

Medigap Plan Benefit Comparison

| SERVICES GROUP | Plan A | Plan B | Plan C | Plan D | Plan F | Plan G | Plan K | Plan L | Plan M | Plan N |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Long-Term Care | × | × | × | × | × | × | × | × | × | x |
| Part A coinsurance & hospital costs up to an additional 365 days after Medicare benefits are exhausted | √ | √ | √ | √ | ✓ | √ | √ | √ | √ | √ |
| Part B Coinsurance or Copayment | √ | √ | √ | √ | √ | √ | 50% | 75% | √ | √ |
| Blood (First 3 pints) | √ | √ | √ | √ | √ | √ | 50% | 75% | √ | √ |
| Part A Hospice Care Coinsurance/Copayment | √ | √ | √ | √ | √ | √ | 50% | 75% | √ | √ |
| Skilled Nursing Facility Coinsurance | × | × | √ | √ | √ | √ | 50% | 75% | √ | √ |
| Part A Deductible | × | √ | √ | √ | √ | √ | 50% | 75% | 50% | √ |
| Part B Deductible | × | x | √ | x | √ | × | × | × | × | × |
| Part B Excess Charge | × | × | x | x | √ | √ | × | × | × | × |
| Foreign Travel Exchange (up to plan limits) | × | × | 80% | 80% | 80% | 80% | × | × | 80% | 80% |
| Out-of-pocket limit | N/A | N/A | N/A | N/A | N/A | N/A | \$7,060 | \$3,530 | N/A | N/A |

This Chart Reflects CMS Data as of June, 10, 2024