

# Medicare Supplement Plans K and L

There are several companies marketing the Medicare Supplement Plans K and L. These plans require cost sharing for part A and Part B expenses at **50%** and **75%**, respectively. Plan K has a **\$4,620** out-of-pocket limit while Plan L has a **\$2,310** out-of-pocket limit annually. The plans exclude the Part B deductible and the reasonable cost of the first three pints of blood. Once you reach the annual limit, the plan pays 100 percent of the Medicare copayments, coinsurance and deductibles for the remainder of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare approved amounts (excess charges). You will be responsible for paying excess charges. Since cost sharing is higher under these plans, the premiums may be more cost effective than traditional plans. The annual out-of-pocket limit increases each year for inflation.

Benefit	Plan K	Plan L
Hospitalization	<b>100%</b> of Part A hospitalization coinsurance  61st to 90th day - <b>\$267</b> 90st to 150th day - <b>\$534</b>  Coverage for 365 days after Medicare Benefits end (Lifetime Reserve Days)	<b>100%</b> of Part A hospitalization coinsurance  61st to 90th day - <b>\$267</b> 91st to 150th day - <b>\$534</b>  Coverage for 365 days after Medicare Benefits end (Lifetime Reserve Days)
Part A Deductible	<b>50%</b> of <b>\$1,068</b> (per benefit period)	<b>75%</b> of <b>\$1,068</b> (per benefit period)
Post-Hospital Skilled Nursing Facility Care	<b>50%</b> of <b>\$133.50</b> (per day) (for days 21 through 100)	<b>75%</b> of <b>\$133.50</b> (per day) (for days 21 through 100)
Hospice	<b>50%</b> of cost sharing	<b>75%</b> of cost sharing
Blood	<b>50%</b> of Medicare eligible expenses for first three pints	<b>75%</b> of Medicare eligible expenses for first three pints
Part B Coinsurance	<b>50%</b> (after Part B deductible met)  <b>100%</b> coinsurance for preventive services only.	<b>75%</b> (after Part B deductible met)  <b>100%</b> coinsurance for preventive services only
Out-of-Pocket Annual Limit	<b>\$4,620</b>	<b>\$2,310</b>

## Medicare Advantage (Medicare Part C)

Medicare Advantage Plans are health care options provided under Medicare Part C of the Medicare program. These plans are approved by Medicare but operated by private companies. There are several plan options available under Medicare Advantage such as managed care plans that involve a provider network (HMOs and PPOs) to those that are specially designed for people with certain chronic diseases and other specialized health needs (SNPs) and some that do not have a provider network (PFFS) requirement. There is even a plan option that is a combination of a Medicare Advantage and Medical Savings Account (MSAs) where Medicare deposits money that you may use to pay health care costs. Some Medicare Advantage plans include Medicare prescription drug coverage but many do not.

In order to enroll in any Medicare Advantage plan option you must have both Medicare Part A and Medicare Part B. Once you enroll into a Medicare Advantage plan, you will not continue to use your Original Medicare (red, white and blue card) as you no longer have Original Medicare. Instead the Medicare Advantage plan will provide you with a card to use when visiting your medical provider. Please note, you will continue to pay the Medicare Part B premium and you might also have to pay an additional monthly premium charged by the Medicare Advantage plan.

**It is important to remember to check with your doctors and hospitals before making any change to your Medicare coverage to make sure they will accept the Medicare Advantage plan you are considering.**