

Medicare Supplement Plan Comparison Chart

Rates and plan design for calendar year 2019 are pending CMS approval.

Payments for Medicare Approved Expenses	2018 Medicare Payments	Plan A		Plan F		Plan N	
		What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay
Service	What Medicare Pays	What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay
Medicare Part A Hospital Coinsurance/Deductible							
Days 1 - 60	All but \$1,316	\$0	\$1,316	\$1,316	\$0	\$1,316	\$0
Days 61 - 90	All but \$329/Day	\$329/Day	\$0	\$329/Day	\$0	\$329/Day	\$0
Days 91 - 150	All but \$658/Day	\$658/Day	\$0	\$658/Day	\$0	\$658/Day	\$0
Additional 365 Days	\$0	100%	\$0	100%	\$0	100%	\$0
After the Additional 365 Days	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs
Medicare Part A Skilled Nursing Facility							
Days 1 - 20	100%	\$0	\$0	\$0	\$0	\$0	\$0
Days 21 - 100	All but \$164.50/Day	\$0	\$164.50/Day	\$164.50/Day	\$0	\$164.50/Day	\$0
Days 100 +	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs
Part A Hospice Care							
Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	All but \$5/prescription	\$5/prescription	\$0	\$5/prescription	\$0	\$5/prescription	\$0
Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0
Medicare Part B Coinsurance and Copayment							
Deductible	First \$183	\$0	First \$183	First \$183	\$0	\$0	First \$183
After Deductible Met	Generally 80%	Generally 20%	\$0	Generally 20%	\$0	Generally 20%	Up to \$20 copay for some doctor's visits and up to \$50 for ER visits
Medicare Part B Excess Charges Above Medicare-Approved Amounts							
Excess Charges	\$0	\$0	All Costs	100%	\$0	\$0	All Costs
Medicare Part B Clinical Lab Services							
Tests for Diagnostic Services	100%	\$0	\$0	\$0	\$0	\$0	\$0
Blood							
First 3 Pints	\$0	100%	\$0	100%	\$0	100%	\$0
After 3 Pints	100%	\$0	\$0	\$0	\$0	\$0	\$0
Foreign Travel Emergency							
Deductible	\$0	\$0	All Costs	\$0	\$250	\$0	\$250
Emergency Services	\$0	\$0	All Costs	80%	20%	80%	20%
Lifetime Maximum	\$0	\$0	All Costs	\$50,000	"All Costs above		
Medicare Preventive Care Part B Coinsurance							
Routine Check-Ups and Screening Tests	80%	20%	\$0	20%	\$0	20%	\$0