

# 2026 Massachusetts Medigap Plans

Updated 11.14.25

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="https://www.Medicare.bluecrossma.com/">Medicare.bluecrossma.com/</a>	\$142.64	\$233.24	\$288.55
<b>Fallon Community Health Plan</b> 1-866-330-6380 (sales) <a href="https://Fallonhealth.org/medsupp">Fallonhealth.org/medsupp</a>	\$195.50	\$240.35	\$327.25
<b>Harvard Pilgrim Health Care</b> 1-877-909-4742 (sales) <a href="https://www.hpforlife.org">www.hpforlife.org</a>	\$177.00	\$254.00	\$315.15
<b>Health New England</b> 1-877-443-3314 <a href="https://Healthnewengland.org/medicare/Home/Medicare-Plans/Medicare-Supplement">Healthnewengland.org/medicare/Home/Medicare-Plans/Medicare-Supplement</a>	\$173.00	\$254.00	\$300.00
<b>Humana Benefit of Illinois**</b> 1-800-872-7294 (sales) <a href="https://Humana.com/medicare/medicare-resources/what-is-a-medicare-supplement-plan">Humana.com/medicare/medicare-resources/what-is-a-medicare-supplement-plan</a>	\$165.14 (as of 6/01/25)	\$235.91 (as of 6/01/25)	\$283.03 (as of 6/01/25)
<b>Tufts Health Plan</b> 1-888-508-1401 (sales) <a href="https://Tuftsmedicarepreferred.org/plans/supplemental-plans">Tuftsmedicarepreferred.org/plans/supplemental-plans</a>	\$167.75	\$253.55	\$296.45
<b>United HealthCare</b> 1-800-523-5800 <a href="https://Uhc.com/medicare/shop/medicare-supplement-plans.html">Uhc.com/medicare/shop/medicare-supplement-plans.html</a> <b>Only for members of AARP</b>	\$176.75 (as of 6/1/25)	\$247.25 (as of 6/1/25)	\$317.50 (as of 6/1/25)

All rates are standard and effective 1/1/26 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: \$213.03/month in 2026.**

**\*\*NOTE: Humana has notified the DOI that it will stop selling all of its' Medicare Supplement products beginning 4/1/26 at which time these products will no longer be available to new customers.**

**All existing members may remain enrolled.**

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 \$1107.54/month in 2026.

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	\$1,736 deductible \$434/Day \$868/Day  Full Cost	\$1,736 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 \$217/Day Full Cost	\$0 \$217/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>	\$283	\$283	\$283	\$0
<b>Coinsurance for Part B after deductible</b>	20%	\$0	\$0	\$0
<b>Medicare-covered services needed while traveling abroad</b>	Full Cost	Full Cost* (but BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	\$0	\$0