

# 2024 Massachusetts Medigap Plans

Updated 10.18.23

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1A Monthly Premium	Supplement 1 Monthly Premium* (Available for those eligible for Medicare Prior to 1/1/2020)
<b>Blue Cross &amp; Blue Shield of MA (Medex)</b> 1-800-678-2265 (sales) <a href="http://www.bluecrossma.org/">www.bluecrossma.org/</a>	\$118.91	\$195.96	\$239.73
<b>Fallon Community Health Plan</b> 1-866-330-6380 (sales) <a href="http://www.fallonhealth.org/medsupp">www.fallonhealth.org/medsupp</a>	\$165.00	\$199.00	\$275.00
<b>Harvard Pilgrim Health Care</b> 1-877-909-4742 (sales) <b>MUST CALL PLAN DIRECTLY TO ENROLL</b>	\$150.00	\$215.00	\$266.50
<b>Health New England</b> 1-877-443-3314 <a href="http://www.healthnewengland.org/medicare">www.healthnewengland.org/medicare</a>	\$151.00	\$216.00	\$273.00
<b>Humana**</b> 1-800-872-7294 (sales) <a href="http://www.humana.com/medicare">www.humana.com/medicare</a>	\$137.22 (as of 4/01/23)	\$196.03 (as of 4/01/23)	\$235.19 (as of 4/1/23)
<b>Tufts Health Plan</b> 1-888-508-1401 (sales) <a href="http://www.thpmp.org/medsupp">www.thpmp.org/medsupp</a> <a href="http://www.tuftsmedicarepreferred.org/">http://www.tuftsmedicarepreferred.org/</a>	\$139.00	\$210.00	\$245.50
<b>United HealthCare</b> 1-800-523-5800 <a href="http://www.aarpmedicaresupplement.com">www.aarpmedicaresupplement.com</a> <b>Only for members of AARP</b>	\$153.00 (as of 6/1/23)	\$214.00 (as of 6/1/23)	\$274.75 (as of 6/1/23)

All rates are standard and effective 1/1/24 unless otherwise noted. 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.

**REMINDER: Medex Choice is no longer sold but existing members may remain enrolled: \$177.20/month in 2024.**

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 \$985.03/month in 2024.

\*\* Effective 5/1/23, Humana Healthy Living Supplement plans are no longer offered; existing members will remain covered.

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1A	Costs For Beneficiary With Supplement 1
<b>Medicare Part A</b>				
<b>Inpatient Hospital Care</b> Days 1-60 Days 61-90 Days 91-150 (Lifetime Reserve)  All Additional Days	\$1,632 deductible \$408/Day \$816/Day  Full Cost	\$1,632 deductible \$0 \$0  \$0 for an Additional 365 Lifetime Hospital Days	\$0 \$0 \$0  \$0 for an Additional 365 Lifetime Hospital Days	\$0 \$0 \$0  \$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	An Additional 120 Days Per Benefit Period
<b>Skilled Nursing Facility Care</b> Days 1-20 Days 21-100 All additional Days	\$0 \$204/Day Full Cost	\$0 \$204/Day Full Cost	\$0 \$0 Full Cost	\$0 \$0 Full Cost
<b>Blood - First 3 Pints</b>	Full Cost	\$0	\$0	\$0
<b>Medicare Part B</b>				
<b>Inpatient Doctor's Services, Outpatient Medical</b> (Dr. Visits, lab tests, Xrays, etc.)  <b>Annual Deductible</b>  <b>Coinsurance for Part B after deductible</b>  <b>Medicare-covered services needed while traveling abroad</b>	  \$240  20%  Full Cost	  \$240  \$0  Full Cost* (but BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	  \$240  \$0  \$0	  \$0  \$0  \$0