

# Medicare Supplement Plan Comparison Chart

Rates and plan design for calendar year 2023 are pending CMS approval.

| Payments for Medicare Approved Expenses                               | 2022 Medicare Payments | Plan A         |               | Plan F         |                          | Plan G         |                          | Plan N         |  |
|---|------------------------|----------------|---------------|----------------|--------------------------|----------------|--------------------------|----------------|--|
| Service   | What Medicare Pays     | What Plan Pays | What You Pay  | What Plan Pays | What You Pay             | What Plan Pays | What You Pay             | What Plan Pays | What You Pay   |
| <b>Medicare Part A Hospital Coinsurance/Deductible</b>                |                        |                |               |                |                          |                |                          |                |  |
| Deductible  | 0%                     | \$0            | First \$1,364 | First \$1,364  | \$0                      | First \$1,364  | \$0                      | First \$1,364  | \$0  |
| Days 1 - 60   | All but \$1,364        | \$0            | \$1,408       | \$1,364        | \$0                      | \$1,364        | \$0                      | \$1,364        | \$0  |
| Days 61 - 90  | All but \$352/Day      | \$352/Day      | \$0           | \$352/Day      | \$0                      | \$352/Day      | \$0                      | \$352/Day      | \$0  |
| Days 91 - 150   | All but \$704/Day      | \$704/Day      | \$0           | \$704/Day      | \$0                      | \$704/Day      | \$0                      | \$704/Day      | \$0  |
| Additional 365 Days   | \$0                    | 100%           | \$0           | 100%           | \$0                      | 100%           | \$0                      | 100%           | \$0  |
| After the Additional 365 Days   | \$0                    | \$0            | All Costs     | \$0            | All Costs                | \$0            | All Costs                | \$0            | All Costs  |
| <b>Medicare Part A Skilled Nursing Facility</b>                       |                        |                |               |                |                          |                |                          |                |  |
| Days 1 - 20   | 100%                   | \$0            | \$0           | \$0            | \$0                      | \$0            | \$0                      | \$0            | \$0  |
| Days 21 - 100   | All but \$176/Day      | \$0            | \$176/Day     | \$176/Day      | \$0                      | \$176/Day      | \$0                      | \$176/Day      | \$0  |
| Days 100 +  | \$0                    | \$0            | All Costs     | \$0            | All Costs                | \$0            | All Costs                | \$0            | All Costs  |
| <b>Part A Hospice Care</b>  |                        |                |               |                |                          |                |                          |                |  |
| Hospice Care  | 100%                   | \$0            | \$0           | \$0            | \$0                      | \$0            | \$0                      | \$0            | \$0  |
| Inpatient Respite Care  | 95%                    | 5%             | \$0           | 5%             | \$0                      | 5%             | \$0                      | 5%             | \$0  |
| <b>Medicare Part B Coinsurance and Copayment</b>                      |                        |                |               |                |                          |                |                          |                |  |
| Deductible  | \$0                    | \$0            | First \$195   | First \$185    | \$0                      | First \$185    | \$0                      | \$0            | First \$198  |
| After Deductible Met  | Generally 80%          | Generally 20%  | \$0           | Generally 20%  | \$0                      | Generally 20%  | \$0                      | Generally 20%  | Up to \$20 copay for some doctor's visits and up to \$50 for ER visits |
| <b>Medicare Part B Excess Charges Above Medicare-Approved Amounts</b> |                        |                |               |                |                          |                |                          |                |  |
| Excess Charges  | \$0                    | \$0            | All Costs     | 100%           | \$0                      | 100%           | \$0                      | \$0            | All Costs  |
| <b>Medicare Part B Clinical Lab Services</b>                          |                        |                |               |                |                          |                |                          |                |  |
| Tests for Diagnostic Services   | 100%                   | \$0            | \$0           | \$0            | \$0                      | \$0            | \$0                      | \$0            | \$0  |
| Blood   |                        |                |               |                |                          |                |                          |                |  |
| First 3 Pints   | \$0                    | 100%           | \$0           | 100%           | \$0                      | 100%           | \$0                      | 100%           | \$0  |
| After 3 Pints   | 100%                   | \$0            | First \$195   | \$0            | \$0                      | \$0            | First \$185              | \$0            | \$0  |
| <b>Foreign Travel Emergency</b>                                       |                        |                |               |                |                          |                |                          |                |  |
| Deductible  | \$0                    | \$0            | All Costs     | \$0            | \$250                    | \$0            | \$250                    | \$0            | \$250  |
| Emergency Services  | \$0                    | \$0            | All Costs     | 80%            | 20%                      | 80%            | 20%                      | 80%            | 20%  |
| Lifetime Maximum  | \$0                    | \$0            | All Costs     | \$50,000       | All Costs above \$50,000 | \$50,000       | All Costs above \$50,000 | \$50,000       | All Costs above \$50,000   |
| <b>Medicare Preventive Care Part B Coinsurance</b>                    |                        |                |               |                |                          |                |                          |                |  |
| Routine Check-Ups and Screening Tests                                 | 80%                    | 20%            | First \$195   | 20%            | \$0                      | 20%            | First \$195              | 20%            | First \$198  |