

Medicare Supplement Comparison Guide

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2023 CMS-approved values and could change for 2024.

Covered service	Plan option	Plan A ¹	
	Medicare pays	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ²			
Deductible	\$0	\$0	\$1,600
First 60 days of care	100%	\$0	\$0
Days 61 to 90	All but the \$400 daily copay	\$400 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$800 daily copay	\$800 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Skilled nursing facility care — including having been in a hospital for at least three days			
First 20 days of care	100%	\$0 (Medicare covers in full)	
Days 21 to 100	All but \$200 daily skilled nursing facility copay	\$0	\$200 daily copay
Hospice care			
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0
Emergency care outside the U.S.			
	No benefits for care outside U.S.	No benefits for care outside U.S.	All costs ² for services
Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services (such as tests), and durable medical equipment, per calendar year			
Deductible (annual)³	\$0	\$0	\$226
Coinsurance	80% of the approved amount after \$226 deductible is met	20% coinsurance after the \$226 deductible is met	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0 (Medicare covers in full)	
Home health care services — Medicare-approved services			
Medically necessary skilled care services and medical supplies	All charges	\$0 (Medicare covers in full)	
Durable medical equipment	80% of the approved amount after the \$226 deductible is met	20% coinsurance after the \$226 deductible is met	\$0
Excess charges	\$0	\$0	All costs

Plan C ¹		Plan D ¹	
Plan pays	You pay	Plan pays	You pay
\$1,600	\$0	\$1,600	\$0
\$0	\$0	\$0	\$0
\$400 daily copay	\$0	\$400 daily copay	\$0
\$800 daily copay	\$0	\$800 daily copay	\$0
100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
\$200 daily copay	\$0	\$200 daily copay	\$0
Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0
80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
\$226	\$0	\$0	\$226
20% coinsurance after the \$226 deductible is met	\$0	20% coinsurance after the \$226 deductible is met	\$0
Your first three pints	\$0	Your first three pints	\$0
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
20% coinsurance after the \$226 deductible is met	\$0	20% coinsurance after the \$226 deductible is met	\$0
\$0	All costs	\$0	All costs

¹See Important Information about Plans A, C and D on Page 12.

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

Outline of coverage (continued)

Covered service	Plan option	Plans F and HD-F ⁴		Plans G and HD-G ⁴		Plan N	
	Medicare pays	Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies ²							
Deductible	\$0	\$1,600	\$0	\$1,600	\$0	\$1,600	\$0
First 60 days of care	100%	\$0	\$0	\$0	\$0	\$0	\$0
Days 61 to 90	All but the \$400 daily copay	\$400 daily copay	\$0	\$400 daily copay	\$0	\$400 daily copay	\$0
Days 91 to 150 (lifetime reserve days)	All but the \$800 daily copay	\$800 daily copay	\$0	\$800 daily copay	\$0	\$800 daily copay	\$0
Day 151 and beyond (additional 365 days after lifetime reserve days used)	\$0	100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0	100% of Medicare-eligible expenses	\$0
Blood benefit	All but the first three pints	Your first three pints	\$0	Your first three pints	\$0	Your first three pints	\$0
Skilled nursing facility care — You must meet Medicare's requirements, including having been in a hospital for at least three days							
First 20 days of care	100%	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Days 21 to 100	All but \$200 daily skilled nursing facility copay	\$200 daily copay	\$0	\$200 daily copay	\$0	\$200 daily copay	\$0
Hospice care							
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0	Medicare copay/coinsurance	\$0
Emergency care outside the U.S.							
	No benefits for care outside U.S.	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance	80% of approved amount for covered services, after \$250 deductible is met. Lifetime maximum of \$50,000	\$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services, (such as tests) and durable medical equipment, per calendar year							
Deductible (annual)³	\$0	\$226	\$0	\$0	\$226	\$0	\$226
Coinsurance	80% of the approved amount after the \$226 deductible is met	20% coinsurance after the \$226 deductible is met	\$0	20% coinsurance after the \$226 deductible is met	\$0	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit, after the \$226 deductible is met	Up to \$20 per office visit and up to \$50 per emergency room visit
Blood benefit	All but the first three pints	Your first three pints	\$0	Your first three pints	\$0	Your first three pints	\$0
Clinical laboratory services — tests for diagnostic services	All charges	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Home health care services — Medicare-approved services							
Medically necessary skilled care services and medical supplies	All charges	\$0 (Medicare covers in full)		\$0 (Medicare covers in full)		\$0 (Medicare covers in full)	
Durable medical equipment	80% of the approved amount after the \$226 deductible is met	20% coinsurance after the \$226 deductible is met	\$0	20% coinsurance after the \$226 deductible is met	\$0	20% coinsurance after the \$226 deductible is met	\$0
Excess charges	\$0	All remaining charges	\$0	All remaining charges	\$0	\$0	All remaining charges

²Per benefit period. A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you've been out of the hospital and haven't received skilled nursing care in any other facility for 60 consecutive days.

³The Part B deductible needs to be met only once each calendar year (Jan. 1 through Dec. 31). After, Medicare makes payments up to the limiting charge established by law and shown on your Medicare explanation of benefits.

⁴See Pages 2 and 3 for information about Plans HD-F and HD-G.