

Overview of Medigap Plans A through J

This chart gives you a quick look at the standardized Medigap Plans A through J (including **Medicare SELECT**) and their benefits. Every insurance company must make Medigap Plan A available if they offer any other Medigap policy. Some Medigap policies may not be available in your state. This chart doesn't apply if you live in Massachusetts, Minnesota, or Wisconsin. See pages 38–40. If you need more information, call your **State Insurance Department** or **State Health Insurance Assistance Program**. See pages 42–43.

Basic Benefits: (Included in ALL Medigap Plans A through J)

- **Inpatient Hospital Care:** Covers the Part A **coinsurance** plus coverage for 365 additional days after Medicare coverage ends.
- **Medical Costs:** Covers the Part B coinsurance (generally 20% of the **Medicare-approved amount**) or **copayments** for hospital outpatient services.
- **Blood:** Covers the first three pints of blood each year.

A	B	C	D	E	F*	G	H	I	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible
		Medicare Part B Deductible			Medicare Part B Deductible				Medicare Part B Deductible
					Medicare Part B Excess Charges (100%)	Medicare Part B Excess Charges (80%)		Medicare Part B Excess Charges (100%)	Medicare Part B Excess Charges (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
				Preventive Care (Not covered by Medicare)					Preventive Care (Not covered by Medicare)

* Medigap Plans F and J also offer a high-deductible option. You must pay the first \$1,900 (high-deductible in 2008) in Medigap-covered costs before the Medigap policy pays anything. You must also pay a separate deductible for foreign travel emergency (\$250 per year).

Overview of Medigap Plans K and L

This chart gives you a quick look at the standardized Medigap Plans K and L (including Medicare SELECT) and their benefits. This chart doesn't apply if you live in Massachusetts. See page 38. If you need more information, call your [State Insurance Department](#) or [State Health Insurance Assistance Program](#). See pages 42–43.

Medigap Plan K	Medigap Plan L
Medicare Part A Coinsurance and Hospital Benefits (100%)	Medicare Part A Coinsurance and Hospital Benefits (100%)
Medicare Part A Deductible (50%)	Medicare Part A Deductible (75%)
Medicare Part B Coinsurance or Copayment (50%)	Medicare Part B Coinsurance or Copayment (75%)
Blood (50%)	Blood (75%)
Hospice Care Coinsurance or Copayment (50%)	Hospice Care Coinsurance or Copayment (75%)
Medicare-covered Preventive Care Coinsurance (100% of the Medicare-approved amount)	Medicare-covered Preventive Care Coinsurance (100% of the Medicare-approved amount)
Skilled Nursing Facility Coinsurance (50%)	Skilled Nursing Facility Coinsurance (75%)

Note: Medigap Plans K and L provide for different cost-sharing for items and services than Medigap Plans A through J. You will have to pay some out-of-pocket costs for some covered services until you meet the yearly limit (Medigap Plan K – \$4,440; Medigap Plan L – \$2,220 in 2008). Once you meet the yearly limit, the Medigap policy pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. Charges from your doctor that exceed Medicare-approved amounts, called “**excess charges**,” aren't covered and don't count toward the out-of-pocket limit. You will have to pay these excess charges. The out-of-pocket yearly limit can increase each year because of inflation.