2026 Massachusetts Medigap Plans

Updated June 2026

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1A Monthly Premium	Supplement 1 Monthly Premium (Available to those eligible for Medicare prior to 1/1/2020)
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) Blue Cross Blue Shield Medigap Plans	$142.64	$233.24	$288.55
Fallon Community Health Plan 1-866-330-6380 (sales) Fallon Health Medigap Plans	$195.50	$240.35	$327.25
Harvard Pilgrim Health Care 1-877-909-4742 (sales) Harvard Pilgrim Medigap Plans	$177.10	$254.00	$315.15
Health New England 1-877-443-3314 Health New England Medigap Plans	$173.00	$254.00	$300.00
Humana (not available to new enrollees after 4/1/2026) All existing members may remain enrolled 1-800-872-7294 (sales) Humana Medigap Plans	$181.48 (as of 6/01/26)	$259.26 (as of 6/01/26)	$311.05 (as of 6/01/26)
Tufts Health Plan 1-888-508-1401 (sales) Tufts Medicare Preferred Medigap Plans	$167.75	$253.55	$196.45
United HealthCare 1-800-523-5800 United HealthCare Medigap Plans **Only for members of AARP**	$194.25 (as of 6/1/26)	$271.75 (as of 6/1/26)	$349.00 (as of 6/1/26)

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**.**

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
Medicare Part A Inpatient Hospital Care Days 1-60	$1,736 deductible	$1,736	$0	$0
Inpatient Hospital Care Days 61-90	$434/Day	$0	$0	$0
Inpatient Hospital Care Days 91-150 (Lifetime Reserve)	$868/Day	$0	$0	$0
All Additional Inpatient Hospital Days	Full Cost	$0 for an additional 365 Lifetime Hospital Days	$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	An additional 120 days per benefit period
Skilled Nursing Facility Care (SNF) Days 1-20	$0	$0	$0	$0
Skilled Nursing Facility Care (SNF) Days 21-100	$217/day	$217/day	$0	$0
All Additional SNF Days	Full Cost	Full Cost	Full Cost	Full Cost
Blood- First 3 Pints	Full Cost	$0	$0	$0
Medicare Part B Inpatient Doctor's Services, Outpatient Medical (Dr. visits, lab tests, x-rays, etc.) Annual Deductible	$283	$283	$283	$0
Coinsurance for Part B after deductible	20%	$0	$0	$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost (BCBS, HP, HNE, Tufts Core plans cover foreign travel)	$0	$0