurance**               |   |   |   |   |    |   | 50% | 75% |   |   |
| Coinsurance for Part B services, such  
  as doctors’ services, laboratory and  
  x-ray services, durable medical  
  equipment, and hospital outpatient  
  services                          | * | * | * | * | *  | * |     |     | * | * |
| **First three pints of blood**       |   |   |   |   |    |   | 50% | 75% |   |   |
| **Hospital deductible**              |   |   |   |   |    |   | 50% | 75% | 50%|   |
| Covers $1,364 in each benefit period | * | * | * | * | *  | * |     |     |   |   |
| **Skilled nursing facility (SNF) daily  
  coinsurance**                    |   |   |   |   |    |   | 50% | 75% |   |   |
| Covers $170.50 a day for days 21-100  
  each benefit period              | * | * | * | * | *  | * |     |     |   |   |
| **Part B annual deductible**         |   |   |   |   |    |   |     |     |   |   |
| Covers $185 (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**                     |   |   |   |   |    |   | 50% | 75% |   |   |
| Coinsurance for respite care and other  
  Part A-covered services              | * | * | * | * | *  | * |     |     |   |   |

* Plan F also offers a high-deductible option in which you pay a $2,300 deductible in 2019 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 2019 out-of-pocket maximum is $5,560 for Plan K and $2,780 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.