

| | Medicare Supplement Insurance (Medigap) Plans | | | | | | | | | |
|--|---|------|--|------|--|------|------|------|------|-------------|
| Benefits | A | B | C | D | F* | G | K | L | M | N |
| Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used) | 100% | 100% | Not available if NEW TOMEDICARE AFTER 1/1/2020 | 100% | Not available if NEW TOMEDICARE AFTER 1/1/2020 | 100% | 100% | 100% | 100% | 100% |
| Medicare Part B coinsurance or copayment | 100% | 100% | | 100% | | 100% | 50% | 75% | 100% | 100% *** |
| Blood (first 3 pints) | 100% | 100% | | 100% | | 100% | 50% | 75% | 100% | 100% |
| Part A hospice care coinsurance or copayment | 100% | 100% | | 100% | | 100% | 50% | 75% | 100% | 100% |
| Skilled nursing facility care coinsurance | | | | 100% | | 100% | 50% | 75% | 100% | 100% |
| Part A deductible | | 100% | | 100% | | 100% | 50% | 75% | 50% | 100% |
| Part B deductible | | | | | | | | | | |
| Part B excess charges | | | | | | | | 100% | | |
| Foreign travel emergency (up to plan limits) | | | 80% | 80% | | | | 80% | 80% | |

*Looking for a low cost higher deductible option?

High Deductible G
Max Out of Pocket \$2,300

| | |
|-----------------------------|---------|
| \$5,560 | \$2,780 |
| Out of Pocket Limit in 2019 | |

***Copays
Up to:
\$20/office
\$50/ER