



Remember these important facts

- You must have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance).
- You pay the private insurance company a monthly premium for your Medigap policy in addition to the monthly Part B premium that you pay to Medicare.
- A Medigap policy covers only one person. If you and your spouse both want Medigap coverage, you each will have to buy separate Medigap policies.
- Any standardized Medigap policy is guaranteed renewable even if you have health problems. This generally means the insurance company can't cancel your Medigap policy as long as you pay the premium.
- You can't have prescription drug coverage in both your Medigap policy and a Medicare Prescription Drug Plan (Part D). Some Medigap policies sold before 2006 had prescription drug coverage.
- It's important to compare Medigap policies since the costs can vary and may go up as you get older. Some states limit Medigap premiums.
- The best time to buy a Medigap policy is during your Medigap open enrollment period, when you have the right to buy any Medigap policy offered in your state. However, even if you aren't in your Medigap open enrollment period, there are several situations in which you may still have guaranteed issue rights (also called "Medigap protections") to buy a Medigap policy if you're 65 or older. Some states also extend Medigap protections to Medicare beneficiaries under age 65. Check with your State Insurance Department to learn about what right you might have under state law.

Where can I get more information?

- Visit Medicare.gov/publications to view or print "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."
- Visit Medicare.gov/find-a-plan/questions/medigap-home.aspx to find and compare Medigap policies.
- Call 1-800-MEDICARE (1-800-633-4227) to get help with Medicare and Medigap questions. TTY users should call 1-877-486-2048.
- Call your State Insurance Department if you have questions about the Medigap policies sold in your area or any insurance-related problems. Visit Medicare.gov/contacts, or call 1-800-MEDICARE to get their phone number.
- Call your State Health Insurance Assistance Program (SHIP) for help with any of the following. Visit Medicare.gov/contacts, or call 1-800-MEDICARE to get their phone number.
 - Buying a Medigap policy or long-term care insurance
 - Dealing with payment denials or appeals
 - Medicare rights and protections
 - Choosing a Medicare plan
 - Deciding whether to suspend your Medigap policy
 - Questions about Medicare claims



"Medicare Supplement Insurance: Getting Started" isn't a legal document. More details are available in the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" booklet and on Medicare.gov. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings. Information in this brochure was correct when printed. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

Medicare Supplement Insurance

GETTING STARTED



An overview of Medicare Supplement Insurance (Medigap) policies

Let's get started

Original Medicare pays for many, but not all, health care services and supplies. A Medicare Supplement Insurance policy (or "Medigap" policy) is health insurance sold by private companies to fill gaps in Original Medicare coverage. Medigap policies can help pay your share (coinsurance, copayments, or deductibles) of the costs of Medicare-covered services. If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Then, your Medigap policy will pay its share.

Some Medigap policies also cover certain benefits that Original Medicare doesn't cover, like medical care when you travel outside the U.S.

A Medigap policy is different from a Medicare Advantage Plan (like an HMO or PPO) because those plans are ways to get your Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits. It's illegal for an insurance company to sell a Medigap policy to anyone who's still enrolled in a Medicare Advantage Plan. If you have a Medicare Advantage Plan and want to return to Original Medicare, in certain circumstances you may be able to buy a Medigap policy that will start when your coverage begins under Original Medicare.



What policies are available?

Every Medigap policy must follow federal and state laws designed to protect you, and the policy must be clearly identified as "Medicare Supplement Insurance." Medigap insurance companies can only sell you a "standardized" Medigap policy, which in most states are identified by letters A through N. (In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. For more information, visit Medicare.gov.)

Each standardized Medigap policy must offer the same basic benefits, no matter which insurance company sells it. Cost is usually the only difference between Medigap policies with the same letter sold by different insurance companies.

Plans E, H, I, and J are no longer sold, **but**, if you already have one, you can generally keep it.

In some states, you may be able to buy another type of Medigap policy called Medicare SELECT. SELECT plans are standardized Medigap policies that may require you to see certain providers to be eligible for the full supplemental benefits and may cost less than other Medigap plans. If you buy a SELECT policy, you have a right to change your mind within the first 12 months of coverage and switch back to a standard Medigap policy.

What's covered?

The chart below shows basic information about the different benefits that Medigap policies cover. If a percentage appears, the Medigap plan covers that percentage of the benefit.

Benefits	Medicare Supplement Insurance Plans (Medigap)									
	A	B	C	D	F*	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%***
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			100%	100%	100%	100%			100%	100%

Standardized Medigap policies **don't** cover long-term care (like care in a nursing home), vision or dental care, hearing aids, eyeglasses, and private-duty nursing.

Out-of-pocket limit**	
\$4,940	\$2,470

* Plan F also offers a high-deductible plan in some states. If you choose this option, this means you must pay for Medicare-covered costs up to the deductible amount of \$2,140 in 2014 before your Medigap policy pays anything.

** For plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$147 in 2014), the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.