



VS.

#### MEDICARE SUPPLEMENT

# High-Deductible Plan G compared to Standard Plan G

## High-Deductible Plan G

- Same bene its as Standard Plan G, but with a plan deductible before coverage begins.
- The total plan deductible in 2026 is \$2,950 (includes the Part B deductible).
- Medicare still pays 80% of Part B services after the Part B deductible is met. You cover the remaining 20% until you reach the full \$2,950 deductible.
- Once the deductible is met, the plan is identical to Standard Plan G and covers 100% of all approved services for the rest of the year.

#### Standard Plan G

- Offers predictable healthcare costs throughout the year.
- Covers hospital deductible, Part A coinsurance, skilled nursing, hospice, Part B excess charges, and Part B coinsurance.
- Only out-of-pocket cost for Medicareapproved services is the annual Part B deductible—set at \$283 in 2026.
- Once deductible is paid, Medicare and Plan G cover 100% of all approved services for the rest of the year.

### Key Differences at a Glance

- Standard Plan G covers all Medicare-approved hospital and medical costs after the Part B annual deductible is met.
- High-Deductible Plan G covers all approved hospital and medical costs once the total plan deductible (\$2,950 in 2026) is met.
- Medicare continues to cover 80% of costs after the Part B deductible is met, but before the High-Deductible Plan G deductible is met. In some cases, this 20% is less than Medicare Advantage co-pays.
- Many people choose High-Deductible Plan G if they don't visit doctors frequently and want to save on monthly premiums.

#### High-Deductible Plan G Pros

- Typically lower premiums compared to traditional G.
- ✓ Can use an HSA for out-of-pocket (OOP) costs.
- Great for individuals who less frequently need medical care.
- ✓ No network restrictions or referrals needed.
- Financial protection for catastrophic events.
- Only pay out of pocket costs when you use the plan.

#### **EXAMPLE SCENARIO**

## A \$3,000 part B medical bill where Medicare Part B has approved \$1,000.

With High-Deductible Plan G, you continue paying 20% of costs until your \$2,950 deductible is met.

	High-Deductible Plan G	Plan G
Medicare Approved	§1,000	<sup>\$</sup> 1,000
Part B Deductible	\$283	\$283
Medicare Pays (80% of remaining \$717)	\$573.6O	\$573.60
Medigap Pays	<b>\$0</b> Until deductible met then 100%	<b>\$143.40</b> 20% of remaining \$743
Total You Pay	\$ <b>426.40</b> Part B ded. + 20% of remaining \$717	<b>\$283</b> Part B deductible
Remaining Part B Deductible	\$O	⁵O
Remaining Plan G Deductible	<b>\$2,240</b> \$2,950 - \$283 - \$426.40	N/A

### **Other Key Notes**

- HSAs cannot be used to pay Medicare Supplement premiums, but they can be used to pay for OOP costs. Members who have HSAs can use it to pay for OOP costs until the deductible is paid and enjoy a lower monthly premium!
- Standard Plan G has higher premiums but lower OOP costs (only the \$283 in 2026 Part B deductible).
- If you prefer predictable costs, Standard Plan G may be a better fit.
- Before the deductible is met, High-Deductible Plan G will still cover preventive services (covered at no cost), home health care, clinical lab services, and diagnostic tests (covered 100% by Medicare).
- High-Deductible Plan G has lower premiums but higher OOP costs until the deductible is met, if you use the plan.
- If you visit the doctor less frequently and want to keep premiums low, High-Deductible Plan G might be a better option.

#### The MO Anniversary Rule now applies to Johnson and Wyandotte counties in Kansas.

This allows residents in our service area to change carriers without answering health questions during a 60-day (30 days before and 30 days after their policy's anniversary day) window around their plan's anniversary date. Members can change insurance carriers, but they must stay with the same lettered plan.

The Medicare Supplement products are offered and underwritten by Missouri Valley Life and Health Insurance Company, a wholly-owned subsidiary of Blue Cross and Blue Shield of Kansas City and an independent licensee of the Blue Cross and Blue Shield Association. Not connected with or endorsed by the U.S. government or the federal Medicare program.