

2021 Medigap Plans

Updated 11/12/2020

Medigap Carriers	Supplement Core Monthly Premium	NEW Medigap 1A Monthly Premium	Medigap 1 Monthly Premium Only available if Eligible for Medicare Prior to 1/1/2020 *
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) 1-800-258-2226 (member services) http://www.bluecrossma.com/medicare	\$107.88 *\$110.19 *Vision & Hearing	\$183.48 *\$185.79 *Vision & Hearing	\$215.45 *\$217.76 *Vision & Hearing
Fallon Community Health Plan 1-866-330-6380 (sales) 1-800-868-5200 (member services) http://www.fchp.org/medicare-choices	\$138.00	\$199.00	\$229.00
Harvard Pilgrim Health Care 1-800-782-0334 (sales) 1-877-907-4742 (member services) http://www.harvardpilgrim.org	\$136.00	\$195.00	\$242.00
Health New England 1-877-443-3314 http://www.healthnewengland.com	\$123.00	\$180.00	\$216.00
Humana 1-800-872-7294 (sales) 1-800-866-0581 (member services) http://www.humana-medicare.com	\$180.82 *\$194.17 *Dental & Hearing	\$282.20 *\$295.55 *Dental & Hearing	\$293.70 *\$307.05 *Dental & Hearing
Tufts Health Plan 1-800-714-3000 (sales) 1-800-701-9000 (member services) http://www.tuftsmedicarepreferred.org	\$129.00 *\$177.00 *Optional Dental	\$195.50 *\$243.50 *Optional Dental	\$228.50 *\$276.50 *Optional Dental
United HealthCare 1-800-523-5800 http://www.aarphealthcare.com Only for members of AARP	\$139.50 (6/1/20)	\$195.25	\$250.75 (6/1/20)

NOTE: If new to Medicare, check with each plan to see what discounts they may offer.

* Moving from Supplement 1 to Supplement 1A may be subject to restrictions

Note: Medex Choice™ will no longer be sold after December 1, 2019 but existing members may remain enrolled: \$159.77/month in 2021

In compliance with Medicare regulations, Medicare Medigap 2 cannot be sold after December 31, 2005 but existing members may remain enrolled.

Medex Gold premium is \$850.89/month in 2021.

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Medigap 1A	Costs For Beneficiary With Supplement 1
Medicare Part A				
Inpatient Hospital Care				
Days 1-60	\$1,484 deductible	\$1,484 deductible	\$0	\$0
Days 61-90	\$371/Day	\$0	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$742/Day	\$0	\$0	\$0
All Additional Days	Full Cost	\$0 For An Additional 365 Lifetime Hospital Days	\$0 For an Additional 365 Lifetime Hospital Days	\$0 For An Additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period	An Additional 120 Days Per Benefit Period
Skilled Nursing Facility Care				
Days 1-20	\$0	\$0	\$0	\$0
Days 21-100	\$185.50/Day	\$185.50/Day	\$0	\$0
All additional Days	Full Cost	Full Cost	Full Cost	Full Cost
Blood - First 3 Pints	Full Cost	\$0	\$0	\$0
Medicare Part B				
Annual Deductible	\$203	\$203	\$203	\$0
Coinsurance for Part B after deductible	20%	\$0	\$0	\$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost* (BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	\$0	\$0