

MEDICARE SUPPLEMENT (MEDIGAP) POLICIES

Medicare Supplement (Medigap) policies are private insurance plans designed to help cover the out-of-pocket expenses that Original Medicare doesn't fully cover, such as deductibles, copayments, and coinsurance. Some states have different options, but in general, there are ten options labeled A, B, C, D, F, G, K, L, M and N. It's important to choose a Medigap plan that suits your current and future healthcare needs and your financial situation.

Medicare Parts A and B cover many services, but they do not cover everything. This means that many Medicare beneficiaries often struggle with paying out-of-pocket expenses such as deductibles, copayments, and coinsurance. To help reduce these out-of-pocket expenses, you can choose to buy a Medicare Supplement policy, also known as Medigap.

Private companies sell Medigap plans, but they are required to follow rules set by the federal government to protect you. If you have Original Medicare, you can buy a Medigap plan, but if you have a Medicare Advantage Plan, this option is not available because the benefits offered by Medigap are already included in your Medicare Advantage Plan. Medigap policies cannot pay for your Medicare Advantage deductibles, copayments, or coinsurance.

When selecting a plan, you should consider which benefit(s) you need now, what you might need in the future, and what your income will be in the future. Then, use that information to select the policy that suits your needs best.

During your Initial Enrollment Period, you are protected by "guaranteed issue rights" which require Medigap insurance providers to sell you a plan without restrictions or increasing the premium rates based on pre-existing health conditions. Guaranteed issue rights only apply when you first enroll in a Medigap plan, during the following times:

- Within 6 months of enrollment in Medicare Part B if you're 65 or older
- You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) that pays after Medicare pays and that plan is ending

After your Medigap Open Enrollment Period ends, you may not be able to buy a policy. If you're able to buy one or want to switch policies later, it may cost more. Because of this, it is in your best interest to purchase a Medigap policy when you are first eligible.



- Within 12 months of disenrolling from a Medicare Advantage plan if you enrolled in a Medicare Advantage plan when first eligible for Medicare
- If your Medicare Advantage plan is no longer being offered in your area
- If you moved out of the Medicare Advantage plan area

Medigap policies offer the same basic benefits regardless of the insurance company, but costs can vary. There are ten options labeled A, B, C, D, F, G, K, L, M, and N. These letters have nothing to do with the Medicare program you choose. Some plans may not accept new enrollees, and some states like Massachusetts, Minnesota, and Wisconsin have different plan options.



If you're under 65, you may not be able to buy a Medigap policy, or you may have to pay more because the federal government does not require companies to sell Medigap policies to people under 65.

You should check with your State Department of Insurance to find out your rights.



Buying a Medigap policy is voluntary, and you are responsible for paying the premium, which is in addition to the monthly Part B premium that you pay to Medicare. As long as you keep paying your Medigap policy and Part B premium, you can keep your policy even if you have health problems.