



2017 Medigap Plans

Updated 8/1/17



LOCAL HELP FOR PEOPLE WITH MEDICARE

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1 Monthly Premium	Dental, Vision, or Hearing Benefits?*		Core Includes Foreign Travel?	Fitness/Weight Loss Benefit
			Types	Additional Premium		
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) 1-800-258-2226 (member services) http://www.bluecrossma.com/medicare	\$93.61	\$183.10	Vision & Hearing	\$4.56	Yes	Yes
Fallon Community Health Plan 1-866-330-6380 (sales) 1-800-868-5200 (member services) http://www.fchp.org/medicare-choices	\$126.00	\$229.00	Vision	None	No	Yes
Harvard Pilgrim Health Care 1-800-782-0334 (sales) 1-877-907-4742 (member services) http://www.harvardpilgrim.org	\$112.00	\$212.00	None	N/A	Yes	Yes
Health New England 1-877-443-3314 http://www.healthnewengland.com	\$108.00	\$199.00	None	N/A	Yes	Yes (Supp. 1 only)
Humana 1-800-872-7294 (sales) 1-800-866-0581 (member services) http://www.humana-medicare.com	\$163.45 (7/1/17)	\$260.51 (7/1/17)	Dental & Vision	\$13.35	No	No
Tufts Health Plan 1-800-714-3000 (sales) 1-800-701-9000 (member services) http://www.tuftsmedicarepreferred.org	\$110.00	\$204.00	Vision	None	Yes	Yes
United HealthCare 1-800-523-5800 http://www.aarphealthcare.com Only for members of AARP	\$125.00 (6/1/17)	\$224.75 (6/1/17)	None	N/A	No	No
Medex Choice Hybrid between Medigap & Medicare Advantage. Consult BC/BS for details	\$136.69		No Vision & Hearing	N/A	No	None

*Dental, vision, and hearing benefits may be limited. Consult the plan's Outline of Coverage for full details.

2017 Medicare Rates

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1
Medicare Part A			
Inpatient Hospital Care			
Days 1-60	\$1,316	\$1,316	\$0
Days 61-90	\$329/Day	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$658/Day	\$0	\$0
All Additional Days	Full Cost	\$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
Skilled Nursing Facility Care			
Days 1-20	\$0	\$0	\$0
Days 21-100	\$164.50/Day	\$164.50/Day	\$0
All additional Days	Full Cost	Full Cost	Full Cost
Blood - First 3 Pints	Full Cost	\$0	\$0
Medicare Part B			
Annual Deductible	\$183	\$183	\$0
Coinsurance for Part B after deductible	20%	\$0	\$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost*	\$0

*Blue Cross & Blue Shield, Harvard Pilgrim, Health New England, and Tufts Core plans cover foreign travel.

As of 2/1/10, Bankers Life and Casualty Company's Core and Supplement plans are no longer sold in Massachusetts. Current members may remain in plan.

In compliance with Medicare regulations, Medicare Supplement 2 cannot be sold after December 31, 2005 but existing members may remain enrolled. Medex™ Gold premium is \$833.06/month in 2017.