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The Official U.S. Government Site for People with Medicare

Medicare Options Compare

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Find and Compare Medigap Policies

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Medigap Policy F and Medigap SELECT F

Important Notes

- With a Medicare SELECT policy, you usually must use specific hospitals and, in some cases, specific doctors in order to get full insurance benefits (except in an emergency).
- Medicare SELECT policies generally cost less than other Medigap policies.

Estimated Annual Cost

Estimated Annual Cost for people age 75 - 79 in Good health: **\$4900**

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Where to Buy Policy

44 companies offer Medigap Policy F in your area

9 companies offer Medigap SELECT F in your area

[View All Companies](#)

Benefit	What Medicare Pays	What Medigap Pays	What YOU Pay (for covered charges)
Premiums and Deductible:			
Medicare Part B Premium ¹	\$0	\$0	\$96.40
Medigap Policy F Premium	\$0	\$0	\$95 - \$2,527
Medigap SELECT F Premium	\$0	\$0	\$86 - \$189
Plan Deductible	\$0	\$0	\$0

Medicare Part A

Part A Deductible (Hospital Stays)

Days 1-60	All but \$1024	\$1024 (Part A Deductible)	\$0
Days 61-90	All but \$256 per day	\$256 per day	\$0
Days 91 – 150 (while using your 60 lifetime reserve days)	All but \$512 per day	\$512 per day	\$0
Additional 365 Days	\$0	100% of Medicare eligible expenses	\$0 of Medicare eligible expenses
After the Additional 365 Days	\$0	\$0	All costs

Skilled Nursing Facility Coinsurance (for Medicare-covered stays)

Days 1-20	100% of approved amounts	\$0	\$0
Days 21-100	All but \$128 per day	Up to \$128 per day	\$0
After 100 Days	\$0	\$0	All costs

Blood

First 3 pints	\$0	100%	\$0
After 3 pints	100%	\$0	\$0

Hospice Care (Part A-covered expenses and respite care)

<ul style="list-style-type: none"> • 100% for hospice care • All but \$5 for prescription drugs • 95% for inpatient respite care 	\$0	<ul style="list-style-type: none"> • \$0 for hospice care • \$5 copayment for prescription drugs • 5% for inpatient respite care
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Benefit	What Medicare Pays	What Medigap Pays	What YOU Pay (for covered charges)
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Medicare Part B

Medical Expenses

First:	First:	\$0
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[Learn how insurance companies price \("rate"\) policies](#)

[Learn about your rights and protections](#)

[View summary of Original Medicare benefits](#)

[Learn More about Medigap Basic Benefits](#)

- | | |
|---|--|
| <ul style="list-style-type: none"> • \$0 until you meet \$135 Medicare Part B deductible | <ul style="list-style-type: none"> • \$135 (Medicare Part B Deductible) |
| <p>Then:</p> <ul style="list-style-type: none"> • Generally 80% | <p>Then:</p> <ul style="list-style-type: none"> • Generally 20% |

Part B Excess Charges (above Medicare-approved amounts)

\$0	100%	\$0
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Blood

First 3 pints	\$0	100%	\$0
After 3 pints	<p>First:</p> <ul style="list-style-type: none"> • \$0 until you meet \$135 Part B deductible <p>Then:</p> <ul style="list-style-type: none"> • 80% 	<p>First:</p> <ul style="list-style-type: none"> • \$0 until you meet \$135 Part B deductible <p>Then:</p> <ul style="list-style-type: none"> • 20% 	<p>First:</p> <ul style="list-style-type: none"> • \$135 (Part B deductible) <p>Then:</p> <ul style="list-style-type: none"> • \$0

Clinical Lab Services

Tests for diagnostic services	100%	\$0	\$0
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Benefit	What Medicare Pays	What Medigap Pays	What YOU Pay (for covered charges)
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Medicare Parts A and B

Home Health Care: Medicare-approved services

Skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment	<p>First:</p> <ul style="list-style-type: none"> • \$0 until you meet \$135 Part B deductible <p>Then:</p> <ul style="list-style-type: none"> • 80% 	<p>First:</p> <ul style="list-style-type: none"> • \$135 <p>Then:</p> <ul style="list-style-type: none"> • 20% 	<p>First:</p> <ul style="list-style-type: none"> • \$0 <p>Then:</p> <ul style="list-style-type: none"> • \$0

Home Health Care: At-home recovery (Not covered by Medicare)

Each visit (additional visits to assist you with activities of daily living during	\$0	\$0	All costs
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recovery from an illness,
injury, or surgery)

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Benefit	What Medicare Pays	What Medigap Pays	What YOU Pay (for covered charges)
Other Benefits Not Covered by Medicare			
Foreign Travel Emergency			
First \$250 (Deductible)	\$0	\$0	\$250
After the first \$250	\$0	80% up to a lifetime maximum of \$50,000	20%, then all costs over lifetime maximum
Non-Medicare Covered Preventive Care			
Routine check-ups and screening tests	\$0	\$0	All costs

¹The Medicare Part B premium shown is the standard monthly Part B premium that most people will pay. Some people will pay a higher premium based on their modified adjusted gross income. [Learn More](#)

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