

Medicare Supplement Plan Comparison Chart

Rates and plan design for calendar year 2020 are pending CMS approval.

Payments for Medicare Approved Expenses	2019 Medicare Payments	Plan A		Plan F		Plan G		Plan N	
Service	What Medicare Pays	What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay	What Plan Pays	What You Pay
Medicare Part A Hospital Coinsurance/Deductible									
Deductible	0%	\$0	First \$1,364	First \$1,364	\$0	First \$1,364	\$0	First \$1,364	\$0
Days 1 - 60	All but \$1,364	\$0	\$1,364	\$1,364	\$0	\$1,364	\$0	\$1,364	\$0
Days 61 - 90	All but \$341/Day	\$341/Day	\$0	\$341/Day	\$0	\$341/Day	\$0	\$341/Day	\$0
Days 91 - 150	All but \$682/Day	\$682/Day	\$0	\$682/Day	\$0	\$682/Day	\$0	\$682/Day	\$0
Additional 365 Days	\$0	100%	\$0	100%	\$0	100%	\$0	100%	\$0
After the Additional 365 Days	\$0	\$0	All Costs	\$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	\$0	\$0
Days 21 - 100	All but \$170.50/Day	\$0	\$170.50/Day	\$170.50/Day	\$0	\$170.50/Day	\$0	\$170.50/Day	\$0
Days 100 +	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs	\$0	All Costs
Part A Hospice Care									
Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0	5%	\$0
Medicare Part B Coinsurance and Copayment									
Deductible	\$0	\$0	First \$185	First \$185	\$0	First \$185	\$0	\$0	First \$183
After Deductible Met	Generally 80%	Generally 20%	\$0	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	100%	\$0	\$0	All Costs
Medicare Part B Clinical Lab Services									
Tests for Diagnostic Services	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Blood									
First 3 Pints	\$0	100%	\$0	100%	\$0	100%	\$0	100%	\$0
After 3 Pints	100%	\$0	First \$185	\$0	\$0	\$0	First \$185	\$0	\$0
Foreign Travel Emergency									
Deductible	\$0	\$0	All Costs	\$0	\$250	\$0	\$250	\$0	\$250
Emergency Services	\$0	\$0	All Costs	80%	20%	80%	20%	80%	20%
Lifetime Maximum	\$0	\$0	All Costs	\$50,000	All Costs above \$50,000	\$50,000	All Costs above \$50,000	\$50,000	All Costs above \$50,000
Medicare Preventive Care Part B Coinsurance									
Routine Check-Ups and Screening Tests	80%	20%	First \$185	20%	\$0	20%	First \$185	20%	First \$185