What benefits are provided in each of the standard Medigap policies and the high deductible Medigap policies?

The Medigap policies offer the following benefits:

* Policy A is the basic core benefit package.
* Policy B includes: (1) the basic core benefit package; and (2) payment of the Part A (Hospital Insurance) deductible payable for each new benefit period.
* Policy C includes: (1) the basic core benefit package; (2) the Part A (Hospital Insurance) deductible; (3) the Part A coinsurance for care in a skilled nursing home (days 21-100); (4) the Part B (Medical Insurance) deductible; and (5) coverage of foreign travel emergencies.
* Policy D includes: (1) the basic core benefit package; (2) the Part A (Hospital Insurance) deductible; (3) the Part A coinsurance for care in a skilled nursing home (days 21-100); and (4) coverage of foreign travel emergencies.
* Policy F includes: (1) the basic core benefit package, (2) the Part A (Hospital Insurance) deductible), (3) the Part A coinsurance for care in a skilled nursing home (days 21-100), (4) the Part B (Medical Insurance) deductible, (5) coverage of foreign travel emergencies, and (6) 100 percent coverage of excess provider charges under Part B (Medical Insurance).
* In addition, there is a policy that is the same as Policy F but with a $2,180 deductible (in 2015). This high-deductible policy covers 100 percent of covered out-of-pocket expenses once the deductible has been satisfied in a year. It requires the beneficiary of the policy to pay annual out-of-pocket expenses (other than premiums) in the amount of $2,180 before the policy begins payment of benefits. The deductible increases by the percentage increase in the Consumer Price Index for all urban consumers for the twelve-month period ending with August of the preceding year.
* Policy G includes: (1) the basic core benefit package, (2) the Part A (Hospital Insurance) deductible, (3) the Part A coinsurance for care in a skilled nursing home (days 21-100), (4) coverage of foreign travel emergencies; and (5) 100 percent coverage of excess provider charges under Part B (Medical Insurance).

What benefits are provided in each of the standard Medigap policies and the high deductible Medigap policies?

Beginning in 2006, two more standard plans became available. These two plans do not include the entire core benefit package:

* Plan K includes: (1) coverage of 50 percent of Part B coinsurance, blood costs under Parts A and B, Part A hospice coinsurance, and Part A skilled nursing facility coinsurance; (2) coverage of 100 percent of Part A hospital inpatient coinsurance and 365 extra lifetime days of coverage of inpatient hospital services; (3) 50 percent of the Part A deductible; and (4) a limit on annual out-of-pocket spending under Part A and Part B to $4,940 (in 2015).
* Plan L includes: (1) coverage of 75 percent the Part B coinsurance, blood costs under Parts A and B, Part A hospice coinsurance, and Part A skilled nursing facility coinsurance; (2) coverage of 100 percent of the Part A hospital inpatient coinsurance and 365 extra lifetime days of coverage of inpatient hospital services; (3) 75 percent of the Part A deductible, and (4) a limit on annual out-of-pocket spending under Part A and Part B to $2,470 (in 2015).

Effective June 1, 2010, two new plans became available (both of which include the basic core benefit package):

* New Plan M duplicates Plan D, but with 50 percent coinsurance on the Part A deductible
* New Plan N duplicates Plan D with the Part B coinsurance being paid at 100 percent, *minus* a $20 copayment per physician visit and a $50 copayment per emergency room visit (unless the beneficiary was admitted to the hospital)

*The following plans are no longer available for purchase effective June 1, 2010* (but if an individual already had or bought one of these plans before June 1, 2010, that individual may keep that plan):

* Policy E includes: (1) the basic core benefit package; (2) the Part A (Hospital Insurance) deductible; (3) the Part A coinsurance for care in a skilled nursing home (days 21-100); (4) coverage of foreign travel emergencies; and (5) coverage of preventive screening and care.
* Policy H includes: (1) the basic core benefit package; (2) the Part A (Hospital Insurance) deductible; (3) the Part A coinsurance for care in a skilled nursing home (days 21-100); (4) coverage of foreign travel emergencies; and (5) coverage of 50 percent of the cost

What benefits are provided in each of the standard Medigap policies and the high deductible Medigap policies?

of outpatient prescription drugs after payment of a $250 deductible, up to a maximum benefit of $1,250. (See the paragraph below regarding prescription drug coverage.)

* Policy I includes: (1) the basic core benefit package; (2) the Part A (Hospital Insurance) deductible; (3) the Part A coinsurance for care in a skilled nursing home (days 21-100); (4) coverage of foreign travel emergencies; (5) at-home recovery assistance; (6) 100 percent of excess charges under Part B (Medical Insurance); and (7) 50 percent of the cost of outpatient prescription drugs after payment of a $250 deductible, up to a maximum benefit of $1,250. (See the paragraph below regarding prescription drug coverage.)
* Policy J includes: (1) the basic core benefit package; (2) the Part A (Hospital Insurance) deductible; (3) the Part A coinsurance for care in a skilled nursing home (days 21-100); (4) the Part B (Medical Insurance) annual deductible; (5) coverage of foreign travel emergencies; (6) at-home recovery assistance; (7) 100 percent of excess charges under Part B; (8) preventive screening and care; and (9) 50 percent of the cost of outpatient prescription drugs after payment of a $250 deductible, up to a maximum benefit of $3,000. (See the paragraph below regarding prescription drug coverage.)
* There is also a policy that is the same as Policy J but with a $2,000 deductible. This high-deductible policy covers 100 percent of covered out-of-pocket expenses once the deductible has been satisfied in a year. It requires the beneficiary of the policy to pay annual out-of-pocket expenses (other than premiums) in the amount of $2,000 before the policy begins payment of benefits.

As of January 1, 2006, beneficiaries who held standard policies H, I, or J could choose between enrolling in Part D or maintaining their prescription drug coverage under their Medigap policies. Beneficiaries who chose to enroll in Part D could keep their existing plan H, I, or J, minus the prescription drug benefit, or could purchase a new Medigap policy. As of January 1, 2006, plans H, I, and J could be sold, but without the prescription drug benefit.

Some plan choices may not be available in Massachusetts, Minnesota, and Wisconsin because these states already required standardized Medigap policies prior to 1992.