Medigap plans compared

2027 plans

Benefit	Original Medicare only (no supplement)	Plan G	Plan N	Plan K
What you pay for care				
Part A coinsurance and hospital costs (365 extra days)	$434 a day	$0	$0	$0
Part B coinsurance or copayment	20% of each bill	$0	$0	10% of each bill
Blood (first 3 pints)	You pay in full	Covered	Covered	Plan pays 50%
Part A hospice care coinsurance or copayment	You pay in full	Covered	Covered	Plan pays 50%
Skilled nursing facility care coinsurance	$217 a day	$0	$0	$108.50 a day
Part A deductible	$1,736 each benefit period	$0	$0	$868 each benefit period
Part B deductible	$283 a year	$283 a year	$283 a year	$283 a year
Part B excess charges	You pay in full	Covered	You pay in full	You pay in full
Foreign travel emergency (up to plan limits)	You pay in full	Plan pays 80%	Plan pays 80%	You pay in full

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