

2019 STANDARDIZED MEDICARE SUPPLEMENT PLANS CHART

Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic benefits including 100% Part B coinsurance	Basic benefits including 100% Part B coinsurance except up to \$20 copay for office visit and up to \$50 copay for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency

Basic Benefits

- Part A Hospital
 - 61-90 days: **\$341/day**
 - 91-150 days: **\$682/day** (lifetime reserve days)
 - Beyond 150 days: 100% for 365 days
- Parts A and B Blood Deductible (first three pints)
- Part B Coinsurance: 20% of Medicare approved charges
- Part A Hospice Care Coinsurance or Copayment

* F Prime has the same benefits but does not pay until you have met the \$2,300 deductible.

Out-of-pocket limit of \$5,560; paid at 100% after limit reached

Out-of-pocket limit of \$2,780; paid at 100% after limit reached

Part A Deductible for 2019 is \$1,364

Part B Deductible for 2019 is \$185

Skilled Nursing Facility Coinsurance is \$170.50/day for days 21 - 100