

# Medicare Supplement Plans Offered in Massachusetts 2026

| Comparison of Plans  | Core                      | Supplement 1*               | Supplement 1A               |
|--|---------------------------|-----------------------------|-----------------------------|
| <b>Basic Benefits Included In All Plans:</b>   |                           |                             |                             |
| <b>Hospitalization Part A Co-payments</b><br>Days 61 - 90: \$434 per day<br>Days 91-150: \$868 per day<br>365 Additional Lifetime Hospital days - Paid in full               | X<br>X<br>X               | X<br>X<br>X                 | X<br>X<br>X                 |
| <b>Part B Coinsurance</b><br>Coverage of coinsurance, in most cases, 20% of approved amount  | X                         | X                           | X                           |
| <b>Parts A and B Blood</b> First 3 pints   | X                         | X                           | X                           |
| <b>Additional Benefits</b>   |                           |                             |                             |
| <b>Part A Deductible for Hospital Days 1 - 60</b><br>\$1,736 per benefit period  |                           | X                           | X                           |
| <b>Skilled Nursing Facility Coinsurance</b><br>Days 21-100 - \$217 per day   |                           | X                           | X                           |
| <b>Part B Annual Deductible - \$283</b>  |                           | X                           |                             |
| <b>Foreign Travel</b> - For Medicare-covered services needed while traveling abroad.   |                           | X                           | X                           |
| <b>Inpatient Days in Mental Health Hospitals</b> 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 12/29/2025

**Medicare Supplement Plans  
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2026**

| <b>Medigap Carriers</b><br>Please note that some rates may<br>change during 2026  | <b>Medicare<br/>Supplement Core</b>  | <b>Medicare<br/>Supplement 1*</b>  | <b>Medicare<br/>Supplement 1A</b>  |
|---|--|--|--|
| <b>Blue Cross &amp; Blue Shield of MA<br/>(Medex™)<sup>1,2</sup></b><br>1-800-678-2265 sales/apps<br>1-800-258-2226 member services<br>711 (TDD)<br><a href="http://www.bluecrossma.com">www.bluecrossma.com</a><br>(continuous open enrollment)  | <b>\$129.81</b><br><b>Through 12/31/2025</b><br><br><b>\$142.64</b><br><b>Effective 01/01/2026</b> | <b>\$269.49</b><br><b>Through 12/31/2025</b><br><br><b>\$288.55</b><br><b>Effective 01/01/2026</b> | <b>\$212.23</b><br><b>Through 12/31/2025</b><br><br><b>\$233.24</b><br><b>Effective 01/01/2026</b> |
| <b>Blue Cross Optional Preventive<br/>Care Benefits Rider</b>   | <b>\$2.62</b><br><b>Through 12/31/2025</b><br><br><b>\$ 2.88</b><br><b>Effective 01/01/2026</b>    | <b>\$2.62</b><br><b>Through 12/31/2025</b><br><br><b>\$ 2.88</b><br><b>Effective 01/01/2026</b>    | <b>\$2.62</b><br><b>Through 12/31/2025</b><br><br><b>\$ 2.88</b><br><b>Effective 01/01/2026</b>    |
| <b>Fallon Health &amp; Life Assurance<br/>Company</b><br>1-866-330-6380 sales/apps<br>1-800-868-5200 member services<br>TRS 711<br><a href="http://www.fallonhealth.org/medsupp">www.fallonhealth.org/medsupp</a><br>(continuous open enrollment)   | <b>\$178.00</b><br><b>Through 12/31/2025</b><br><br><b>\$195.50</b><br><b>Effective 01/01/2026</b> | <b>298.00</b><br><b>Through 12/31/2025</b><br><br><b>\$327.25</b><br><b>Effective 01/01/2026</b>   | <b>\$218.70</b><br><b>Through 12/31/2025</b><br><br><b>\$240.35</b><br><b>Effective 01/01/2026</b> |
| <b>HNE Insurance Company</b><br>1-877-443-3314<br>711 (TTY)<br><a href="http://www.healthnewengland.org">www.healthnewengland.org</a><br>(continuous open enrollment)   | <b>\$158.00</b><br><b>Through 12/31/2025</b><br><br><b>\$173.00</b><br><b>Effective 01/01/2026</b> | <b>\$273.00</b><br><b>Through 12/31/2025</b><br><br><b>\$300.00</b><br><b>Effective 01/01/2026</b> | <b>\$231.00</b><br><b>Through 12/31/2025</b><br><br><b>\$254.00</b><br><b>Effective 01/01/2026</b> |
| <b>HNE Insurance Company</b><br>If you received communication that your former<br>employer has a contracted relationship with below<br>marketplaces please call: <ul style="list-style-type: none"> <li>• <b>AON Hewitt:</b> 800-350-1470 or visit<br/><a href="http://retiree.aon.com">retiree.aon.com</a></li> <li>• <b>Towers Watson:</b> 866-322-2824 or visit<br/><a href="http://my.viabenefits.com">my.viabenefits.com</a></li> </ul> (continuous open enrollment) | <b>\$158.00</b><br><b>Through 12/31/2025</b><br><br><b>\$173.00</b><br><b>Effective 01/01/2026</b> | <b>\$273.00</b><br><b>Through 12/31/2025</b><br><br><b>\$300.00</b><br><b>Effective 01/01/2026</b> | <b>\$231.00</b><br><b>Through 12/31/2025</b><br><br><b>\$254.00</b><br><b>Effective 01/01/2026</b> |

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|---|--|--|--|
| <b>HPHC Insurance Company, Inc.</b><br>1-877-906-4742 sales/apps<br>1-877-907-4742 member services<br>711 (TTY)<br><a href="http://www.hpforlife.org">www.hpforlife.org</a><br>(continuous open enrollment)   | <b>\$161.00</b><br>Through 12/31/2025<br><br><b>\$177.10</b><br>Effective 01/01/2026   | <b>\$286.50</b><br>Through 12/31/2025<br><br><b>\$315.15</b><br>Effective 01/01/2026   | <b>\$231.00</b><br>Through 12/31/2025<br><br><b>\$254.10</b><br>Effective 01/01/2026   |
| <b>Humana Benefit of Illinois, Inc.<sup>3</sup></b><br>1-800-872-7294 sales/apps<br>1-800-866-0581 member services<br>1-800-833-3301 (TDD)<br><a href="http://www.humana.com">www.humana.com</a><br>(continuous open enrollment<br>through March 31, 2026)  | <b>\$165.14</b><br>Effective 06/01/2025<br><br><b>See important<br/>footnote below<sup>3</sup></b>   | <b>\$283.03</b><br>Effective 06/01/2025<br><br><b>See important<br/>footnote below<sup>3</sup></b>   | <b>\$235.91</b><br>Effective 06/01/2025<br><br><b>See important<br/>footnote below<sup>3</sup></b>   |
| <b>Transamerica Life Insurance<br/>Company</b><br>1-800-458-5736<br>(Group Medicare Supplement insurance<br>sponsored exclusively for eligible members of<br>the American Medical Association.)<br><a href="http://www.amainsure.com">www.amainsure.com</a><br>(continuous open enrollment)<br><br>1-800-247-1771<br>(Group Medicare Supplement insurance<br>sponsored exclusively for eligible members of<br>the American Institute of Certified Public<br>Accountants (AICPA))<br><a href="https://forms.cpai.com/personal-insurance/medicare-supp/">https://forms.cpai.com/personal-insurance/medicare-supp/</a><br>(continuous open enrollment) | <b>\$142.92</b><br>Through 11/30/2025<br><br><b>\$157.07</b><br>Effective 12/01/2025<br><br><b>(Note: the same rate<br/>applies for both AMA<br/>and AICPA coverage)</b> | <b>\$247.21</b><br>Through 11/30/2025<br><br><b>\$271.68</b><br>Effective 12/01/2025<br><br><b>(Note: the same rate<br/>applies for both AMA<br/>and AICPA coverage)</b> | <b>\$221.50</b><br>Through 11/30/2025<br><br><b>\$243.43</b><br>Effective 12/01/2025<br><br><b>(Note: the same rate<br/>applies for both AMA<br/>and AICPA coverage)</b> |

Updated 12/29/2025

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|---|--|--|--|
| <b>Tufts Insurance Company</b><br>Sales: 1-888-508-1401<br>Customer Relations:<br>1-800-701-9000<br>711 (TTY)<br><a href="http://www.thpmp.org/medsupp">www.thpmp.org/medsupp</a><br>(continuous open enrollment) | <b>\$152.50</b><br>Through 12/31/2025<br><br><b>\$167.75</b><br>Effective 01/01/2026 | <b>\$269.50</b><br>Through 12/31/2025<br><br><b>\$296.45</b><br>Effective 01/01/2026 | <b>\$230.50</b><br>Through 12/31/2025<br><br><b>\$253.55</b><br>Effective 01/01/2026 |
| Tufts Optional Dental Rider   | <b>\$35.00</b><br>Through 12/31/2025<br><br><b>\$38.00</b><br>Effective 01/01/2026   | <b>\$35.00</b><br>Through 12/31/2025<br><br><b>\$38.00</b><br>Effective 01/01/2026   | <b>\$35.00</b><br>Through 12/31/2025<br><br><b>\$38.00</b><br>Effective 01/01/2026   |
| <b>UnitedHealthcare Insurance Company</b><br>Only for members of AARP<br><a href="http://www.aarpmedicare supplement.com">www.aarpmedicare supplement.com</a><br>1-800-523-5800<br>(continuous open enrollment)   | <b>\$176.75</b><br>Through 05/31/2026<br><br><b>\$194.25</b><br>Effective 06/01/2026 | <b>\$317.50</b><br>Through 05/31/2026<br><br><b>\$349.00</b><br>Effective 06/01/2026 | <b>\$247.25</b><br>Through 05/31/2026<br><br><b>\$271.75</b><br>Effective 06/01/2026 |

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

<sup>1</sup>Medex Choice is no longer available to new customers, but existing members may remain enrolled. The premium is \$213.03/month in 2025.

<sup>2</sup>Medigap 2 cannot be sold to new customers after December 31, 2005, but existing members may remain enrolled. Medex Gold premium is \$1,107.54/month in 2026.

<sup>3</sup>Humana Benefit of Illinois, Inc. has notified the Division that it will stop selling all of its Medicare Supplement products beginning April 1, 2026, at which time these products will no longer be available to new customers. All existing members may remain enrolled.

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>