

2025 Massachusetts Medigap Plans

Updated 5/28/2025

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)
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) https://www.bluecrossma.org/	\$129.81	\$212.23	\$262.49
Fallon Community Health Plan 1-866-330-6380 (sales) www.fallonhealth.org/medsupp	\$178.00	\$218.70	\$298.00
Harvard Pilgrim Health Care 1-877-909-4742 (sales) MUST CALL PLAN DIRECTLY TO ENROLL	\$161.00	\$231.00	\$286.50
Health New England 1-877-443-3314 www.healthnewengland.org/medicare	\$158.00	\$231.00	\$273.00
Humana 1-800-872-7294 (sales) www.humana.com/medicare	\$165.14 (as of 6/1/2025)	\$235.91 (as of 6/1/2025)	\$283.03 (as of 6/1/2025)
Tufts Health Plan 1-888-508-1401 (sales) www.thpmp.org/medsupp	\$152.50	\$230.50	\$269.50
United HealthCare 1-800-523-5800 www.aarpmedicaresupplement.com Only for members of AARP	\$176.75 (as of 6/1/2025)	\$247.25 (as of 6/1/2025)	\$317.50 (as of 6/1/2025)

All rates are standard and effective 1/1/25 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: \$193.88/month in 2025.

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 \$1008.16/month in 2025.

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
Medicare Part A				
Inpatient Hospital Care Days 1-60 Days 61-90 Days 91-150 (Lifetime Reserve) All Additional Days	\$1,676 deductible \$419/Day \$838/Day Full Cost	\$1,676 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
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 Days 21-100 All additional Days	\$0 \$209.50/Day Full Cost	\$0 \$209.50/Day Full Cost	\$0 \$0 Full Cost	\$0 \$0 Full Cost
Blood - First 3 Pints	Full Cost	\$0	\$0	\$0
Medicare Part B				
Inpatient Doctor's Services, Outpatient Medical (Dr. Visits, lab tests, Xrays, etc.)				
Annual Deductible	\$257	\$257	\$257	\$0
Coinsurance for Part B after deductible	20%	\$0	\$0	\$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost* (but BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	\$0	\$0