

Some examples of costs you could pay if you are in the Original Medicare Plan and don't have a Medigap policy

Section 2: Medigap basics

Cost-sharing	What YOU PAY in 2008 (These amounts can change each year.)	Medigap policies that may help pay all or some of these costs
Medicare Part A Coinsurance and Medigap Coverage of Hospital Benefits	<p>For each benefit period, YOU PAY</p> <ul style="list-style-type: none"> • \$256 per day for days 61–90. • \$512 per day for days 91–150 (while using your 60 lifetime reserve days). 	Medigap Plans A, B, C, D, E, F, G, H, I, J, K, or L
Medicare Part B Coinsurance or Copayment	YOU PAY all coinsurance, generally 20% of the Medicare-approved amount for most covered services after you meet the \$135 yearly Part B deductible. You also pay any copayment.	Medigap Plans A, B, C, D, E, F, G, H, I, J, K, or L
Blood	Generally, YOU PAY for the first 3 pints of blood.	Medigap Plans A, B, C, D, E, F, G, H, I, J, K, or L
Hospice Care Coinsurance or Copayment	You may be required to pay up to \$5 for each drug a hospice provides when you are getting hospice services in your home and 5% of the Medicare-approved amount for each day of inpatient respite care (up to certain limits).	Medigap Plans K or L
Skilled Nursing Facility Care Coinsurance	<p>For each benefit period, YOU PAY</p> <ul style="list-style-type: none"> • nothing for the first 20 days. • up to \$128 per day for days 21–100. 	Medigap Plans C, D, E, F, G, H, I, J, K, or L
Medicare Part A Deductible	<p>For each benefit period, YOU PAY</p> <ul style="list-style-type: none"> • \$1,024 for days 1–60 of a hospital stay. 	Medigap Plans B, C, D, E, F, G, H, I, J, K, or L
Medicare Part B Deductible	YOU PAY the \$135 yearly deductible.	Medigap Plans C, E, or J
Medicare Part B Excess Charges	YOU PAY the difference between the Medicare-approved amount and the limiting charge (no more than 15% above the Medicare-approved amount) for doctor's fees and other assigned Part B services.	Medigap Plans F, G, I, or J
Foreign Travel Emergency (Medicare coverage outside the U.S.)	Generally, YOU PAY all costs.	Medigap Plans C, D, E, F, G, H, I, or J
At-Home Recovery (Medicare-approved home health care to provide treatment for an illness or injury ordered by your doctor.)	<p>YOU PAY</p> <ul style="list-style-type: none"> • \$0 for Medicare-approved home health services. • 100% for services not covered by Medicare. 	Medigap Plans D, G, I, or J
Preventive Care Covered by Medicare	Generally, YOU PAY the \$135 yearly Part B deductible for some benefits and all coinsurance.	Medigap Plans A, B, C, D, E, F, G, H, I, J, K, or L
Preventive Care not Covered by Medicare	YOU PAY all costs.	Medigap Plans E or J

Remember, the Original Medicare Plan doesn't cover all of your health care costs. You may want to buy a Medigap policy to help pay these costs (see page 9).

What Medigap Plans A through L cover

This chart gives you a quick look at the standardized Medigap Plans A through L and their benefits. Every insurance company must make Medigap Plan A available if they offer any other Medigap policy. Not all types of Medigap policies may be available in your state. See pages 38–40 if you live in Massachusetts, Minnesota, or Wisconsin. If you need more information, call your [State Insurance Department](#) or [State Health Insurance Assistance Program](#). See pages 42–43.

How to read the chart: If a check mark appears in the column, this means that the Medigap policy covers **100%** of the described benefit. If a column lists a percentage, this means the Medigap policy covers that percentage of the described benefit. If no percentage appears or if the column is blank, this means the Medigap policy **doesn't** cover that benefit. **Note:** The Medigap policy covers coinsurance only after you have paid the deductible (unless the Medigap policy also covers the deductible).

	Medigap Plans A through L											
Medigap Benefits	A	B	C	D	E	F*	G	H	I	J*	K	L
Medicare Part A C oinsurance and Medigap Coverage for Hospital Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B C oinsurance or C opayment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Blood (First 3 Pints)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Hospice Care C oinsurance or C opayment											50%	75%
Skilled Nursing Facility Care C oinsurance			✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Medicare Part A D eductible		✓	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Medicare Part B D eductible			✓									
Medicare Part B E xcess C harges						✓	80%					
Foreign Travel Emergency (Up to Plan Limits)**			✓	✓	✓	✓	✓	✓	✓	✓		
At-Home Recovery (Up to Plan Limits)				✓			✓		✓	✓		
Preventive Care C oinsurance (Included in the Part B C oinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive Care not Covered by Medicare (up to \$120)					✓					✓		
	2008											
	out-of-pocket limit											
	\$4,440*** \$2,220***											

* Medigap Plans F and J also offer a high-deductible option. You must pay the first \$1,900 (high-deductible in 2008) in Medigap-covered costs before the Medigap policy pays anything.

** You must also pay a separate deductible for foreign travel emergency (\$250 per year).

*** After you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$135 in 2008), the plan pays 100% of covered services for the rest of the calendar year.

Overview of Medigap Plans A through J

This chart gives you a quick look at the standardized Medigap Plans A through J (including **Medicare SELECT**) and their benefits. Every insurance company must make Medigap Plan A available if they offer any other Medigap policy. Some Medigap policies may not be available in your state. This chart doesn't apply if you live in Massachusetts, Minnesota, or Wisconsin. See pages 38–40. If you need more information, call your **State Insurance Department** or **State Health Insurance Assistance Program**. See pages 42–43.

Basic Benefits: (Included in ALL Medigap Plans A through J)

- **Inpatient Hospital Care:** Covers the Part A **coinsurance** plus coverage for 365 additional days after Medicare coverage ends.
- **Medical Costs:** Covers the Part B coinsurance (generally 20% of the **Medicare-approved amount**) or **copayments** for hospital outpatient services.
- **Blood:** Covers the first three pints of blood each year.

A	B	C	D	E	F*	G	H	I	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible
	Medicare Part B Deductible				Medicare Part B Deductible				Medicare Part B Deductible
					Medicare Part B Excess Charges (100%)	Medicare Part B Excess Charges (80%)		Medicare Part B Excess Charges (100%)	Medicare Part B Excess Charges (100%)
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
		At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery
				Preventive Care (Not covered by Medicare)					Preventive Care (Not covered by Medicare)

* Medigap Plans F and J also offer a high-deductible option. You must pay the first \$1,900 (high-deductible in 2008) in Medigap-covered costs before the Medigap policy pays anything. You must also pay a separate deductible for foreign travel emergency (\$250 per year).

Overview of Medigap Plans K and L

This chart gives you a quick look at the standardized Medigap Plans K and L (including **Medicare SELECT**) and their benefits. This chart doesn't apply if you live in Massachusetts. See page 38. If you need more information, call your **State Insurance Department** or **State Health Insurance Assistance Program**. See pages 42–43.

Medigap Plan K	Medigap Plan L
Medicare Part A Coinsurance and Hospital Benefits (100%)	Medicare Part A Coinsurance and Hospital Benefits (100%)
Medicare Part A Deductible (50%)	Medicare Part A Deductible (75%)
Medicare Part B Coinsurance or Copayment (50%)	Medicare Part B Coinsurance or Copayment (75%)
Blood (50%)	Blood (75%)
Hospice Care Coinsurance or Copayment (50%)	Hospice Care Coinsurance or Copayment (75%)
Medicare-covered Preventive Care Coinsurance (100% of the Medicare-approved amount)	Medicare-covered Preventive Care Coinsurance (100% of the Medicare-approved amount)
Skilled Nursing Facility Coinsurance (50%)	Skilled Nursing Facility Coinsurance (75%)

Note: Medigap Plans K and L provide for different cost-sharing for items and services than Medigap Plans A through J. You will have to pay some out-of-pocket costs for some covered services until you meet the yearly limit (Medigap Plan K – \$4,440; Medigap Plan L – \$2,220 in 2008). Once you meet the yearly limit, the Medigap policy pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. Charges from your doctor that exceed Medicare-approved amounts, called “**excess charges**,” aren't covered and don't count toward the out-of-pocket limit. You will have to pay these excess charges. The out-of-pocket yearly limit can increase each year because of inflation.