



# 2026 MEDICARE SUPPLEMENTARY PLAN COMPARISON CHART

Rates and plan design for calendar year 2026 are pending CMS approval.

	2026 MEDICARE PAYMENTS	PLAN A		PLAN F		PLAN G		PLAN N	
	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
MEDICARE PART A HOSPITAL COINSURANCE/DEDUCTIBLE									
Deductible	0%	0	First \$1,736	First \$1,736	\$0	First \$1,736	\$0	First \$1,736	\$0
Days 1 - 60	All but \$1,736	\$0	\$1,736	\$1,736	\$0	\$1,736	\$0	\$1,736	\$0
Days 61 - 90	All but \$434/Day	\$434/Day	\$0	\$434/Day	\$0	\$434/Day	\$0	\$434/Day	\$0
Days 91 - 150	All but \$868/Day	\$868/Day	\$0	\$868/Day	\$0	\$868/Day	\$0	\$868/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
MEDICARE PART A SKILLED NURSING FACILITY									
Days 1 - 20	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Days 21 - 100	All but \$217/Day	\$0	\$217/Day	\$217/Day	\$0	\$217/Day	\$0	\$217/Day	\$0
Days 100 +	\$0	\$0	All Costs	\$0	All Costs	\$0	All Costs	\$0	All Costs
MEDICARE PART A HOSPICE CARE									
Hospice Care	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Respite Care	95%	5%	\$0	5%	\$0	5%	\$0	5%	\$0
MEDICARE PART B COINSURANCE AND COPAYMENT									
Deductible	\$0	\$0	First \$283	First \$283	\$0	First \$283	\$0	\$0	First \$283
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
MEDICARE PART B EXCESS CHARGES ABOVE MEDICARE-APPROVED AMOUNTS									
Excess Charges	\$0	\$0	All Costs	100%	\$0	100%	\$0	\$0	All Costs
MEDICARE PART B CLINICAL LAB SERVICES									
Tests for Diagnostic Services	100%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
BLOOD DRAWS									
First 3 Pints	\$0	100%	\$0	100%	\$0	100%	\$0	100%	\$0
After 3 Pints	100%	\$0	First \$283	\$0	\$0	\$0	First \$283	\$0	\$0
FOREIGN TRAVEL EMERGENCY									
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
MEDICARE PREVENTIVE CARE PART B COINSURANCE									
Routine Check-Ups and Screening Tests	80%	20%	First \$283	20%	\$0	20%	First \$283	20%	First \$283