

Compare Your Medigap Choices

Plan G vs. Plan N vs. High Deductible Plan G

A standalone comparison | October 19, 2026 | 2026 costs with the announced 2027 High G deductible

What all three have in common

- Work with **Original Medicare Parts A and B**. Medicare pays first; the supplement pays its eligible benefits. They do not pay Medicare Advantage copays.
- Ordinary Medigap generally allows nationwide access to providers who accept Medicare patients. **Medicare SELECT** may impose network requirements.
- You pay a separate premium, plus Part B and usually a separate Part D premium. These plans do not include outpatient prescription drug coverage.
- Benefits are standardized by plan letter in most states. Massachusetts, Minnesota, and Wisconsin use different systems. Availability and premiums vary. [1, 3]

Key differences at a glance

What you compare	Standard G	Plan N	High Deductible G
2026 Part B deductible	\$283 - you pay	\$283 - you pay	You pay; credited toward high deductible
Part B coinsurance	Covered after B deductible	Covered except specified office / ER copays	You fund eligible cost sharing until high deductible is met
Specified office / ER copays	No Plan N-style copays	Up to \$20 / up to \$50, as described below	No Plan N-style copays after high deductible
Part B excess charges	Covered	Not covered	Covered after high deductible
Premium tradeoff	Often higher	Often lower than G	Generally lower; more initial cost sharing
High deductible	None beyond B deductible*	None beyond B deductible*	\$2,950 in 2026; \$3,050 in 2027

*Foreign emergency travel has separate cost sharing and limits. Premiums and uncovered expenses remain. Source [1-3].

Standard Plan G - Greater cost predictability

- Pays eligible Part A deductible, hospital, skilled nursing, and hospice cost sharing, plus Part B coinsurance and excess charges.
- After the **Part B deductible**, generally no further cost sharing for Medicare-approved Part A/B services covered by G. This does not include premiums, noncovered care, or foreign-travel cost sharing.
- **Consider it if:** Predictable covered medical bills matter more to you than the lowest monthly premium. Compare the extra premium with your likely costs. [1]

Plan N - Premium savings with selected copays

- Pays eligible Part A cost sharing and most Part B coinsurance, but leaves the Part B deductible to you.
- You may owe **up to \$20 for some office visits** and **up to \$50 for an ER visit without inpatient admission**. These are not automatic copays for every service.
- **Does not cover Part B excess charges.** Ask whether providers accept Medicare assignment. Plan N has no standardized annual cap on its remaining copays and excess charges.
- **Consider it if:** The premium savings outweigh expected copays and you accept the excess-charge exposure. [1]

Lower Premium or Lower Bills?

Compare the annual tradeoff before choosing a plan

High Deductible G - Understand the mechanism

- **Medicare still pays its share from the start.** You pay eligible Medicare cost sharing until the calendar-year High G deductible is met: **\$2,950 in 2026; \$3,050 in 2027.**
- The Part B deductible is not paid by G, but **your payment counts toward the High G deductible.** Do not automatically add \$283 to \$2,950 for 2026.
- After the high deductible, the policy pays its covered G benefits for the rest of the calendar year. The deductible resets annually and may rise.
- Premiums, Part D drug costs, noncovered services, and separate foreign-travel cost sharing are not all protected by that deductible.
- **Consider it if:** You can fund a substantial early-year bill and value premium savings. Do not assume you can upgrade later without underwriting. [1-3]

Illustrative premium savings - Not quotes or national averages

- Assume monthly premiums of **G \$180, N \$140, and High G \$60.** Compare actual quotes for your age, ZIP code, state, health eligibility, discounts, and effective date.
- **N versus G:** N saves \$480/year in premiums. With no excess charges or ER copays, 24 office copays of \$20 would use up that savings.
- **High G versus G:** High G saves \$1,440/year in premiums. Using 2026 amounts and assuming the full relevant deductible exposure is incurred, G totals **\$2,443** (\$2,160 premium + \$283), while High G totals **\$3,670** (\$720 + \$2,950).
- Lower-use years can favor High G. Those totals exclude Part B/Part D premiums, drug expenses, IRMAA, foreign travel, and noncovered care; they are not all-health-spending caps.

Important limits and enrollment issues

- None generally covers routine dental or vision care, hearing aids, or long-term custodial care. Skilled nursing benefits do not create permanent nursing home coverage.
- Each offers limited foreign emergency benefits, generally 80% after a \$250 annual deductible, with a \$50,000 lifetime maximum and qualifying emergencies during the first 60 days of a trip. High G has additional deductible considerations.
- The federal **six-month Medigap Open Enrollment Period** starts the first month you are 65 or older and enrolled in B. Outside protected periods, health underwriting may apply.
- **Fall enrollment is not a nationwide annual Medigap guaranteed-acceptance window.** Verify state protections and switching rights before canceling a policy. [3, 4]

Put credentialed guidance behind your decision

- **Bob Crane, CFP, ChFC, CLU, MSFS, NISSA, IRMAA-CP**
PrimeTime Health & Wealth
- Your Medigap choice affects more than a premium. Bob brings financial planning education and focused Social Security and Medicare income-surcharge training to help connect coverage with your retirement budget.
- **Before you enroll or switch, talk with Bob.** Review your health needs, provider assignment, annual cost exposure, savings, and purchase rights so your choice fits your circumstances.
- **PrimeTimeHealthAndWealth.org** | "Multilayered expertise to solve your Medicare and retirement needs."



Sources: [1] Medicare benefit comparison; [2] CMS 2027 high deductible; [3] CMS/NAIC Medigap guide; [4] Medicare purchase timing. Part B deductible credit: CareFirst.

All Part B deductible figures here are for 2026; do not treat them as confirmed 2027 amounts. Educational information only; policy terms govern payment. PrimeTime Health & Wealth is not affiliated with or endorsed by the U.S. government or federal Medicare program.