

# Medicare Supplement Plan Comparison Chart

Rates and plan design for calendar year 2024 are pending CMS approval.

Payments for Medicare Approved Expenses	2023 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
<b>Medicare Part A Hospital Coinsurance/Deductible</b>									
Deductible	0%	\$0	First \$1,600	First \$1,600	\$0	First \$1,600	\$0	First \$1,600	\$0
Days 1 - 60	All but \$1,600	\$0	\$1,408	\$1,600	\$0	\$1,600	\$0	\$1,600	\$0
Days 61 - 90	All but \$352/Day	\$352/Day	\$0	\$352/Day	\$0	\$352/Day	\$0	\$352/Day	\$0
Days 91 - 150	All but \$704/Day	\$704/Day	\$0	\$704/Day	\$0	\$704/Day	\$0	\$704/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
<b>Medicare Part A Skilled Nursing Facility</b>									
Days 1 - 20	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21 - 100	All but \$176/Day	\$0	\$176/Day	\$176/Day	\$0	\$176/Day	\$0	\$176/Day	\$0
Days 100 +	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs	\$0	All Costs
<b>Part A Hospice Care</b>									
Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0	5%	\$0
<b>Medicare Part B Coinsurance and Copayment</b>									
Deductible	\$0	\$0	First \$195	First \$185	\$0	First \$185	\$0	\$0	First \$198
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
<b>Medicare Part B Excess Charges Above Medicare-Approved Amounts</b>									
Excess Charges	\$0	\$0	All Costs	100%	\$0	100%	\$0	\$0	All Costs
<b>Medicare Part B Clinical Lab Services</b>									
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 \$195	\$0	\$0	\$0	First \$185	\$0	\$0
<b>Foreign Travel Emergency</b>									
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
<b>Medicare Preventive Care Part B Coinsurance</b>									
Routine Check-Ups and Screening Tests	80%	20%	First \$195	20%	\$0	20%	First \$195	20%	First \$198