MEDIGAP (MEDICARE SUPPLEMENT) PLANS (eff. 1/1/25)

Plan Pays These Amounts

Typical Monthly Premium	$	$	$	$	$	$	$	$	$
MEDIGAP PLANS	**A**	**B**	**D**	**G**	**G high deductible**	**K**	**L**	**M**	**N**
PART A - HOSPITAL									
Hospitalization deductible $1,676 (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 $209.50 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 $257									
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					$2,870				
Out of pocket limits (the plans pay 100% after reaching limit and part B deductible)						$7,220	$3,610		