



Understanding Medicare Advantage Plans and Medicare Supplemental (Medigap) Insurance Plans September, 2026

Overview

The purpose of this document is to provide you with a better understanding of Medicare Advantage plans (MA plans), also known as Part C, and Medicare Supplemental plans also known as Medigap. This document should provide you with a good understanding of these plans. The information has been reviewed for accuracy by our outside consultants and supports the NCRO's Insurance Committees' goal of keeping you informed. While accurate, healthcare is a moving target which is why you will note that we recommend using a healthcare consultant, some of whom we recommend.

Medicare

Before getting into the details as to which type of plan is best for you, here is a brief overview regarding Medicare and your choices.

- At age 65, you should sign up for Medicare. There are two forms of (what the government considers) creditable coverage:
- Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). You must be enrolled in both except as noted below. While working, you paid for Part A with each paycheck. Part B requires a monthly premium payment once you enroll. Higher income retirees also pay an income surcharge in addition to the standard premium amount called Income Related Monthly Adjustment Amount (IRMAA).
 1. Both Parts A and B also have an annual deductible amount that may be covered by insurance depending upon your plan choice, discussed later.
 2. You may have Group coverage, with a medium to large employer (20 or more employees), as an active employee or piggy backing off an active employee. Generally, the spouse. There are no other acceptable options for creditable coverage. This includes but is not limited to: Cobra, retiree benefits, VA, TriCare, Market Place, etc.
- If you continue working past age 65, or are covered under a spouse's active employer plan, you may delay enrolling in Medicare Part B. You can transition to Medicare anytime after age 65 if you have maintained continuous creditable group coverage and can provide proof of it. If you are age 65 or older and lose employer coverage, you must enroll in Medicare within the required timeframe: generally within 63 days after coverage ends or up to 8 months after official retirement. Medicare-eligible beneficiaries who do not have employer-sponsored group coverage may incur penalties if they fail to enroll on time.
- Turning 65 or "aging into Medicare" is the most convenient time to transition into Medicare. You have essentially 7 months: You have three months before age 65; you have the month you turn 65; and you have the 3 months after you are 65.
- You enroll in Medicare through Social Security ([ssa.gov](https://www.ssa.gov)) at which time you are also given the option to sign up for Social Security benefits. SS enrollment is not a requirement for Medicare enrollment, and it will not affect your requirement, eligibility, or pricing. Anyone not drawing SS can automatically pay their Part B premium directly to Medicare.

Medicare (continued)

- Medicare premium as a monthly reduction of their SS payment. Otherwise, if not receiving SS, you will be billed quarterly for the Part B monthly premium which is estimated to be \$209.50 for 2027.
- For more information on Medicare and the timing, refer to the Social Security and Medicare Action Timeline presentation under the Health Insurances tab on the NCRO.org website.
- Also refer to the annual “Medicare and You” booklet to better understand what is or is not covered by Medicare. The booklet is normally mailed to your home but is also available online.
- **Medicare generally covers 80% of your medical services at participating Medicare providers, leaving you to cover the remaining 20%. You essentially have 2 choices for having full coverage. One Choice is a Medicare Advantage Plan, (MA) known as Plan C. Another Choice is a Medicare Supplement Plan also commonly referred to as a Medigap Plan**
- Either choice of plan still requires payment of the monthly Medicare Part B premium of \$209.50 estimated for 2027 and deducted from Social Security payments or paid directly if you deferred taking Social Security.
- Medicare has no maximum coverage limits annual or lifetime.
- The type of plan you choose determines the insurance coverage and the costs for any Medicare deductibles or coinsurance.
- You should review your healthcare plans every year. Medicare Advantage Plans can change their coverage options every year and your doctor/hospital could opt out of your specific plan. Also need to verify that your drugs are covered.
- Medicare Supplement Plans have premium costs that generally increase every year, and you may be able to enroll in a less expensive plan by reviewing your options annually. Any doctor/hospital accepting Medicare accepts your Supplemental Plan.
- Medicare Advantage (MA) plans, Medigap plans, and Medicare Part D Rx Plans are all purchased from private insurers.
- Medicare Advantage Plans generally include Part D coverage, those that don't are primarily designed for Veterans with VA benefits. This is because the VA provides creditable prescription coverage to Veterans.
- A Supplemental Plan (Medigap Plan) does not include Medicare Part D and therefore requires a separate enrollment in a Medicare Part D Plan. Medicare Part D Plans are covered in a separate document “Understanding Medicare Part D” available on the NCRO website.
- The choice between an MA plan and a Medigap plan depends upon several factors. Some of these factors are your budget for healthcare, your current and anticipated health, family health history, type of services you need and what you expect your insurance premiums to cover.
- Neither MA plans nor Medigap plans provide coverage for Assisted Living or Long-Term Care except for limited skilled nursing home health care for Medicare approved services.
- **Never cancel any existing plan until you have written acceptance and confirmation of your new plan.**
- Medicare coverage is on an individual basis. There are group plans but enrollment is still individual. If you and your spouse both want coverage, you'll each have to buy separate policies, although not necessarily from the same insurer or the same type of plan. Some Medigap insurers offer additional household discounts for enrolling with the same carrier or in some cases if you are not living alone.
- You must purchase your policy in the state where you are a legal resident. Some insurers may allow you to change your residence and continue the same policy.

Medicare (continued)

- Your policy cannot be cancelled by an insurer for health reasons if you continue to pay your premiums.
- If an insurer goes out of business and/ or drops your coverage for any reason other than non-payment, you have guaranteed issue which is the right to contract with a new Supplemental Plan with no medical underwriting requirements.
- Although insurance companies cannot increase your premium based on your own personal health history, premiums will increase over time, more recently yearly, due to the insurer's cost experience. It is recommended that you review your insurer options with a consultant annually.
- If your group of insured members closes, your premium cost could increase because the insurer is not allowing new younger, healthier members to join which then drives up your premium cost.
- It is important that you discuss your premium strategy over your lifetime with your insurance advisor or do extensive research on your own to minimize your premium costs, particularly when in a Medigap Plan.

Highly Recommend You Use a Healthcare Consultant

- Most retirees choose to use a healthcare insurance consultant to help them understand and choose the right plan for their healthcare needs. Brokers are consultants who get licensed with multiple insurers and in multiple states and they are commissioned by the insurer. They are in the best position to understand your healthcare needs and explain all your options to you. **There is no good reason to not use them.** The NCRO site in the Health Insurances section has information on several consultants including their presentation of their services. We are confident in recommending them to you because of many years recommending them with no complaints. As you will note from reading this document, it can be confusing to try and understand the various choices available to you or your spouse on your own. The information for Medicare rules and insurance options require time to become knowledgeable and you don't want to make the wrong choice.
- However, it is still important that you take the time to learn the basics of Medicare coverage to be able to ask questions and make the best decision for you and or your spouse when speaking to a representative. That is the main purpose of this document.

Next is an explanation of Medicare Advantage and Supplemental Plans (Medigap Plans) by reviewing the differences and the rules for each of them.

Medicare Advantage Plans (MA Plans) also known as Medicare Part C

- With an MA Plan you are enrolling in a private insurance plan, the Medicare Part A and Medicare Part B coverage from the Medicare Advantage Plan insurer will take over the administration of benefits, replacing the governments federally administered Medicare plan. **When you sign up for an MA Plan, you are no longer covered under Medicare. The insurer is responsible for 100% of your coverage.** MA plans cover 80% same as Medicare but the insurer has full control over the remaining 20% in terms of payment practices and coverages.
- The purpose of purchasing an Advantage Plan is to replace your Medicare coverage with 100% coverage with private insurance.
- The Medicare Part A (hospital) deductible for 2027 is estimated at \$1788 and is generally not covered by a MA policy, this cost is incurred upon the first hospitalization and would apply again for any subsequent hospitalization within the year. The Part B (doctors) deductible of \$292 (2027 est.) is covered on most MA policies because of the copays. But some have a Part B deductible. The plan may require a monthly premium, but **many carriers are now offering zero premium plans.** Premiums, deductibles, copays, allowances and the maximum out-of-pocket for the year all depend upon the insurer and the plan you choose. Once you have spent the out-of-pocket amount because of copays, there are no further charges for the balance of the year. You will have copays, coinsurance, and deductibles billed to you until you reach the plans annual maximum out of pocket limit which can range from \$4450 to \$14,800 depending upon the insurer and the plan you choose for enrollment.
Please note: Prescription drug out of pocket costs and maximums accumulate separately and do not apply towards the healthcare out of pocket MA Plan maximums.
- **MA plans can never deny you coverage for pre-existing conditions whether when first enrolling or even later if changing MA Plans or insurers.** After age 65 or when first eligible, you can **join or change** MA Plans only during the Annual Election Period (AEP) October 15th to December 7th of each year. You can also **change** MA plans during the Open Enrollment Period (OEP) period of January 1st to March 31st of each year and you can also dis-enroll from your MA plan if you want to move to a Medigap Plan (may be subject to medical underwriting discussed later) or you can **change to no plan (dis-enroll).** **However, you cannot move from a Medigap Plan to enroll in an MA Plan at this OEP time. You cannot newly enroll in an MA Plan unless newly eligible.**
- If you have an Advantage Plan and move out of the coverage area, you are eligible to enroll without penalty, if necessary, at a new location.
- MA Plans **are not** priced based on age, sex or health status whether at initial enrollment or any time when enrolling or changing plans.
- Some plans offer limited foreign travel coverage in case of an emergency, but there may be a deductible.

MA Plan Choices

- MA plans will vary in terms of coverage and copays based on the type of plan – HMO, HMO-POS, PPO or PFFS Plans – you choose. There are also MA plans for specific medical conditions and Medicaid eligible beneficiaries, which are not discussed in this document.

Next a discussion of the types of Medicare Advantage Plan Available

HMO Plan

- An HMO plan can be the least premium or a zero cost plan; deductibles and copays and out of pocket costs could be higher and you are limited to only participating providers (exception in emergencies). Your preferred doctor may not be in the plan or could decide to leave the plan. You choose a preferred primary care physician in the carriers' network who works as your medical provider and coordinates your care. You need to ensure that your doctors participate in your specific plan.
- You may need a referral from your primary care physician before you can be seen by a specialist. They can refer you to trusted doctors and specialists, but you must verify that those specialists also participate in the plan's network. A specific doctor you prefer may not be available to you. Except for a specified emergency or urgent care, there are no benefits available when non-HMO network healthcare providers are used in your home service area. Varying arrangements are typically made for emergency visits and/or urgent care when members are out of state.

HMO POS Plan

- An HMO-POS plan works like an HMO plan except you can be seen by doctors outside your network in some cases. Typically, you can use an HMO network or non-HMO network primary care physician for the same co-pay. However, if you use an HMO non-network specialist, hospital, or other provider it will cost you more than if you use an HMO in-network healthcare provider. The choice is up to the member. That's where the "POS," or "point of service" part comes in. A member makes a choice, whether to use an HMO network doctor and get full plan benefits or a non-network healthcare provider and receive lesser benefits at the point of service. Each insurance company implements this a little differently. This means you can get routine health care when you travel outside your plan's service area but still within the U.S. if your insurer has a national network of doctors. The insurer makes a difference with this plan.

PPO Plan

- **PPO plans are the most popular MA plans.** They have more flexibility but also can have higher costs than HMO plans or HMO-POS plans. You do not need a primary care physician, and you can go directly to a specialist without a referral. You can see doctors inside or outside your network but, if you stay in network, you generally will pay less. With some plans, if you use non-network providers, you will pay more. However, some newer plans have no monthly premium and charge the same fees in and out of network. You must investigate the plan's coverage details. (use a healthcare consultant)
- PPO healthcare providers can bill you no more than the PPO negotiated prices. These plans typically have a larger network of providers including out of state. The key here for you may be whether your preferred doctors accept your particular MA plan.

Insurer Plan Cancellation Rules

- Recently some insurers have cancelled the MA plan that has been issued to you the insured. Regulations require that you be provided with Guaranteed Issue for up to 63 days in order to select a new MA plan **or even a Medigap Plan**. If selecting a Medigap Plan, those born before January 1, 2020 must enroll in an F Plan. Those born after December 31, 2019, must enroll in a G Plan. Refer to the Medigap discussion for more information on these plans.
- Medicare Advantage (MA) plans have been reported to deny millions of requests for medical care each year and tens of thousands of those denials are for tests and treatments that should have been approved and paid for, according to the U.S. Department of Health and Human Service's Office of Inspector General.
- Denying requests that meet Medicare coverage rules may prevent or delay beneficiaries from receiving medically necessary care and can burden providers.

Which Medicare Advantage Plan is right for you?

- The best recommendation is to use a healthcare consultant who can listen to your specific needs and health situation and be able to guide you to understand your options. We have healthcare consultants we recommend on our website, or you can use one of your choosing. Avoid a sales pitch from a single insurer or a TV ad unless you plan to call several insurers and make the comparisons on your own, but a healthcare consultant can save you time, money and possibly enrolling in not the best plan for you.
- Some good plans are available with no monthly premiums and many other benefits and are worth investigating. In the past few years MA plans have reduced some benefits that were previously offered.
- **You or your insurance agent *must* verify that your doctors participate in your chosen MA plan. This is the most important part of your decision when deciding between an MA plan and a Medigap plan.**
- **Also, you or your insurance agent *must* verify that your drugs are covered in your chosen insurance company's formulary (drug list) and that you compute the cost of the drugs. You don't want to find out later that the MA Plan you chose for other coverage reasons does not cover your specific drugs or charges more than other insurers.** Some drug plans within an Advantage Plan may have no deductible, but their drug copays for brand drugs may be higher.
- You can choose a plan based on the type of health care services you need and the frequency.
- Out of State or remote areas of a state for some plans can mean out of network and therefore higher costs for you.
- Generally, all MA plans include a drug plan. You won't need to separately enroll in a Part D Rx plan. MA drug plans follow the same rules as standalone Part D plans.
- The NCRO website under the Health Insurances tab includes a detailed slide presentation with video explaining Part D Rx plans as well as how to use the Medicare.gov site to price drugs.

- With MA plans, you will receive only one billing from the insurer for the premium, copays or deductibles, none from Medicare except the monthly premium of \$209.50 (2027 est.) generally from your Social Security payment.
- Plans generally include extra benefits including Dental exams, eyeglasses and hearing aid allowances coverage at costs lower than purchasing separate standalone coverages. Please note that these benefits offered by MA plans can be limited in terms of coverage and usually require network providers.
- Some plans include free gym memberships which is advantageous, but only if you use it.
- Plans can include free in-home care and transportation; however you must meet certain requirements and have a doctor's approval.
- MA plans were being subscribed in 2026 at a rate of 55% of eligible Medicare recipients.
- MA popularity is being driven by the availability of zero premiums and added benefits as mentioned. The risk is that if you have serious medical expenses over an extended period (e.g., Cancer) you could be paying the out-of-pocket maximum every year. Your age and health status and affordability are key determinates when deciding whether to choose an MA Plan.
- Also, most recently the risk of cancelled policies and denied claims has become a consideration.
- **After 12 months from first being eligible you cannot move to a Medigap Plan without generally passing medical underwriting which is discussed under the next Medigap section.**

Medigap (Medicare Supplemental Plans)

- Medigap, also known as a Medicare Supplemental Plan, is a private insurance plan to cover Original Medicare deductibles and co-pays depending upon your choice of plan. Medicare generally pays 80% of the approved amount for the service at participating hospitals and doctors. A Medigap Plan covers the 20% balance subject to the level of plan coverage you have chosen. If Medicare covers a service, then a Medigap policy will cover the remaining 20%. Doctors and hospitals that accept Medicare always accept Medigap Plans.
- Most Medigap Plans cover the Medicare Part A (hospital) deductible of \$1,788 estimated for 2027.
- Current plans require you to pay the Medicare Part B (doctors) estimated deductible of \$292 for 2027. Depending upon which Medigap Plan you choose for enrollment, there may also be some small copays for doctors, plan N for example.
- Medigap Plans do not cover Dental, eyeglasses, hearing aids, but cover hearing and vision exams. Assisted Living or Long-Term Care are not covered. They do cover skilled nursing if you meet certain requirements. They cover physical therapy 100% which an MA plan does not.
- **Medigap Plans do not cover Medicare Part D Rx, you will need a separate Medicare Part D drug policy.**
- With Medigap plans, unless you enroll at age 65 or when you are first eligible to enroll under a Special Enrollment Period (SEP), the insurer may deny you coverage or charge a higher premium due to pre-existing conditions. For example, for certain health conditions e.g., smoking, high blood pressure, you can enroll at a potentially higher premium. But, depending upon other health conditions you may not be eligible to enroll. A healthcare consultant can prescreen you to determine possible eligibility.

- As mentioned earlier, most insurers offer a discount if both spouses enroll with the same insurer or don't live alone.
- If you joined a Medigap Plan when first eligible, you have 6 months to switch to another Medigap plan with guaranteed issue (no Medical Underwriting). Those rules can vary by state.
- An exception to an insurance company's ability to deny coverage due to pre-existing conditions is if you joined an MA plan and you aren't satisfied with the plan, you have special trial rights to buy a Medigap policy (with no Medical Underwriting) if you return to Original Medicare within 12 months, but special rules apply. Consult a healthcare agent for specific rules for your situation.
- **Medical Underwriting** is essentially a review of your medical history. You are required to answer a series of medical questions including a discussion of the prescription drugs you take and the reason for them. Certain conditions related to heart disease, cancers, etc. and pending or recent surgeries can disqualify you from changing to a Medigap Plan from an MA Plan or from your current Medigap plan to a new Medigap Plan your **after initial enrollment eligibility**. That is why it is so important to make the best choice for yourself when first eligible to enroll. Some states have different rules regarding underwriting and may not require it under some circumstances. It is best to check with a healthcare consultant. Many seniors find themselves incurring higher premiums each year but cannot change plans due to their inability to pass medical underwriting.
- **There are 22 states that don't require medical underwriting**, but they have varying rules. Michigan and Florida **do require underwriting**. Your insurance provider or your healthcare consultant can provide the necessary information and rules if your state does not require underwriting.
- Most brokers/consultants can give you a general idea as to whether you will be able to pass medical underwriting by asking you some or all the questions you will need to answer if you decide to apply.
- Most states allow you to enroll or change Medigap Plans at any time, however if you are in an MA Plan and switching to a Medigap Plan you can only dis-enroll from an MA plan during the time periods mentioned previously. **Therefore, if you have an MA plan, make sure you can leave the MA Plan before you sign up for a Medigap policy.**
- Medigap plans (e.g., Plan G) are available where you incur only the Part B deductible of \$292 (2027) and then no co pays or other deductibles. You choose the letter plan which then dictates the premium and the deductibles or copays. Premiums are generally higher than MA plans. Insurer's premiums are based on age, sex (higher rate for males), tobacco use, your health status (after initial enrollment), zip code and county. Some cap their rates at a given older age.
- With a Medigap Plan you will receive up to three billings/statements for medical services as follows:
 1. From Medicare showing the amount they allowed for the service and payment of 80% and the 20% amount owed.
 2. From your Medigap insurer showing the amount they paid for coverage of the 20% and the amount 80% Medicare paid.
 3. From the service provider if there is a payment required because the Part B deductible of \$292 (2027) if your Medicare deductible has not yet been met or your plan has a doctor copay, example, an N Plan.

Medigap Plan Codes

- Medigap Plan coverage is determined by a plan letter code (e.g., A, B, C, D, G, K, L & N) which is standardized among insurers and therefore less confusing when choosing an insurer or specific coverage. This means every insurer's specific plan code has the exact same coverage, but the premium will vary. Refer to the chart (page 13) that follows later for more detail on the coverage provided by each plan code.
- In 2020, Medicare discontinued plans C, D and F for anyone newly eligible after January 1, 2020. If you have Medicare Part A with an effective date prior to January 1, 2020, you would still be eligible to enroll in plans F or C which covered the Part B \$292 deductible. Those already in plan F and C can continue with their plan (grandfathered) but given that these C and D plans are not available for new younger aged enrollees, the aging population of these plans has driven higher usage and therefore much higher premium increases.
- Those in Plan F and C that would like to move to a different plan for a much lower premium would need to be able to pass medical underwriting which can be an issue for many older retirees. There is also a high deductible Plan F that would be available.
- Insurers offer several other plans. The G plan is the most popular. Under Plan G, you must pay the annual Medicare Part B deductible of \$292 for 2027 before coverage of the remaining 20% begins, otherwise it has the same as an F plan. Although Plans F and C covered this deductible, Plan G is less expensive even after accounting for the \$292 deductible for 2027. Be aware that the Part B deductible has increased every year.
- You can also consider Plans K and N if available, they have copays but lower premiums. For example, Plan N has a lower premium than Plan G but has the same coverage as the G Plan except you pay a flat \$20 copay for a doctor visit and a flat \$50 copay for an emergency room visit. Your choice really depends on your anticipated usage. You need to work with a consultant to fully understand your choices.
- Several of these plans offer foreign travel coverage in emergency situations. After a \$250 deductible, the plan can pay 80% of your medical costs, with a \$50,000 lifetime cap.
- Several insurers will offer a household discount when both spouses are with same insurer and some offer a discount if you are not living alone.

On the next two pages a comparison of MA plans to Medigap Plans is provided. It is difficult to make a price comparison, but it is possible to list a benefit comparison which can be helpful when making your choice.

Medicare Advantage Plans compared to Medicare Supplemental Plans (Medigap)

Category	Advantage Plans	Original Medicare including Medigap Plans
Monthly Premium	Often Zero depending upon the plan	Ranges Based on the Plan, Health, Age, Sex and Location
Hospital Stay each occurrence	Not covered until Part A deductible is satisfied after each hospitalization	Covered
Part B Premium	Required	Required
Part B Deductible	Covered in some plans	Not covered in most plans
Part D drug plan	Included with possible deductible and copays, very your drugs are covered	Not covered, need to purchase a standalone Part D drug plan
Doctor/Hospital Choice	Generally, Network Based Verify your doctor is in network	Any Doctor/Hospital that accepts Medicare
Specialists	Copay amount varies with plan	Covered
Referrals	May be required, Copays apply	Referrals not required
Prior Authorizations	May be required, Copays apply	Referrals not required
Diagnostic Tests	Copay amount varies with plan	Covered
Out-of-pocket maximum	Yes , range is \$4,450 to\$14,800	No out of pocket maximum
Dental/Vision/Hearing	Network providers with coverages and allowances	Dental not included, Vision and Hearing exams included Not Included
Foot Care	Copays	Covered
Drug Coverage of Part D	Covered with possible deductible and copays, verify your drugs are covered	No coverage, need to enroll in separate Part D Plan, verify your drugs are covered
Physical Therapy	Copays	Covered
Ambulance Service/ER visit	Copays	Covered
Urgent Care	Copays	Covered

Category	Advantage Plans	Original Medicare including Medigap Plans
Outpatient Surgery	Copays	Covered
Mental Health	Copays	Covered
Over the counter spending allowance	Some plans	Not covered
Outstate Travel	For most plans must be in network	No Networks
Gym Membership	Most plans	Some plans
Foreign Travel	Emergency Only	Yes, with a deductible
Medical Underwriting	Never Required	Required after initial eligibility
Control of Coverage Provisions	Medicare 80%, Insurer 20%	Medicare controls 100%
Changing Plans Later	Easy during enrollment Periods	Anytime but Medical underwriting after initial eligibility
Premium Increases	Relatively few premium changes and availability of zero premiums	Premiums generally increase each year
Network Restrictions	Usually Apply and doctors can opt out of participating	If Medicare is accepted then always Medigap applies
Premium Payments	Premium if applicable with and Copays for most services	Pay a monthly premium and upfront deductible then no further costs

Choose Medicare Advantage if:

- You want the lowest monthly premium and ok with Copays
- Your doctors are in your plan's network
- You want your Part D drugs covered in one plan
- You like having allowances for glasses and hearing aids
- You're comfortable with prior authorization if necessary
- You like added perks e.g. gym membership or OTC reimbursements
- You are comfortable seeking prior authorization and willing to accept the risk of a major long-term illness knowing you have an out of pocket maximum

Choose Medigap if:

- You are willing to pay the higher premiums for complete coverage
- You want maximum freedom to choose any doctor or specialist
- You want the comfort of knowing that if Medicare covers it, Medigap covers the 20%
- You are willing to purchase a standalone Part D plan
- You want predictable medical expenses no pre authorizations
- You expect to use specialists or expensive medical services
- You don't want to deal with networks and prior authorization
- You're willing to pay more each month for security and flexibility
- You are concerned with being able to qualify for Medigap at a later date

It is a difficult decision, and can be confusing, that's why we strongly recommend you use a healthcare consultant before deciding.

The following chart displays the various Medigap Plans and their letter codes:

Comparisons of Medicare Supplement Plans

PLAN LETTER	A	B	C	D	F	G	K	L	M	N
Basic Benefits	+	+	+	+	+	+	+	+	+	+
Part A Deductible		+	+	+	+	+	50%	75%	50%	+
Skilled Nursing Coinsurance			+	+	+	+	50%	75%	+	+
Part B Deductible			+		+					
Part B Excess					+	+				
Foreign Travel Emergency			+	+	+	+			+	+
							Out-of-Pocket Limit Ask Your Agent			

As mentioned, Plans F has been discontinued for those under age 65 as January 1, 2020.

Disclaimer

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