Medicare Supplement Plans G, N & High Deductible G

A detailed guide to benefits, premiums, deductibles, and annual costs

2026 cost examples | Includes the announced 2027 high deductible | Prepared October 19, 2026

What is Medicare Supplement Insurance?

- **Medicare Supplement Insurance, also called Medigap,** helps pay eligible expenses left after Original Medicare pays its share.
- You generally must have Medicare Part A and Part B. Medicare pays first; your supplement then pays according to its benefits.
- It is separate from Medicare Advantage. Medigap does not pay Medicare Advantage copayments or deductibles.
- You pay a Medigap premium in addition to your Medicare Part B premium and any separate drug-plan premium.
- Policies cover one person. Spouses need separate policies and may choose different companies or plan letters.
- In most states, benefits are standardized by plan letter. Standard Plan G benefits are the same across insurers, although premiums and service can differ.
- Massachusetts, Minnesota, and Wisconsin use different Medigap standardization systems. Availability varies by state and insurer. [1, 3, 6]

The three choices at a glance

- **Standard Plan G:** Higher premiums generally buy more predictable cost sharing for Medicare-covered care. You pay the Part B deductible.
- **Plan N:** Often has a lower premium than standard G. You pay the Part B deductible, certain office and emergency room copays, and any allowed Part B excess charges.
- **High Deductible Plan G:** Generally has a lower premium, but you pay eligible Medicare cost sharing until the annual high deductible is met. Medicare still pays its share first. [1, 2, 4]

Key deductible amounts

- **2026 Part B deductible: $283 per calendar year.** None of these three plans pays this deductible. [1, 5]
- **2026 High Deductible G deductible: $2,950 per calendar year.** [1]
- **2027 High Deductible G deductible: $3,050, effective January 1, 2027.** CMS has announced this amount. [2]
- All calculations in this guide use **2026** amounts. The 2027 high deductible is shown separately; do not use the 2026 Part B deductible as a confirmed 2027 amount.

Compare the Benefits

Standardized benefits for the three options

Benefit / expense	Plan G	Plan N	High Deductible G
Part A deductible	Covered	Covered	Covered after high deductible
Part A hospital coinsurance; up to 365 extra hospital days	Covered	Covered	Covered after high deductible
Skilled nursing facility coinsurance	Covered	Covered	Covered after high deductible
Part A hospice coinsurance / copays; first 3 pints of blood	Covered	Covered	Covered after high deductible
Part B coinsurance	Covered	Covered except specified copays	Covered after high deductible
Part B deductible	You pay	You pay	You pay; counts toward high deductible
Part B excess charges	Covered	You pay if applicable	Covered after high deductible
Foreign emergency travel	80%, subject to limits	80%, subject to limits	80%, subject to applicable deductibles and limits

Sources: Medicare benefit comparison [1], Medicare coverage guidance [6], and insurer explanation of High G deductible credit [4]. "Covered" means the standardized benefit, subject to Medicare eligibility rules and policy terms. It does not mean every medical bill is paid.

What the benefits do not promise

- Skilled nursing coinsurance coverage applies when Medicare's skilled nursing requirements are satisfied. It does not create unlimited nursing home coverage.
- Extra hospital days are limited policy benefits, not unlimited hospital protection.
- No option here pays every possible expense. Premiums, noncovered care, drug costs, and foreign-travel expenses can remain. [1, 6]

Doctors and hospitals

- With ordinary Medigap, you can generally use doctors and hospitals nationwide that accept Medicare patients; the insurer usually does not impose a separate provider network.
- **Medicare SELECT is an exception:** It can require certain network providers for full supplemental benefits.
- Ask whether a provider accepts Medicare **assignment** - the Medicare-approved amount as full payment, apart from your required cost sharing. [3, 7]

Plan G & Plan N

Understand the difference in what you pay when you receive care

Standard Plan G - Predictable cost sharing

- Pays the standardized Plan G benefits, including eligible Part A deductible and coinsurance and Part B coinsurance and excess charges.
- **You pay the Part B deductible: $283 in 2026.** Standard G has no additional annual medical deductible of its own.
- Once that deductible is met, you generally owe no additional cost sharing for Medicare-approved Part A and Part B services covered by G.
- This does not include premiums, noncovered services, or separate foreign-travel cost sharing.
- May suit someone who values predictable bills and can comfortably afford the premium. Whether it costs less overall depends on actual premiums and care use. [1, 5]

Plan N - Lower premium with selected cost sharing

- Pays the standardized Plan N benefits, including the Part A deductible and eligible hospital, skilled nursing, and hospice cost sharing.
- **You pay the Part B deductible: $283 in 2026.**
- After the deductible, copays are **up to $20 for some office visits** and **up to $50 for emergency room visits that do not result in inpatient admission.** These are maximum specified copays, not an automatic charge for every service.
- **Plan N does not pay Part B excess charges.** Ask providers whether they accept assignment before treatment.
- May suit someone whose premium savings comfortably outweigh expected copays and who accepts the possibility of excess charges.
- Plan N has no standardized annual out-of-pocket cap for its remaining copays and excess charges. [1, 7]

What is a Part B excess charge?

- Some providers who do not accept assignment can charge above Medicare's approved amount, within applicable legal limits. State law may provide additional protections.
- For many physician services, the federal limiting charge is 15% above the Medicare-approved amount for nonparticipating providers. That approved amount is generally lower than the participating-provider amount.
- Providers who accept assignment do not bill these excess charges. An opted-out provider's private-contract bill is a different issue and generally is not covered by Medicare or Medigap.
- Standard G pays eligible excess charges; High G does so after its deductible; N does not. [1, 4, 7]

High Deductible Plan G

Lower premiums with more cost sharing before the supplement pays

How the deductible works

- **Medicare pays its share from the start.** You do not have to pay the full medical bill before Medicare begins paying.
- You pay eligible Medicare deductibles, copayments, and coinsurance until you meet the High G calendar-year deductible.
- **The deductible is $2,950 in 2026 and $3,050 in 2027.** It resets each calendar year and can change annually.
- After the high deductible is met, the policy pays its covered Plan G benefits for the rest of that calendar year.
- **Your payment of the Part B deductible counts toward the High G deductible.** For 2026 budgeting, do not add $283 to $2,950 as though both must always be paid separately. Plan G itself does not cover the Part B deductible. [1, 2, 4]

What does not count toward the deductible?

- Medicare, Medigap, and drug-plan premiums do not count.
- Part D prescription expenses and services outside the applicable Medigap coverage generally do not count.
- Foreign emergency travel has separate cost-sharing requirements. Check the policy rather than treating the high deductible as a cap on every health expense. [2, 3, 4, 6]

Example: A year of outpatient care

- **Illustration:** Assume $10,000 in Medicare-approved Part B services, all subject to the deductible and 20% coinsurance. No excess charges or other services are included.
- You pay the first **$283**. Medicare then pays 80% of the remaining $9,717, or **$7,773.60**.
- Your remaining 20% coinsurance is **$1,943.40**. Total eligible cost sharing is **$2,226.40**.
- Because $2,226.40 is below the $2,950 High G deductible, the supplement pays nothing in this example. Your premium is additional.
- With standard G, the supplement would generally pay the $1,943.40 coinsurance; you would pay the $283 deductible plus premiums.
- This example isolates the deductible mechanism. Real claims may include services with different payment rules. Calculation uses Medicare's general Part B cost-sharing rules. [5]

Questions before choosing High G

- Can you comfortably fund the deductible if medical bills arrive early in the year?
- Are the annual premium savings large enough to justify the additional cost-sharing exposure?
- Would you still be comfortable keeping this coverage if later switching required medical underwriting?

Premiums & Annual Costs

Compare real quotes using the same person, location, discounts, and effective date

Published premium example - Not a national average

- An insurer-published 2026 example for a **65-year-old male nonsmoker newly eligible for Medicare in Greenwood, South Carolina, ZIP 29646**, lists these monthly ranges across carriers:
- **Plan G: $96-$578/month. Plan N: $74-$496/month. High Deductible G: $32-$72/month.** [8]
- These broad local ranges are **not personal quotes, national averages, or Alabama, Georgia, or Florida rate estimates.** Not every insurer or option will fit every applicant.
- A national average may describe existing policyholders rather than today's new applicants. Compare personalized quotes instead of treating an average as your expected price.

Illustrative annual comparison - Assumed premiums

- The following uses **hypothetical monthly premiums** of $180 for G, $140 for N, and $60 for High G. These are teaching assumptions, not market averages or offers.
- Assume the Part B deductible is fully met. For N, assume six office visits at the maximum $20 copay and one non-admitted ER visit at the maximum $50 copay; no excess charges.
- For High G, show both a lower-use example and a year in which the full 2026 high deductible is met.

Option / scenario	Annual premium	Eligible medical cost sharing	Illustrated total
G - $180/month	$2,160	$283	$2,443
N - $140/month	$1,680	$283 + $120 + $50 = $453	$2,133
High G - $60/month; lower-use scenario	$720	$500 (assumed)	$1,220
High G - $60/month; full 2026 deductible met	$720	$2,950	$3,670

These scenarios show different use assumptions, not identical claims across all rows. Totals exclude Part B and Part D premiums, IRMAA, prescription expenses, noncovered care, and foreign-travel costs. The $2,950 High G amount includes the Part B deductible credit; it is not an overall health-spending cap.

Use premium savings to compare tradeoffs

- At these assumed rates, N saves **$480/year** in premiums versus G. With no excess charges or ER copays, 24 office copays of $20 would use up that savings.
- High G saves **$1,440/year** in premiums versus G. If both options incur the full applicable 2026 medical cost sharing, High G totals $3,670 versus $2,443 for G - **$1,227 more** in that year. Lower-use years can favor High G.
- For 2027, substitute the $3,050 High G deductible and your actual 2027 premiums and Part B deductible. Do not carry 2026 assumptions forward unchanged.

Shopping & Enrollment Rules

The policy you can buy today may be harder to change later

Why premiums differ and can rise

- Your state, ZIP code, age, tobacco use, insurer, discounts, and - when allowed - health underwriting can affect pricing.
- **Community-rated:** Age does not determine the premium; other rate increases can still occur.
- **Issue-age-rated:** Pricing uses your age when you buy. Inflation and other increases can still occur.
- **Attained-age-rated:** Pricing uses your current age, so age-related increases can occur in addition to other increases.
- Ask for the rating method, recent rate history, household discounts, and whether introductory discounts shrink over time. No rating method guarantees a frozen premium. [3, 9]

Your Medigap enrollment protections

- The federal **six-month Medigap Open Enrollment Period** starts the first month you are 65 or older and enrolled in Part B.
- During this window, health conditions generally cannot be used to deny a policy sold to you or raise its price. Ask about any permitted pre-existing-condition waiting period.
- Outside that window, an insurer may require medical underwriting, charge more, or deny your application unless you have an applicable guaranteed issue right or state protection.
- **October 15-December 7 is not a nationwide annual Medigap guaranteed acceptance period.** A right to leave Medicare Advantage does not automatically guarantee the Medigap policy you want.
- Guaranteed issue protections depend on your circumstances and the plan involved. Do not assume Plan N or a later move from High G to standard G will be guaranteed.
- State protections and under-65 availability vary. Confirm the rules before dropping any existing coverage. [3, 10]

What these plans generally do not include

- Outpatient prescription drug coverage. Consider a separate Part D plan unless you have other creditable drug coverage.
- Routine dental care, routine vision care, hearing aids, or long-term custodial care.
- Unlimited overseas medical coverage. Standard foreign emergency benefits generally pay 80% after a $250 annual deductible, with a $50,000 lifetime limit and qualifying emergencies during the first 60 days of a trip. High G has additional deductible considerations. [3, 6]
- Premiums for Part B, Part D, or the supplement itself. Income-related Medicare surcharges, called IRMAA, are separate from Medigap pricing. [5, 9]

A Personal Comparison Helps

Choose coverage based on your costs, preferences, and enrollment rights

Request your Medicare Supplement review

- PrimeTime Health & Wealth can help compare available policies and explain how premiums and potential medical bills fit your budget.
- Bring your ZIP code, date of birth, desired start date, tobacco status, current coverage, and Medicare Part B start date.
- Ask for a written comparison of **monthly premiums, annual premiums, deductibles, copays, excess-charge exposure, discounts, and switching requirements.**
- **Bob Crane, CFP** | PrimeTime Health & Wealth
- **PrimeTimeHealthAndWealth.org**
- "Multilayered expertise to solve your Medicare and retirement needs."

Scan or click the website link to learn more.

Sources and cost notes

[1] Medicare.gov: Compare Medigap Plan Benefits

[2] CMS: 2027 High Deductible F, G & J announcement (October 2026)

[3] CMS / NAIC: Choosing a Medigap Policy (2026 guide)

[4] CareFirst: Plan comparison; Part B deductible credit toward High G

[5] Medicare.gov: Medicare costs, including 2026 Part B deductible

[6] Medicare.gov: What Medigap covers

[7] Medicare.gov: Provider assignment and excess charges

[8] Humana: Published 2026 premium example, Greenwood SC, age 65 male nonsmoker

[9] Medicare.gov: Medigap costs

[10] Medicare.gov: When you can buy a Medigap policy

Sources reviewed October 19, 2026. Insurer sources explain published examples; their inclusion is not a carrier recommendation. Premium examples are not quotes or national averages. The 2027 High G deductible is confirmed; all other numeric deductible calculations here use 2026 amounts.

Educational information only. Actual payment depends on Medicare coverage rules and the policy. Availability, premiums, and enrollment protections vary. PrimeTime Health & Wealth is not affiliated with or endorsed by the U.S. government or federal Medicare program.