

Benefit Chart of Medicare Supplement Plans Sold for Effective Dates On or After 01-01-2022

This chart shows the benefits included in each of the standard Medicare Supplement Plans. Every company must make available Plan “A”. Some plans may not be available in your state. Only applicants first eligible for Medicare before 2020 may purchase Plan C, Plan F, or High Deductible F.

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

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	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%	✓	✓ copays apply ³	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2022] ²					\$[6,620] ²	\$[3,310] ²				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$[2,490] 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 and your Part B Deductible (\$233 in 2022).

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

Your Medicare coverage choices at a glance

There are 2 main ways to get your Medicare coverage - Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide.

START



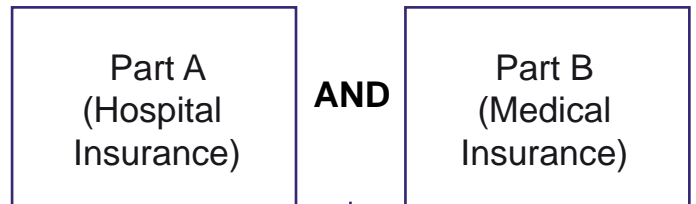
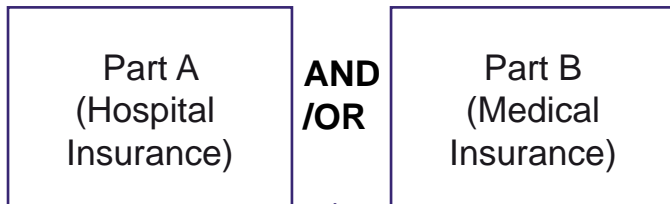
STEP 1: Decide how you want to get your coverage.



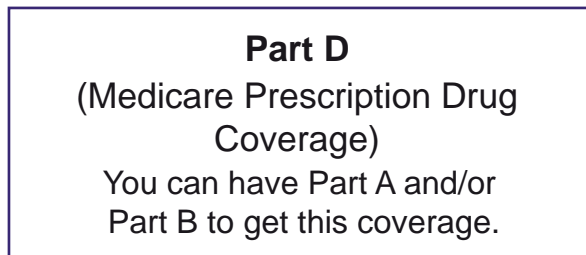
ORIGINAL MEDICARE

OR

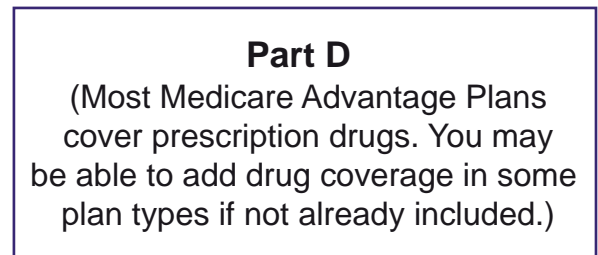
**MEDICARE ADVANTAGE
(Part C)**



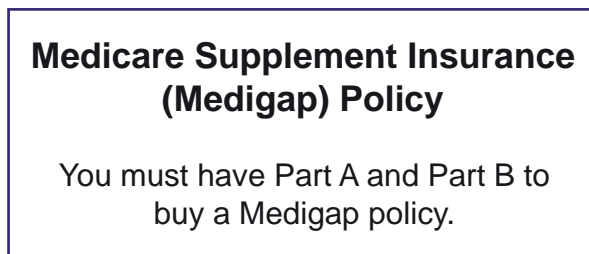
STEP 2: Decide if you need to add drug coverage.



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STEP 3: Decide if you need to add supplemental coverage.



END

If you join a Medicare Advantage Plan, you can't use and can't be sold a Medigap policy.

THE FOUR GAPS IN MEDICARE:

Medical, Post-Hospital, Prescription, and Final Expense

1) Medical

Hospital	Cost
Part A Deductible	\$1556 / benefit period
Days 1-60	0
Days 61-90	\$389 coinsurance / day
Days 91 and beyond	\$778 coinsurance / day

Doctor	Cost
Part B Deductible	\$233 / calendar year
Part B Coinsurance	20% of the Medicare-approved amount for most doctor services and durable medical equipment

2) Post-Hospital

Skilled Nursing	Cost	Cost
	*if you meet Medicare's requirements	*if you don't meet Medicare's requirements
Days 1-20	0	all costs
Days 21-100	\$194.50 coinsurance / day	all costs
Days 101 and beyond	all costs	all costs

3) Prescriptions	Cost
Medications	Costs Vary Depending on Medications

4) Final Expense	Cost
Funeral, Burial, Party, Related Expenses	\$7,000 - \$25,000

*Medicare will cover some skilled nursing costs AFTER a qualified hospital stay of at least 3 overnights. There are several other criteria that must be met in order for Medicare to cover skilled nursing.