

12 Standardized Medigap (Medicare Supplement) Plans chart

Basic (Core) Benefits	A	B	C	D	E	F*	G	H	I	J*	K**	L**
Part A: Hospital coinsurance plus coverage for 365 additional days after Medicare benefits end.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	See Notes #	See Notes # #
Part B: 20% coinsurance or co-payments for hospital outpatient services.												
Part A & B: First 3 pints of blood per year.												
Additional Benefits	A	B	C	D	E	F*	G	H	I	J*	K**	L**
Skilled nursing facility coinsurance			✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Part A deductible		✓	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Part B deductible			✓			✓				✓		
Part B excess charges						100%	80%		100%	100%		
Foreign travel emergency			✓	✓	✓	✓	✓	✓	✓	✓		
At-home recovery				✓			✓		✓	✓		
Preventive care not covered by Medicare					✓					✓		
Out of pocket annual limit											\$4,140***	\$2,070***

See your benefit book for details about your plan.



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NOTES:

* Plans F and J also have high deductible plans as an option. These high deductible plans pay the same benefits as Plans F and J after you have paid your annual deductible (\$1,860 in 2007). Benefits from high-deductible Plans F and J will not begin until out-of-pocket expenses exceed the deductible (\$1,860 in 2007). Out-of-pocket expenses for this deductible are expenses the policy would ordinarily pay.

These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

** Plans K and L provide for different cost-sharing for items and services than Plans A – J.

Plan K Basic Benefits:

- ✓ 100 percent of Part A hospitalization coinsurance† plus coverage for 365 days after Medicare benefits end
- ✓ 50 percent of Medicare-eligible expenses for the first three pints of blood
- ✓ 50 percent Part B coinsurance, except 100 percent coinsurance for Part B preventive services
- ✓ 50 percent Hospice cost-sharing

Plan L Basic Benefits:

- ✓ 100 percent of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end
- ✓ 75 percent of Medicare-eligible expenses for the first three pints of blood
- ✓ 75 percent Part B coinsurance, except 100 percent coinsurance for Part B preventive services
- ✓ 75 percent Hospice cost-sharing

*** These are dollar amounts for 2007. The out-of-pocket annual limit (the maximum total dollar amount you must pay before your plan provides 100 percent coverage) will increase each year for inflation. Once you reach the annual limit, the plan pays 100 percent of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called “Excess Charges.” You are responsible for paying excess charges.

† “Coinsurance” is the client’s share of costs. So, if a plan covers “75 percent coinsurance,” this means the plan pays 75 percent of what the client would have paid for the identified service if the client didn’t have the Medigap plan.



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