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

Medicare Personal Plan Finder

<< Back to Plan Results

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Learn More

<u>plans</u>

View quality and

satisfaction graphs

Find out why people

out-of-pocket costs

your Medicare health

have left each of these plans

Calculate the average monthly

plan choices

for each of these

Plan Comparison | Print This Page

BENEFIT **CATEGORY**

Show all

Golden Health Insurance Plan (H0000-000)

- HMO
- Health & Drug Plan

Enroll Online View Plan Details

National Health Insurance Plan (H0000-000)

- PPO
- Health & Drug Plan

Enroll Online View Plan Details

Original Medicare Plan

View Plan Details Enrollment Info

Important Information

Premium and Other Important Information

\$0 monthly plan premium in addition to your **\$88.50** monthly Medicare Part B premium

\$99 monthly plan premium in addition to your **\$88.50** monthly Medicare Part B premium

Out-of-Network

\$500 yearly deductible for certain Medicarecovered benefits.

\$500 yearly deductible for certain non-Medicare-covered benefits.

\$5000 out-of-pocket limit for Medicarecovered benefits. This limit applies to benefits you get out of network.

\$5000 out-of-pocket limit every year for certain non-Medicare covered benefits. This limit applies to benefits you get out of network.

Contact the plan for more details on what is covered out of network.

(H0000-000)

Health Only Plan

\$88.50 monthly

Medicare Part B

for each of these premium plans > Learn more about

Learn how to select a Medicare health <u>plan</u>

Compare Medigap policies in your area

Rx Drug Costs

At least one of the plans you selected covers prescription drugs. If your total monthly drug expenses are more than \$35, we recommend you enter your drugs to find out what you might pay for them each month.

Enter Rx Drugs

Show all details

2 Doctor and **Hospital Choice** You must go to network doctors, specialists, and hospitals

You may go to doctors, specialists, and hospitals in or out of the network. It will cost more to get outof-network benefits.

You may go to any doctor, specialist, or hospital that accepts Medicare

Show all details



Inpatient Care

3 Inpatient **Hospital Care**

In-Network

\$50 copay per day for days 1–8 in a Medicare-covered hospital

\$0 copay for additional hospital days

\$400 out-of-pocket limit every stay

No limit to the number of days covered by the plan each benefit period

In-Network

\$750 copay for each hospital stay

\$0 copay for additional hospital days

No limit to the number of days covered by the plan each benefit period

Out-of-Network

30% of the cost per hospital stay

For each benefit period:

\$952 deductible for days 1–60

\$238 copay per day for days 61–90

\$476 copay per lifetime reserve day for days 91-150

Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days

Lifetime reserve days can only be used once

A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without nospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Related Tools

Medicare Prescription **Drug Plan Finder**

Use this tool if you want to start over and compare Medicare Prescription Drug Plans. These plans add coverage to the Original Medicare Plan (and some Medicare Cost and Private Fee for Service plans).

Hide details

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