2026 Massachusetts Medigap Plans

Updated 10.3.25 **(NOTE: 2026 Medicare Premiums/Deductibles Not Yet Available- Amounts on Pg. 2 are for 2025)**

Medigap Carriers	Supplement Core Monthly Premium	Supplement 1A Monthly Premium	Supplement 1 Monthly Premium* (Available for those eligible for Medicare Prior to 1/1/2020)
Blue Cross & Blue Shield of MA (Medex) 1-800-678-2265 (sales) Medicare.bluecrossma.com/	$142.64	$233.24	$288.55
Fallon Community Health Plan 1-866-330-6380 (sales) Fallonhealth.org/medsupp	$195.50	$240.35	$327.25
Harvard Pilgrim Health Care 1-877-909-4742 (sales) www.hpforlife.org	$177.00	$254.00	$315.15
Health New England 1-877-443-3314 Healthnewengland.org/medicare/Home/Medicare-Plans/Medicare-Supplement	$173.00	$254.00	$300.00
Humana Benefit of Illinois** 1-800-872-7294 (sales) Humana.com/medicare/medicare-resources/what-is-a-medicare-supplement-plan	$165.14 (as of 6/01/25)	$235.91 (as of 6/01/25)	$283.03 (as of 6/01/25)
Tufts Health Plan 1-888-508-1401 (sales) Tuftsmedicarepreferred.org/plans/supplemental-plans	$167.75	$253.55	$296.45
United HealthCare 1-800-523-5800 Uhc.com/medicare/shop/medicare-supplement-plans.html **Only for members of AARP**	$176.75 (as of 6/1/25)	$247.25 (as of 6/1/25)	$317.50 (as of 6/1/25)

All rates are standard and effective 1/1/26 unless otherwise noted. Note: If new to Medicare, check with each plan to see what discounts they may offer.

* Moving from Supplement 1 to Supplement 1A may be subject to restrictions.

REMINDER: Medex Choice is no longer sold but existing members may remain enrolled: $213.03/month in 2026**.**

****NOTE: Humana has notified the DOI that it will stop selling all of its' Medicare Supplement products beginning 4/1/26 at which time these products will no longer be available to new customers. All existing members may remain enrolled.**

In compliance with Medicare regulations, Medicare Medigap 2 cannot be sold after December 31, 2005, but existing members may remain enrolled. Medex Gold premium is $1107.54/month in 2026.

Benefit	Costs For Beneficiary With Original Medicare	Costs For Beneficiary With Supplement Core	Costs For Beneficiary With Supplement 1A	Costs For Beneficiary With Supplement 1
Medicare Part A				
Inpatient Hospital Care Days 1-60 Days 61-90 Days 91-150 (Lifetime Reserve) All Additional Days	 $1,676 deductible $419/Day $838/Day Full Cost	 $1,676 deductible $0 $0 $0 for an Additional 365 Lifetime Hospital Days	 $0 $0 $0 $0 for an Additional 365 Lifetime Hospital Days	 $0 $0 $0 $0 for an Additional 365 Lifetime Hospital Days
Inpatient Days in Mental Health Hospital	190 Lifetime Days	An Additional 60 Days Per Year	An Additional 120 Days Per Benefit Period	An Additional 120 Days Per Benefit Period
Skilled Nursing Facility Care Days 1-20 Days 21-100 All additional Days	 $0 $209.50/Day Full Cost	 $0 $209.50/Day Full Cost	 $0 $0 Full Cost	 $0 $0 Full Cost
Blood - First 3 Pints	Full Cost	$0	$0	$0
Medicare Part B				
Inpatient Doctor's Services, Outpatient Medical (Dr. Visits, lab tests, Xrays, etc.)				
Annual Deductible	$257	$257	$257	$0
Coinsurance for Part B after deductible	20%	$0	$0	$0
Medicare-covered services needed while traveling abroad	Full Cost	Full Cost* (but BC/BS, HP, HNE, Tufts Core plans cover foreign travel)	$0	$0