## **MEDIGAP (MEDICARE SUPPLEMENT) PLANS**

## **Plan Pays These Amounts**

Typical Monthly Premium	\$	\$	\$	\$	\$	\$	\$	\$	\$
MEDIGAP PLANS	Α	В	D	G	G high deductible	K	L	M	N

## **PART A - HOSPITAL**

Hospitalization deductible \$1,632 (per benefit period)		100%	100%	100%	100%	50%	75%	50%	100%
Hospital coinsurance up to an additional 365 days after Medicare benefits exhausted	100%	100%	100%	100%	100%	100%	100%	100%	100%
Skilled nursing facility copay for days 21-100 \$204 per day			100%	100%	100%	50%	75%	100%	100%

## **PART B - MEDICAL**

Coinsurance - 20%	100%	100%	100%	100%	100%	50%, Preventive care 100%	75% Preventive care 100%	100%	100% except COPAYS for OV & ER
Deductible \$240									
Excess Charge (15%)				100%	100%				
Blood - 3 pints per year	100%	100%	100%	100%	100%	50%	75%	100%	100%
Foreign Travel Emergency up to \$50,000 - \$250 deductible			80%	80%	80%			80%	80%
Deductible				\$2,800			·		
out of pocket limits (the plans pay 100% after reaching limit and part B deductible)					\$7,060	\$3,530			