

Plan comparison

	Original Medicare	Current plan: Special Medicfill Plan		Medigap Plan N		Medigap Plan L	
Medical Benefits	Original Medicare Pays	Medicfill Pays	Member Pays	Medigap Plan N Pays	Member Pays	Medigap Plan L Pays	Member Pays
Part A Deductible	Not applicable	Part A deductible	Not applicable	Part A deductible	Not applicable	75% of Part A deductible	25% of Part A deductible
Part B Deductible	Not applicable	Part B deductible	Not applicable	Not covered	Part B deductible	Not covered	Part B deductible
Part B Excess Charges	Not applicable	Covered	Not applicable	Not covered	Part B excess charges	Not covered	Part B excess charges
Member Out-of-Pocket Limit	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$3,470 in 2023	
PCP and specialist office visits	80% after deductible	Part B deductible, then 20%	\$0	Part B coinsurance	Part B deductible, then copays up to \$20 may apply for certain visits	75% of Part B coinsurance	Part B deductible, then 25% of Part B coinsurance
Inpatient hospital	100% after deductible	Part A deductible	\$0	Part A deductible	\$0	75% of Part A deductible	25% of Part A deductible, then \$0
Skilled nursing facility (up to 100 days per benefit period)	Days 1–20: Medicare pays 100% Days 21–100: Medicare pays all but coinsurance per day	Days 1–20: Plan pays nothing Days 21–100: Plan pays coinsurance per day	\$0	Days 1–20: Plan pays nothing Days 21–100: Plan pays coinsurance per day	\$0	Days 1–20: Plan pays nothing Days 21–100: Plan pays 75% of daily coinsurance	Days 1–20: Member pays nothing Days 21–100: Member pays 25% of daily coinsurance
Emergency room and urgent care	80% after deductible	Part B deductible, then 20%	\$0	Part B coinsurance	Part B deductible, then copays up to \$50 may apply unless admitted to the hospital	75% of Part B coinsurance	Part B deductible, then 25% of Part B coinsurance
Clinical diagnostic lab tests	100% after deductible	Not applicable	\$0	Not applicable	Part B deductible, then \$0	Not applicable	Part B deductible, then \$0
Standard/advanced imaging	80% after deductible	Part B deductible, then 20%	\$0	Part B coinsurance	Part B deductible, then \$0	75% of Part B coinsurance	Part B deductible, then 25% of Part B coinsurance
Inpatient coverage outside the U.S.	Medicare generally pays nothing	If admission qualifies for payment under Medicare, plan pays Part A deductible and remaining coinsurance, otherwise 100% for services as defined by Medicare law for 150 days of inpatient care	If admission qualifies for payment under Medicare, \$0 for services covered by Medicare, otherwise \$0 for the first 150 days and then all charges thereafter	Plan pays Part A deductible and remaining coinsurance	\$0 for services covered by Medicare or for admission not covered by Medicare	Not covered	100% of cost
Outpatient surgery	80% after deductible	Part B deductible, then 20%	\$0 for services covered by Medicare or for services not covered by Medicare	Part B coinsurance	Part B deductible, then \$0	75% of Part B coinsurance	Part B deductible, then 25% of Part B coinsurance
Outpatient facility coverage outside the U.S.	Medicare generally pays nothing	If service is covered by Medicare, the plan pays Part B deductible and remaining coinsurance, otherwise 20% of Highmark allowable amount for services defined as coverable under Medicare policy guidelines	If service is covered by Medicare, \$0, otherwise 80% of Highmark allowable amount for services defined as coverable under Medicare policy guidelines	If an emergency, plan pays Part B coinsurance, otherwise not covered	If an emergency, Part B deductible, then \$0, otherwise 100% of cost	Not covered	100% of cost
Outpatient professional services outside the U.S.	Medicare generally pays nothing	If service is covered by Medicare, the plan pays Part B deductible and remaining coinsurance, otherwise 20% of Highmark allowable amount for services defined as coverable under Medicare policy guidelines	If service is covered by Medicare, \$0, otherwise 80% of Highmark allowable amount for services defined as coverable under Medicare policy guidelines	If an emergency, plan pays Part B coinsurance, otherwise not covered	If an emergency, Part B deductible, then \$0, otherwise 100% of cost	Not covered	100% of cost
Private duty nursing	Not covered	80%	20%	Not covered	100% of cost	Not covered	100% of cost
NEW BENEFITS							
SilverSneakers Fitness Program	Not covered	Not covered		Not covered		Not covered	
Post-Discharge Meal Service Benefit	Not covered	Not covered		Not covered		Not covered	