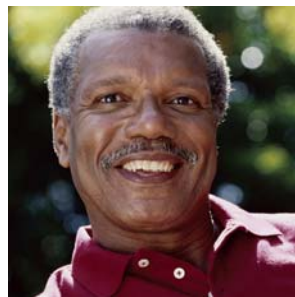
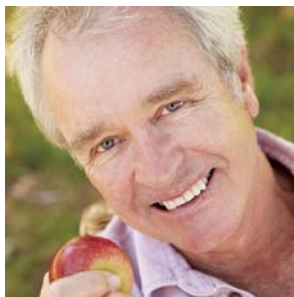


# Medicare & You 2016



This is the **official U.S. government** Medicare handbook.

- ★ What's important in 2016 (page 12)
- ★ What Medicare covers (page 37)



## Medigap policies are standardized

Every Medigap policy must follow federal and state laws designed to protect you, and they must be clearly identified as “Medicare Supplement Insurance.” Insurance companies can sell you only a “standardized” policy identified in most states by letters A through D, F through G, and K through N. All policies offer the same basic benefits, but some offer additional benefits so you can choose which one meets your needs. In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way.

**Note:** Plans E, H, I, and J are no longer available to buy, but if you already have one of those policies, you can keep it. Contact your insurance company for more information.

## How do I compare Medigap policies?

**Different insurance companies may charge different premiums for the same exact policy.** As you shop for a policy, be sure you’re comparing the same policy (for example, compare Plan A from one company with Plan A from another company).



In some states, you may be able to buy a type of Medigap policy called Medicare SELECT (a policy that requires you to use specific hospitals and, in some cases, specific doctors or other health care providers to get full coverage). If you buy a Medicare SELECT policy, you have the right to change your mind within 12 months and switch to a standard Medigap policy.

Definitions  
of **blue** words  
are on pages  
153–156.

The chart below shows basic information about the different benefits that Medigap policies cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you're responsible for the rest.

**Note:** You'll need more details than this chart provides to compare and choose a policy. See page 104 to find out where to get more information.

Medicare Supplement Insurance (Medigap) plans										
Benefits	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100% **
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2015			
							\$4,940	\$2,470		

\* Plan F also offers a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,180 in 2015 before your policy pays anything.

\*\* Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.