MOST ← COMPREHENSIVE → LEAST

AARP Medicare Supplement Plans

	Plans available to all applicants						Medicare first eligible before 2020 only*	
DESCRIPTION OF SERVICE	**G**	**N**	**L[1]**	**K[1]**	**B**	**A**	**F**	**C**
Medicare Part A (Hospitalization) Coinsurance plus 365 additional hospital days after Medicare benefits end	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part A Deductible	✓	✓	75%	50%	✓		✓	✓
Medicare Part B Coinsurance or Copayment	✓	Copay[2]	75%	50%	✓	✓	✓	✓
Medicare Part B Deductible[5]							✓	✓
Medicare Part B Excess Charges[3]	✓						✓	
Blood (first three pints)	✓	✓	75%	50%	✓	✓	✓	✓
Foreign Travel Emergency (up to plan limit)[4]	80%	80%					80%	80%
Hospice Part A Coinsurance or Copayment and Respite Care Expense	✓	✓	75%	50%	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance	✓	✓	75%	50%			✓	✓
2022 Out-of-Pocket Limit (Plans K and L only)[1]			$3,310	$6,620				

Benefits and costs vary depending on the plan chosen. Plans vary in MA, MI, MN, NC, NJ, and WI.

Plans vary by state; Medicare Select plans are available in some states. **Network restrictions apply.**

*NOTE: IMPORTANT: Plans C and F are only available to eligible Applicants (a) with a 65th birthday prior to 1/1/2020 or (b) with a Medicare Part A effective date prior to 1/1/2020.

*FOR NEW YORK RESIDENTS: Plans C and F are only available to eligible Applicants who first become eligible for Medicare before January 1, 2020 based on age, disability or end-stage renal disease and who are members of AARP.

[1] For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($233 in 2022), the Medicare supplement plan pays 100% of covered services for the rest of the calendar year.

[2] Plan N pays 100% of the Part B coinsurance, except for a copay of up to $20 for some office visits and up to a $50 copay for emergency room visits that don't result in an inpatient admission.

[3] In New York, excess charges are limited to 5%. Under Ohio and Pennsylvania law, a physician may not charge or collect fees from Medicare patients which exceed the Medicare-approved Part B charge. Plans F and G pay benefits for excess charges when services are rendered in a jurisdiction not having a balance billing law. Vermont law generally prohibits a physician from charging more than the Medicare-approved amount. However, there are exceptions and this prohibition may not apply if you receive services out of state. In Texas, the amount cannot exceed 15% over the Medicare-approved amount or any other charge limitation established by the Medicare program or state law. Note that the limiting charge applies only to certain services and does not apply to some supplies and durable medical equipment.

[4] Care needed immediately because of an injury or an illness of sudden and unexpected onset. Benefit is 80% and beneficiaries are responsible for 20% after the $250 annual deductible with a $50,000 lifetime maximum for medically necessary emergency care received outside the U.S. during the first 60 days of each trip.

[5] Once you have been billed $233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year. Chart reflects 2022 data.