

10 DIFFERENT PLANS

EACH OFFERING DISTINCT COVERAGE

Benefit	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G	Plan K	Plan L	Plan M	Plan N
Part A hospital coinsurance and 365 extra hospital days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B coinsurance or copays	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%*
Part B annual deductible			100%		100%					
Part B excess charges					100%	100%				
Cost of blood transfusion (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Cost of foreign travel emergency (up to the plan limits)			80%	80%	80%					
Hospice care coinsurance costs	100%	100%	100%	100%	100%	100%			100%	100%
Part B preventive care coinsurance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%			100%	100%
Yearly out-of-pocket limit before all benefits paid at 100% (2019)							\$5,240	\$2,620		

*except certain copays

COVERS WHAT MEDICARE DOESN'T

MORE COVERAGE = HIGHER PREMIUMS

	Plan F	Plan G	Plan N
Plan A Hospital co-insurance & 365 extra hospital days covered	100%	100%	100%
Part A deductible covered	100%	100%	100%
Part B deductible covered	100%	x	x
Part B co-insurance or co-payments covered	100%	100%	100%
Part B Office visit co-pay YOU MAY PAY >>	\$0	\$0	\$20
Part B Emergency room co-pay YOU MAY PAY >>	\$0	\$0	\$50
Part B Excess Covered	100%	100%	x
At-home recovery cost covered (up to plan limits)	100%	100%	100%
Cost of Blood Transfusion covered (first 3 pints)	100%	100%	100%
Cost of Foreign Travel Emergency covered (up to plan limits)	80%	80%	80%
Hospice Care co-insurance covered	100%	100%	100%
Preventative Care co-insurance covered	100%	100%	100%
Skilled Nursing Facility care co-insurance covered	100%	100%	100%
MONTHLY PREMIUM	\$149	\$116	\$99