

This chart shows the benefits included in each of the standard **Medicare supplement plans**. Some plans may not be available in your state. Only applicants' first eligible for Medicare before 2020 may purchase **Plans C, F, and high deductible F**.

Note: A ✓ means 100% of the benefit is paid.

| Benefits | Plans Available for All Applicants | | | | | | | | Medicare first eligible before 2020 only | | | |
|--|------------------------------------|---|---|---|----------------|---------------------|---------------------|-----|--|---|---|----------------|
| | A | B | D | G | G ¹ | K | L | M | N | C | F | F ¹ |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ | ✓ |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | ✓ | 50% | 75% | ✓ | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | ✓ | 50% | 75% | 50% | ✓ | ✓ | ✓ | ✓ |
| Medicare Part B deductible | | | | | | | | | | ✓ | ✓ | ✓ |
| Medicare Part B excess charges | | | | ✓ | ✓ | | | | | | ✓ | ✓ |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Out-of-pocket limit in 2021 ² | | | | | | \$6220 ² | \$3110 ² | | | | | |

¹**Plans F and G** also have a high deductible option which requires first paying a plan deductible of \$2370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the **Medicare Part B** deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²**Plans K and L** pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³**Plan N** pays 100% of the **Part B** coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.