

# 2019 Medicare Supplement Plans A thru N

	A	B	C	D	F*	G	K	L	M	N
<b>Part A (\$0 premium)</b>										
Hospital deductible \$1364 per "60-Day Benefit Period" (Days 1-60)		X	X	X	X	X	50%	75%	50%	X
Days 61-90 \$341	X	X	X	X	X	X	X	X	X	X
Days 91-150 \$682	X	X	X	X	X	X	X	X	X	X
<b>Part B (\$135.50) up from \$134</b>										
Part B Deductible \$185			X		X					
20% Part B Coinsurance such as Dr. services, Xrays, Labs & Outpatient surgeries, CHEMOTHERAPY/RADIATION	X	X	X	X	X	X	50%	75%	X	X**
Part B "excess charges" 15%					X	X				
<b>First three pints of blood</b>	X	X	X	X	X	X	50%	75%	X	X
Skilled Nursing Facility (SNF). Daily Coinsurance \$0 for days 1-20 and \$170.50/day for Days 21-100 each benefit period.			X	X	X	X	50%	75%	X	X
Foreign Travel Emergency			X	X	X	X			X	X
Preventative Care - Part B Coinsurance	X	X	X	X	X	X	X	X	X	X
Hospice Care - Coinsurance for respite care & other Part A covered services.	X	X	X	X	X	X	50%	75%	X	X

**\*\*Plan N - pays 100% of the Part B coinsurance, except up to \$20 copay for some office visits and up to \$50 copayment for emergency room visits that don't result in an inpatient admission.**

**\*\*\*After you meet your out-of-pocket yearly limit and your yearly Part B deductible, the Medigap plan pays 100% of covered services for the rest of the calendar year. Out-of-pocket limit is the maximum amount you would pay for coinsurance and copayments.**