## **Medigap Plan Benefits**

For Plans Sold On or After June 2010

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2018	Plan A	Plan B	Plan C	Plan D	Plan F	High Deduct F*	Plan G	Plan K**	Plan L**	Plan M	Plan N
MEDICARE PART A COSTS  Hospital Deductible: Covers \$1,340 in each benefit period.		*	*	*	*	*	*	50%	75%	50%	*
Hospital Copayment: Copay for days 61-90 (\$335) and days 91-150 (\$670) in hospital; also provides payment in full for 365 additional lifetime days.	*	*	*	*	*	*	*	*	*	*	*
Skilled Nursing Facility Copay: Covers \$167.50 a day for days 21-100 each benefit period.			*	*	*	*	*	50%	75%	*	*
Hospice Care: Coinsurance for respite care and other Part A-covered services.	*	*	*	*	*	*	*	50%	75%	*	*
MEDICARE PART B COSTS  Part B Annual Deductible:			*		*	*					
Part B Coinsurance: Covers 20% coinsurance for Part B services, such as doctors services, laboratory and x-rays, durable medical equipment. Also covers coinsurance for hospital outpatient services.	*	*	*	*	*	*	*	50%	75%	*	Except up to \$20 for office visits and up to \$50 for ER visits (not charged if admitted to hospital)
Part B Excess/Limiting Charges: Part B excess charges of 15% more than Medicare's approved charge when provider does not take assignment.					*	*	*				
OTHER	<b>A</b>		A		A			50%	75%		
First three pints of <b>blood</b> .	*	×	×	×	$\Rightarrow$	×	*	3070	1370	$\star$	*
Foreign Travel Emergency: Covers 80% of emergency care costs when outside the U.S., after annual \$250 deductible, up to maximum lifetime benefit of \$50,000.			*	*	*	*	*			*	*

<sup>\*</sup>Plan F offers a high-deductible option in which you pay a \$2,240 deductible in 2018 before Medigap coverage starts.

NOTE: For people in New Jersey under age 65 on Medicare due to disability, only Medigap Plan C available.

<sup>\*\*</sup>Plans K and L pay 100% of the Part A and Part B copays after you spend a certain amount out-of-pocket. The 2018 out-of-pocket maximum is \$5,240 for Plan K and \$2,620 for Plan L.