

Medigap Plan Comparison Chart

The chart below compares benefits across the 12 standard Medigap plans (A through L) offered by private insurance companies. Not all plans are offered by all companies or in all states. Massachusetts, Minnesota, and Wisconsin offer different sets of plans. The figures listed are for 2007.

How to read this chart: An X in a column means that a plan covers the benefit shown to the left at up to 100% of the Medicare-approved amount. A percentage indicates that the plan covers a lower percentage of the benefit. A blank square means the plan does not cover the benefit. Note that coverage of coinsurance begins only after you have paid the deductible.



BENEFIT	PLAN												
	A	B	C	D	E	F	G	H	I	J	K	L	
Part A Hospital Benefit For hospital stays, coinsurance for days 61–90 (\$248 per day), days 91–150 (\$496 per day), and for up to 365 more days	X	X	X	X	X	X	X	X	X	X	X	X	X
Part B Coinsurance Coinsurance for Part B services such as doctor’s services, lab and x-ray services, durable medical equipment, and hospital outpatient services	X	X	X	X	X	X	X	X	X	X	50%	75%	
Blood First three pints	X	X	X	X	X	X	X	X	X	X	50%	75%	
Hospital Deductible Pays \$992 for hospital services during each benefit period		X	X	X	X	X	X	X	X	X	50%	75%	
Skilled Nursing Facility Coinsurance Pays \$124 per day for days 21–100 in a skilled nursing facility, per benefit period			X	X	X	X	X	X	X	X	50%	75%	

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BENEFIT (continued)	A	B	C	D	E	F	G	H	I	J	K	L
Part B Deductible Pays \$131 for doctor services and outpatient hospital care			X			X				X		
Part B Excess Charges Benefits Pays for Part B excess charges (limited to 15% more than Medicare's approved charge, or less in some states)						X	80%		X	X		
Foreign Travel Emergency Pays 80% of emergency care costs during the first two months of a trip after a \$250 per calendar year deductible, up to a \$50,000 lifetime maximum			X	X	X	X	X	X	X	X		
At-Home Recovery Costs Pays up to \$40 per visit up to a maximum benefit of \$1,600 per year for short-term assistance after an illness, injury, or surgery				X			X		X	X		
Preventive Medical Care Pays up to \$120 per year for preventive services not covered by Medicare, and 100% of coinsurance for Part B-covered preventive services after Part B deductible has been paid.	X	X	X	X	X	X	X	X	X	X	X	X
Hospice Care Pays for coinsurance											50%	75%
Outpatient Prescription Drugs												
Out-of-Pocket Maximum Pays 100% of Part A and Part B coinsurance after annual maximum has been paid											\$4140	\$2070