



2025 MEDICARE SUPPLEMENTARY PLAN COMPARISON CHART

Rates and plan design for calendar year 2025 are pending CMS approval.

	2025 MEDICARE PAYMENTS		PLAN A		PLAN F		PLAN G		PLAN N	
	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 \$1,600	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	
MEDICARE PART A SKILLED NURSING FACILITY										
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	
MEDICARE 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 \$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	
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 DRAWS										
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	
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 \$195	20%	\$0	20%	First \$195	20%	First \$198	