



# 2018 Medigap Plans

Updated 11/20/17



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		
<b>Blue Cross &amp; Blue Shield of MA (Medex)</b> 1-800-678-2265 (sales) 1-800-258-2226 (member services) <a href="http://www.bluecrossma.com/medicare">http://www.bluecrossma.com/medicare</a>	\$95.30	\$191.62	Vision & Hearing	\$3.67	Yes, both plans	Yes
<b>Fallon Community Health Plan</b> 1-866-330-6380 (sales) 1-800-868-5200 (member services) <a href="http://www.fchp.org/medicare-choices">http://www.fchp.org/medicare-choices</a>	\$126.00	\$229.00	Vision	None	No	Yes
<b>Harvard Pilgrim Health Care</b> 1-800-782-0334 (sales) 1-877-907-4742 (member services) <a href="http://www.harvardpilgrim.org">http://www.harvardpilgrim.org</a>	\$115.00	\$217.00	None	N/A	Yes	Yes
<b>Health New England</b> 1-877-443-3314 <a href="http://www.healthnewengland.com">http://www.healthnewengland.com</a>	\$112.00	\$204.00	None	N/A	Yes	Yes (Supp. 1 only)
<b>Humana</b> 1-800-872-7294 (sales) 1-800-866-0581 (member services) <a href="http://www.humana-medicare.com">http://www.humana-medicare.com</a>	\$163.45 (7/1/17)	\$260.51 (7/1/17)	Dental & Vision	\$13.35	No	No
<b>Tufts Health Plan</b> 1-800-714-3000 (sales) 1-800-701-9000 (member services) <a href="http://www.tuftsmedicarepreferred.org">http://www.tuftsmedicarepreferred.org</a>	\$114.00	\$212.00	Vision	None	Yes	Yes
<b>United HealthCare</b> 1-800-523-5800 <a href="http://www.aarphealthcare.com">http://www.aarphealthcare.com</a> Only for members of AARP	\$125.00 (6/1/17)	\$224.75 (6/1/17)	None	N/A	No	No
<b>Medex Choice</b> Hybrid between Medigap & Medicare Advantage. Consult BC/BS for details	\$141.67		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.

## 2018 Medicare Rates

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1
<b>Medicare Part A</b>			
<b>Inpatient Hospital Care</b>			
Days 1-60	\$1,340	\$1,340	\$0
Days 61-90	\$335/Day	\$0	\$0
Days 91-150 (Lifetime Reserve)	\$670/Day	\$0	\$0
All Additional Days	Full Cost	\$0 For An Additional 365 Lifetime Hospital Days	\$0 For An Additional 365 Lifetime Hospital Days
<b>Inpatient Days in Mental Health Hospital</b>	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period
<b>Skilled Nursing Facility Care</b>			
Days 1-20	\$0	\$0	\$0
Days 21-100	\$167.50/Day	\$167.50/Day	\$0
All additional Days	Full Cost	Full Cost	Full Cost
<b>Blood - First 3 Pints</b>	Full Cost	\$0	\$0
<b>Medicare Part B</b>			
<b>Annual Deductible</b>	\$183	\$183	\$0
<b>Coinsurance for Part B after deductible</b>	20%	\$0	\$0
<b>Medicare-covered services needed while traveling abroad</b>	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 \$864.48/month in 2018.