

**Medicare Supplement Plans
Offered in Massachusetts
2024**

Comparison of Plans	Core	Supplement 1*	Supplement 1A
Basic Benefits Included In All Plans:			
Hospitalization Part A Co-payments			
Days 61 - 90: \$408 per day	X	X	X
Days 91-150: \$816 per day	X	X	X
365 Additional Lifetime Hospital days - Paid in full	X	X	X
Part B Coinsurance			
Coverage of coinsurance, in most cases, 20% of approved amount	X	X	X
Parts A and B Blood First 3 pints	X	X	X
Additional Benefits			
Part A Deductible for Hospital Days 1 - 60			
\$1,632 per benefit period		X	X
Skilled Nursing Facility Coinsurance			
Days 21-100 - \$204 per day		X	X
Part B Annual Deductible - \$240		X	
Foreign Travel - For Medicare-covered services needed while traveling abroad.		X	X
Inpatient Days in Mental Health Hospitals In addition to Medicare's coverage of 190 lifetime days and less any days previously covered by plan in same benefit period	60 days per calendar year	120 days per benefit period	120 days per benefit period

IMPORTANT NOTICE:

Medicare Supplement premium rates are required to be in effect for not less than 12 months. Effective dates shown for each Carrier are based on the most recent filing on record with the Division of Insurance.

****Only available if eligible for Medicare prior to 1/1/2020. Moving from Supplement 1 to Supplement 1A may be subject to restrictions.***

Updated 07/10/2024

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Medigap Carriers Please note that some rates may change during 2024	Medicare Supplement Core	Medicare Supplement 1*	Medicare Supplement 1A
Blue Cross & Blue Shield of MA (Medex™)^{1,2} 1-800-678-2265 sales/apps 1-800-258-2226 member services 711 (TDD) www.bluecrossma.com (continuous open enrollment)	\$118.91 Effective 01/01/2024	\$239.73 Effective 01/01/2024	\$195.96 Effective 01/01/2024
Blue Cross Optional Preventive Care Benefits Rider	\$ 2.47 Effective 01/01/2024	\$ 2.47 Effective 01/01/2024	\$ 2.47 Effective 01/01/2024
Fallon Health & Life Assurance Company 1-866-330-6380 sales/apps 1-800-868-5200 member services TRS 711 www.fallonhealth.org/medsupp (continuous open enrollment)	\$165.00 Effective 01/01/2024	\$275.00 Effective 01/01/2024	\$199.00 Effective 01/01/2024
HNE Insurance Company 1-877-443-3314 711 (TTY) www.healthnewengland.org (continuous open enrollment)	\$158.00 Effective 01/01/2025	\$273.00 Effective 01/01/2025	\$231.00 Effective 01/01/2025
HNE Insurance Company If you received communication that your former employer has a contracted relationship with below marketplaces please call: <ul style="list-style-type: none"> • AON Hewitt: 800-350-1470 or visit retiree.aon.com • Towers Watson: 866-322-2824 or visit my.viabenefits.com (continuous open enrollment)	\$158.00 Effective 01/01/2025	\$273.00 Effective 01/01/2025	\$231.00 Effective 01/01/2025

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<p>HPHC Insurance Company, Inc.³ 1-877-909-4742 sales/apps 1-877-907-4742 member services 711 (TTY) www.hpforlife.org (continuous open enrollment)</p>	<p>\$150.00 Effective 01/01/2024</p>	<p>\$266.50 Effective 01/01/2024</p>	<p>\$215.00 Effective 01/01/2024</p>
<p>Humana Benefit of Illinois, Inc. 1-800-872-7294 sales/apps 1-800-866-0581 member services 1-800-833-3301 (TDD) www.humana.com (continuous open enrollment)</p>	<p>\$150.26 Effective 04/01/2024</p>	<p>\$257.53 Effective 04/01/2024</p>	<p>\$214.66 Effective 04/01/2024</p>
<p>Transamerica Life Insurance Company 1-800-458-5736 (Group Medicare Supplement insurance sponsored exclusively for eligible members of the American Medical Association.) www.amainsure.com (continuous open enrollment)</p> <p>1-800-247-1771 (Group Medicare Supplement insurance sponsored exclusively for eligible members of the American Institute of Certified Public Accountants (AICPA)) https://forms.cpai.com/personal-insurance/medicare-supp/ (continuous open enrollment)</p>	<p>\$135.63 Effective 09/01/2024</p>	<p>\$247.96 Effective 09/01/2024</p>	<p>\$222.17 Effective 09/01/2024</p>

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Tufts Insurance Company Sales: 1-888-508-1401 Customer Relations: 1-800-701-9000 711 (TTY) www.thpmp.org/medsupp (continuous open enrollment)	\$139.00 Effective 01/01/2024	\$245.50 Effective 01/01/2024	\$210.00 Effective 01/01/2024
Tufts Optional Dental Rider	\$33.00 Effective 01/01/2024	\$33.00 Effective 01/01/2024	\$33.00 Effective 01/01/2024
UnitedHealthcare Insurance Company Only for members of AARP www.aarpmedicaresupplement.com 1-800-523-5800 (continuous open enrollment)	\$164.50 Effective 06/01/2024	\$295.25 Effective 06/01/2024	\$230.00 Effective 06/01/2024

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NOTE: If new to Medicare, check with each plan to see what discounts they may offer.

¹Medex Choice is no longer available to new customers, but existing members may remain enrolled. The premium is \$177.20/month in 2024.

²Medigap 2 cannot be sold to new customers after December 31, 2005, but existing members may remain enrolled. Medex Gold premium is \$958.03/month in 2024.

³HPHC Insurance Company Medigap plans will continue to be offered in 2024, **but enrollment must be done by calling the plan directly.**

In addition to the above-noted Medicare Supplemental plans, Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services ("CMS"). For further information regarding these plans please visit the following website: <https://www.medicare.gov/find-a-plan/questions/home.aspx>