

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.

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, 2010¹

Plan	Core Benefits	Skilled Nursing	Part A Deductible	Part A Hospice	Part B Deductible	Part B Excess Charges	Emergency Foreign Travel	Preventive Care
A	100%			100%				100%
B	100%		100%	100%				100%
C	100%	100%	100%	100%	100% ²		80%	100%
D	100%	100%	100%	100%			80%	100%
F ³	100%	100%	100%	100%	100% ²	100%	80%	100%
G ³	100%	100%	100%	100%		100%	80%	100%
K ⁴	100%	50%	50%	50%				100%
L ⁴	100%	75%	75%	75%				100%
M	100%	100%	50%	100%			80%	100%
N	100%	100%	100%	100%			80%	100%

¹ 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 N and M were added. Individuals who purchased a plan E, H, I, or J before June 1, 2010, may keep those plans.

² Beginning January 1, 2020, Medigap plans sold to those new to Medicare were no longer allowed to cover the Part B deductible. Thus, Plans C and F (including the high deductible version of Plan F) could no longer be sold to people new to Medicare as of that date. An individual who already had one of these plans, or who was covered by one of these plans prior to January 1, 2020, will be allowed to keep the plan. Someone eligible for Medicare before January 1, 2020, but who had not yet enrolled, may still be able to buy one of these plans. People new to Medicare on or after January 1, 2020, have the right to buy Plans D and G instead of Plans C and F.

³ Plans F and G have two options: (1) a standard option and (2) in some states, a “high deductible” option, with a 2022 deductible of \$2,490.00.

⁴ In 2022, Plan K has an annual out-of-pocket limit of \$6,620.00; Plan L has an annual out-of-pocket limit of \$3,310.00.

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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 (\$1,556 in 2022), plus adding 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 (\$233.00 in 2022); 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 (\$194.50 per day in 2022) 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 (\$1,556 in 2022) 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 (\$233.00 in 2022).
- **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 some office visits and \$50 for emergency department visits that do not result in inpatient admission.

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Other Resources

Professional guidance in dealing with any aspect of a Medigap policy is strongly recommended.

Other available resources include:

- **Medicare:** The federal government's Centers for Medicare & Medicaid Services (CMS) has a great deal of information available on their website at <https://www.medicare.gov/>. You can also reach them by phone at (800) 633-4227; TTY users should call (877) 486-2048.
- **State Health Insurance Assistance Programs:** Many states operate health insurance assistance programs designed to provide assistance and information regarding Medicare, Medigap policies, and long-term care policies.
- **State insurance departments:** Each state has an insurance department that regulates the sales of all types of insurance within the state. These state agencies can provide information about Medigap policies.