

# 2021

## Guide to choosing a Medigap Policy



**This official government guide has important information about:**

- Medicare Supplement Insurance (Medigap)
- What Medigap policies cover
- Your rights to buy a Medigap policy
- How to buy a Medigap policy



Developed jointly by the Centers for Medicare & Medicaid Services (CMS)  
and the National Association of Insurance Commissioners (NAIC)

## **Who should read this guide?**

If you're thinking about buying a Medicare Supplement Insurance (Medigap) policy or you already have one, this guide can help you understand how it works.

## **Important information about this guide**

The information in this guide describes the Medicare Program at the time this guide was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

The “2021 Guide to Choosing a Medigap Policy” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

This product was produced at U.S. taxpayer expense.

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## SECTION

# Medicare Basics

# 1



Words in blue  
are defined on  
pages 49–50.

## What's Medicare?

Medicare is health insurance for people 65 or older, certain people under 65 with disabilities, and people of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

## The different parts of Medicare

The different parts of Medicare help cover specific services.



### Part A (Hospital Insurance)

Helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care



### Part B (Medical Insurance)

Helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Home health care
- Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment)
- Many preventive services (like screenings, shots or vaccines, and yearly “Wellness” visits)



### Part D (Drug coverage)

Helps cover cost of prescription drugs (including many recommended shots or vaccines).

Plans that offer Medicare drug coverage are run by private insurance companies that follow rules set by Medicare.

## Your Medicare coverage options

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare:

### Original Medicare

- Includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- If you want drug coverage, you can join a separate Medicare drug plan.
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also buy supplemental coverage.
- Can use any doctor or hospital that takes Medicare, anywhere in the U.S.

#### Includes:

☒ **Part A**

☒ **Part B**



#### You can add:

☐ **Part D**



#### You can also add:

☐ **Supplemental coverage**



This includes Medicare Supplement Insurance (Medigap). Or, you can use coverage from a former employer or union, or Medicaid.

### Medicare Advantage (also known as Part C)

- An “all in one” alternative to Original Medicare. These “bundled” plans include Part A, Part B, and usually Part D.
- Plans may have lower out-of-pocket costs than Original Medicare.
- In most cases, you’ll need to use doctors who are in the plan’s network.
- Most plans offer extra benefits that Original Medicare doesn’t cover— like vision, hearing, dental, and more.

#### Includes:

☒ **Part A**

☒ **Part B**



#### Most plans include:

☒ **Part D**

☒ **Extra benefits**



#### Some plans also include:

☐ **Lower out-of-pocket-costs**

## Medicare & the Health Insurance Marketplace®<sup>1</sup>

If you have coverage through an individual Marketplace plan (not through an employer), you should enroll in Medicare during your Initial Enrollment Period to avoid the risk of a delay in Medicare coverage and the possibility of a Medicare late enrollment penalty. For most people, their Initial Enrollment Period is the 7-month period that starts 3 months before the month they turn 65, includes the month they turn 65, and ends 3 months after the month they turn 65.

You can keep your Marketplace plan without penalty until your Medicare coverage starts. Once you're considered eligible for premium-free Part A, you won't qualify for help paying your Marketplace plan [premiums](#) or other costs. If you continue to get help paying your Marketplace plan premium after you have Medicare, you may have to pay back some or all of the help you got when you file your taxes.

Visit [HealthCare.gov](https://www.healthcare.gov) to find your state's Marketplace, or learn how to end your Marketplace financial help or plan to avoid a gap in coverage. You can also call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

**Note:** Medicare isn't part of the Marketplace. The Marketplace doesn't offer Medicare Supplement Insurance (Medigap) policies, Medicare Advantage Plans, or Medicare drug coverage (Part D).

## Find more information about Medicare

To learn more about Medicare:

- Visit [Medicare.gov](https://www.medicare.gov).
- Look at your “Medicare & You” handbook.
- Get free, personalized counseling from your [State Health Insurance Assistance Program \(SHIP\)](#). (See pages 47– 48.)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Find and compare health and drug plans at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

<sup>1</sup> “Health Insurance Marketplace®” is a registered trademark of the U.S. Department of Health & Human Services.



## SECTION

# Medigap Basics



## What's a Medigap policy?

A Medicare Supplement Insurance (Medigap) policy is an insurance policy that helps fill "gaps" in Original Medicare and is sold by private companies. Original Medicare pays for much, but not all, of the cost for covered health care services and supplies. Medigap policies can help pay for some of the costs that Original Medicare doesn't, like [copayments](#), [coinsurance](#), and [deductibles](#).

Some Medigap policies also cover certain benefits Original Medicare doesn't cover, like emergency foreign travel expenses. Medigap policies don't cover your share of the costs under other types of health coverage, including [Medicare Advantage Plans](#), stand-alone [Medicare drug plans](#), employer/union group health coverage, [Medicaid](#), or TRICARE.

If you have Original Medicare and a Medigap policy, Medicare will pay its share of the [Medicare-approved amounts](#) for covered health care costs. Then, your Medigap policy pays its share. Medicare doesn't pay any of the costs of buying a Medigap policy.

A Medigap policy is different from a Medicare Advantage Plan because those plans are another way to get your Part A and Part B benefits, while a Medigap policy only helps pay for the costs that Original Medicare doesn't cover. Insurance companies generally can't sell you a Medigap policy if you have coverage through a Medicare Advantage Plan or Medicaid.

All Medigap policies must follow federal and state laws designed to protect you, and policies must be clearly identified as "Medicare Supplement Insurance." Medigap policies are standardized, and in most states are named by letters, Plans A-N. Each standardized Medigap policy under the same plan letter 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 plan letter sold by different insurance companies.**

Words in [blue](#) are defined on pages 49–50.

## What Medigap policies cover

The chart on page 11 gives you a quick look at the standardized Medigap plans available. For more information to help find a policy that works for you, visit [Medicare.gov/medigap-supplemental-insurance-plans](https://www.medicare.gov/medigap-supplemental-insurance-plans). If you need help comparing and choosing a policy, call your [State Health Insurance Assistance Program \(SHIP\)](#). See pages 47–48 for your state’s phone number.

- Every insurance company selling Medigap policies must offer Plan A. If they want to offer policies in addition to Plan A, they must also offer either Plan C or Plan F to individuals who aren't new to Medicare and either Plan D or Plan G to individuals who are new to Medicare. Not all types of Medigap policies may be available in your state.
- Plans D and G with coverage starting on or **after** June 1, 2010, **have different benefits** than Plans D or G bought **before** June 1, 2010.
- **Plans E, H, I, and J are no longer sold**, but if you already have one, you can generally keep it.
- Since January 1, 2020, Medigap plans sold to people new to Medicare aren't allowed to cover the Part B deductible. Because of this, **Plans C and F are no longer available to people who were “new to Medicare” on or after January 1, 2020.**
  - If you already have either of these 2 plans (or the high deductible version of Plan F) or you were covered by one of these plans before January 1, 2020, you'll be able to keep your plan. If you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy one of these plans.
  - For this situation, people “new to Medicare” are people who turned 65 on or after January 1, 2020, and people who got Medicare Part A (Hospital Insurance) on or after January 1, 2020.

In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. (See pages 42–44.) In some states, you may be able to buy another type of Medigap policy called [Medicare SELECT](#). Medicare SELECT are standardized plans that may require you to see certain providers and may cost less than other Medigap plans. (See page 20.)

This chart shows basic information about the different benefits that Medigap plans cover. If a percentage appears, the Medigap plan covers that percentage of the benefit, and you must pay the rest. If a box is blank, the plan doesn't cover that benefit.

|  | Medicare Supplement Insurance (Medigap) Plans |      |      |      |      |      |                               |         |      |             |
|--|---|------|------|------|------|------|-------------------------------|---------|------|-------------|
| Benefits   | 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%<br>*** |
| 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)   |   |      | 80%  | 80%  | 80%  | 80%  |                               |         | 80%  | 80%         |
|  |   |      |      |      |      |      | Out-of-pocket limit in 2021** |         |      |             |
|  |   |      |      |      |      |      | \$6,220                       | \$3,110 |      |             |

\* Plans F and G also offer a high-deductible plan in some states (Plan F isn't available to people new to Medicare on or after January 1, 2020.) If you get the high-deductible option, you must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of \$2,370 in 2021 before your policy pays anything, and you must also pay a separate deductible (\$250 per year) for foreign travel emergency services.

\*\*Plans K and L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit and your Part B deductible (\$203 in 2021). After you meet these amounts, the plan will pay 100% of your costs for approved 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.

## What Medigap policies don't cover

Generally, Medigap policies don't cover long-term care (like non-skilled care you get in a nursing home), vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

## Types of coverage that are NOT Medigap policies

- [Medicare Advantage Plans](#) (also known as Part C)
- [Medicare drug plan](#) (Part D)
- [Medicaid](#)
- Employer or union plans, including the Federal Employees Health Benefits Program (FEHBP)
- TRICARE
- Veterans' benefits
- Long-term care insurance policies
- Indian Health Service, Tribal, and Urban Indian Health plans
- Health plans sold in the Health Insurance Marketplace®

## What types of Medigap policies can insurance companies sell?

In most cases, Medigap insurance companies can sell you only a “standardized” Medigap policy. All Medigap policies must have specific benefits, so you can compare them easily. If you live in Massachusetts, Minnesota, or Wisconsin, see pages 42–44.

Insurance companies that sell Medigap policies don't have to offer every Medigap plan. Each insurance company decides which Medigap plans it wants to sell, although federal and state laws might affect which ones they can offer.

In some cases, an insurance company must sell you a Medigap policy if you want one, even if you have health problems. Here are certain times that you're guaranteed the right to buy a Medigap policy:

- When you're in your [Medigap Open Enrollment Period](#). (See pages 14–15.)
- If you have a [guaranteed issue right](#). (See pages 21–23.)

You may be able to buy a Medigap policy at other times, but the insurance company can deny you a Medigap policy based on your health. Also, in some cases, it may be illegal for the insurance company to sell you a Medigap policy (like if you already have Medicaid or a Medicare Advantage Plan).

## What do I need to know if I want to buy a Medigap policy?

- You must have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance).
- If you have a [Medicare Advantage Plan](#) but are planning to return to Original Medicare, you can apply for a Medigap policy before your coverage ends. The Medigap insurance company can sell it to you as long as you're leaving the Medicare Advantage Plan. Ask that the new Medigap policy start when your Medicare Advantage Plan enrollment ends, so you'll have continuous coverage.
- You pay the private insurance company a [premium](#) for your Medigap policy in addition to the monthly Part B premium you pay to Medicare.
- A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, **you each will have to buy separate Medigap policies.**
- When you have your [Medigap Open Enrollment Period](#), you can buy a Medigap policy from any insurance company that's licensed in your state.
- Any new Medigap policy issued since 1992 is [guaranteed renewable](#) even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you stay enrolled and pay the premium.
- Different insurance companies may charge different premiums for the same exact Medigap plan type. As you shop for a policy, be sure you're comparing policies under the same plan type (for example, compare Plan A from one company with Plan A from another company).
- Some states may have laws that give you additional protections.
- Although some Medigap policies sold in the past covered prescription drugs, Medigap policies sold after January 1, 2006 aren't allowed to include prescription drug coverage. If you want drug coverage, you can join a [Medicare drug plan](#) offered by private companies approved by Medicare. (See pages 6–7.) To learn about Medicare drug coverage, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## When's the best time to buy a Medigap policy?

The best time to buy a Medigap policy is during your [Medigap Open Enrollment Period](#). This period lasts for 6 months and begins on the first day of the month you're both 65 or older and enrolled in Medicare Part B. Some states have additional Open Enrollment Periods, including those for people under 65. If you're under 65 and have Medicare because of a disability or End-Stage Renal Disease (ESRD), you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. (See page 39 for more information.)

During the Medigap Open Enrollment Period, an insurance company can't use [medical underwriting](#) to decide whether to accept your application. This means the insurance company can't do any of these because of your health problems:

- Refuse to sell you any Medigap policy it offers
- Charge you more for a Medigap policy than they charge someone with no health problems
- Make you wait for coverage to start (except as explained below)

While the insurance company can't make you wait for your coverage to start, it may be able to make you wait for coverage related to a [pre-existing condition](#).

A pre-existing condition is a health problem you have before the date a new insurance policy starts. In some cases, the Medigap insurance company can refuse to cover your out-of-pocket costs for these pre-existing health problems for up to 6 months. This is called a "pre-existing condition waiting period." After 6 months, the Medigap policy will cover the pre-existing condition.

Coverage for a pre-existing condition can **only** be excluded if the condition was treated or diagnosed within 6 months before your Medigap policy coverage starts. This is called the "look-back period." Remember, for Medicare-covered services, Original Medicare will still cover the condition, even if the Medigap policy won't, but you're responsible for the Medicare [coinsurance](#) or [copayment](#).

## When's the best time to buy a Medigap policy? (continued)

### Creditable coverage

It's possible to avoid or shorten your waiting period for a pre-existing condition if:

- You buy a Medigap policy during your 6-month [Medigap Open Enrollment Period](#).
- You're replacing certain kinds of health coverage that count as "creditable coverage".

Prior creditable coverage is generally any other health coverage you recently had before applying for a Medigap policy. If you've had at least 6 months of continuous prior creditable coverage, the Medigap insurance company can't make you wait before it covers your pre-existing conditions.

There are many types of health care coverage that may count as creditable coverage for Medigap policies, but they'll only count if you didn't have a break in coverage for more than 63 days.

Your Medigap insurance company can tell you if your previous coverage will count as creditable coverage for this purpose. You can also call your [State Health Insurance Assistance Program \(SHIP\)](#). (See pages 47–48.)

If you buy a Medigap policy when you have a [guaranteed issue right](#) (also called "Medigap protection"), the insurance company can't use a pre-existing condition waiting period. See pages 21–23 for more information about guaranteed issue rights.

## Why is it important to buy a Medigap policy when I'm first eligible?

During your [Medigap Open Enrollment Period](#), you have the right to buy any Medigap policy offered in your state. In addition, you generally will get better prices and more choices among policies. If you apply for Medigap coverage **after** your Open Enrollment Period, there's no guarantee that an insurance company will sell you a Medigap policy if you don't meet the [medical underwriting](#) requirements, **unless** you're eligible for [guaranteed issue rights](#) (Medigap protections) because of one of the situations listed on pages 22–23.

It's also important to understand that your Medigap rights may depend on when you choose to enroll in Medicare Part B. If you're 65 or older, your Medigap Open Enrollment Period begins when you enroll in Part B, and it can't be changed or repeated. After your Medigap Open Enrollment Period ends, you may be denied a Medigap policy or charged more for a Medigap policy due to past or present health problems.

In most cases, it makes sense to enroll in Part B and buy a Medigap policy when you're first eligible for Medicare, because you might otherwise have to pay a Part B late enrollment penalty and might miss your 6-month Medigap Open Enrollment Period. However, there are exceptions if you have employer coverage.

### Employer coverage

If you have group health coverage through an employer or union, because either you or your spouse is currently working, you may choose to wait to enroll in Part B. Benefits based on current employment often provide coverage similar to Part B, so you wouldn't want to pay for Part B before you need it, and your Medigap Open Enrollment Period might expire before a Medigap policy would be useful. When the employer coverage ends, you'll get a chance to enroll in Part B without a late enrollment penalty, which means your Medigap Open Enrollment Period will start when you're ready to take advantage of it. If you or your spouse is still working and you have coverage through an employer, contact your employer or union benefits administrator to find out how your insurance works with Medicare. See page 24 for more information.



## How do insurance companies set prices for Medigap policies?

Each insurance company decides how it'll set the price, or [premium](#), for its Medigap policies. The way they set the price affects how much you pay now and in the future. Each Medigap policy can be priced or "rated" in one of 3 ways:

1. Community-rated (also called "no-age-rated")
2. Issue-age-rated (also called "entry-age-rated")
3. Attained-age-rated

Each of these ways of pricing Medigap policies is described in the chart on the next page. The examples show how your age affects your premiums, and why it's important to look at how much the Medigap policy will cost you now and in the future. The amounts in the examples aren't actual costs. Other factors like where you live, [medical underwriting](#), and discounts can also affect the amount of your premium.

## How do insurance companies set prices for Medigap policies? (continued)

| Type of pricing                                 | How it's priced   | What this pricing may mean for you   | Examples   |
|---|---|--|--|
| Community-rated (also called “no-age-rated”)    | Generally the same <b>premium</b> is charged to everyone who has the Medigap policy, regardless of age or gender. | Your premium isn't based on your age. Premiums may go up because of inflation and other factors but not because of your age.   | Mr. Smith is 65. He buys a Medigap policy and pays a \$165 monthly premium.  |
|   |   |  | Mrs. Perez is 72. She buys the same Medigap policy as Mr. Smith. She also pays a \$165 monthly premium.  |
| Issue-age-rated (also called “entry age-rated”) | The premium is based on the age you are when you buy (are “issued”) the Medigap policy.                           | Premiums are lower for people who buy at a younger age and won't change as you get older. Premiums may go up because of inflation and other factors but not because of your age.   | Mr. Han is 65. He buys a Medigap policy and pays a \$145 monthly premium.  |
|   |   |  | Mrs. Wright is 72. She buys the same Medigap policy as Mr. Han. Since she is older when she buys it, her monthly premium is \$175.   |
| Attained-age-rated                              | The premium is based on your current age (the age you've “attained”), so your premium goes up as you get older.   | Premiums are low for younger buyers but go up as you get older. They may be the least expensive at first, but they can eventually become the most expensive. Premiums may also go up because of inflation and other factors. | Mrs. Anderson is 65. She buys a Medigap policy and pays a \$120 monthly premium. Her premium will go up each year: <ul style="list-style-type: none"> <li>At 66, her premium goes up to \$126.</li> <li>At 67, her premium goes up to \$132.</li> </ul>  |
|   |   |  | Mr. Dodd is 72. He buys the same Medigap policy as Mrs. Anderson. He pays a \$165 monthly premium. His premium is higher than Mrs. Anderson's because it's based on his current age. Mr. Dodd's premium will go up each year: <ul style="list-style-type: none"> <li>At 73, his premium goes up to \$171.</li> <li>At 74, his premium goes up to \$177.</li> </ul> |

## Comparing Medigap costs

As discussed on the previous pages, the cost of Medigap policies can vary widely. **There can be big differences in the premiums that different insurance companies charge for exactly the same coverage.** As you shop for a Medigap policy, be sure to compare Medigap plan types with the same letter, and consider the type of pricing each insurance company uses. (See pages 17–18.) For example, compare Plan G from one company with Plan G from another company. Although this guide **can't** give actual costs of Medigap policies, you can get this information by calling insurance companies or your [State Health Insurance Assistance Program \(SHIP\)](#). (See pages 47–48.)

You can also find out which insurance companies sell Medigap policies in your area by visiting [Medicare.gov/medigap-supplemental-insurance-plans](https://www.medicare.gov/medigap-supplemental-insurance-plans). The cost of your Medigap policy may also depend on whether the insurance company:

- Offers discounts (like discounts for women, non-smokers, or people who are married; discounts for paying yearly; discounts for paying your premiums using electronic funds transfer; or discounts for multiple policies).
- Uses [medical underwriting](#), or applies a different premium when you don't have a [guaranteed issue right](#) or aren't in a [Medigap Open Enrollment Period](#).
- Sells [Medicare SELECT](#) policies that may require you to use certain providers. If you buy this type of Medigap policy, your premium may be less. (See page 20.)
- Offers a “high-deductible option” for Plans F or G. If you buy Plans F or G with a high-deductible option, you must pay the first \$2,370 of [deductibles](#), [copayments](#), and [coinsurance](#) (in 2021) for covered services not paid by Medicare before the Medigap policy pays anything. You must also pay a separate deductible (\$250 per year) for foreign travel emergency services.

## What's Medicare SELECT?

**Medicare SELECT** is a type of Medigap policy sold in some states that requires you to use hospitals and, in some cases, doctors within its network to be eligible for full insurance benefits (except in an emergency). Medicare SELECT can be offered as any of the standardized Medigap plans. (See page 11.) These policies generally cost less than other Medigap policies. However, if you don't use a Medicare SELECT hospital or doctor for non-emergency services, you'll have to pay some or all of what Medicare doesn't pay. Medicare will pay its share of approved charges no matter which hospital or doctor you choose.

## How does Medigap help pay my Medicare Part B costs?

In most Medigap policies, you agree to have the Medigap insurance company get your Part B claim information directly from Medicare. Then, they pay the doctor directly whatever amount is owed under your policy. Some Medigap insurance companies also provide this service for Medicare Part A claims.

If your Medigap insurance company **doesn't** provide this service, ask your doctors if they participate in Medicare. Participating providers have agreed to accept **assignment** for all Medicare-covered services. If your doctor participates, the Medigap insurance company is required to pay the doctor directly if you request. If your doctor doesn't participate but still accepts Medicare, you may be asked to pay the **coinsurance** amount at the time of service. In these cases, your Medigap insurance company may pay you directly according to policy limits. Check with your Medigap policy for more details.

If you have any questions about Medigap claim filing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## SECTION

# 3 Your Right to Buy a Medigap Policy

## What are guaranteed issue rights?

**Guaranteed issue rights** are your rights to buy certain Medigap policies in certain situations outside of your **Medigap Open Enrollment Period**. In these situations, an insurance company must:

- Sell you a Medigap policy
- Cover all your pre-existing health conditions
- Not charge you more for a Medigap policy regardless of past or present health problems

If you live in Massachusetts, Minnesota, or Wisconsin, you have guaranteed issue rights to buy a Medigap policy, but the Medigap policies are different. See pages 42–44 for your Medigap policy choices.

## When do I have guaranteed issue rights?

In most cases, you have a guaranteed issue right when you have other health coverage that changes in some way, like when you lose the other health coverage. In other cases, you have a “trial right” to try a **Medicare Advantage Plan** and still buy a Medigap policy if you change your mind. For information on trial rights, see page 23.

Words in blue are defined on pages 49–50.

## Medigap guaranteed issue right situations

The chart on this page and the next page describes the most common situations, under federal law, that give you a right to buy a policy, the kind of policy you can buy, and when you can or must apply for it. States may offer additional Medigap [guaranteed issue rights](#).

| You have a guaranteed issue right if...   | You have the right to buy...  | You can/must apply for a Medigap policy...  |
|---|---|---|
| You're in a <a href="#">Medicare Advantage Plan</a> , and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.  | Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company.<br><br>You only have this right if you switch to Original Medicare rather than join another Medicare Advantage Plan.     | As early as 60 calendar days before the date your Medicare Advantage Plan coverage will end, but no later than 63 calendar days after your coverage ends. Medigap coverage can't start until your Medicare Advantage Plan coverage ends.  |
| You have Original Medicare and an employer group health plan (including retiree or COBRA continuation coverage) or union coverage that pays after Medicare pays and that plan is ending.<br><br><b>Note:</b> In this situation, you may have additional rights under state law. | Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company.<br><br>If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends. | No later than 63 calendar days after the latest of these 3 dates:<br><br>1. Date the coverage ends.<br><br>2. Date on the notice you get telling you that coverage is ending (if you get one).<br><br>3. Date on a claim denial, if this is the only way you know that your coverage ended. |
| You have Original Medicare and a <a href="#">Medicare SELECT</a> policy. You move out of the Medicare SELECT policy's service area.<br><br>Call the Medicare SELECT insurance company for more information about your options.  | Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold by any insurance company in your state or the state you're moving to.  | As early as 60 calendar days before the date your Medicare SELECT coverage will end, but no later than 63 calendar days after your Medicare SELECT coverage ends.   |

**\*Note:** Plans C and F are no longer available to people new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People new to Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.

## Medigap guaranteed issue right situations (continued)

| You have a guaranteed issue right if...   | You have the right to buy...   | You can/must apply for a Medigap policy...   |
|---|--|--|
| ( <b>Trial right</b> ) You joined a <a href="#">Medicare Advantage Plan</a> or Program of All-inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare. | Any Medigap policy that's sold in your state by any insurance company.*  | As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.<br><br><b>Note:</b> Your rights may last for an extra 12 months under certain circumstances. |
| ( <b>Trial right</b> ) You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a <a href="#">Medicare SELECT</a> policy) for the first time, you've been in the plan less than a year, and you want to switch back.   | The Medigap policy you had before you joined the Medicare Advantage Plan or Medicare SELECT policy, if the same insurance company you had before still sells it.<br><br>If your former Medigap policy <b>isn't</b> available, you can buy Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company. | As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.<br><br><b>Note:</b> Your rights may last for an extra 12 months under certain circumstances. |
| Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.   | Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company.   | No later than 63 calendar days from the date your coverage ends.   |
| You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.   | Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company.   | No later than 63 calendar days from the date your coverage ends.   |

**\*Note:** Plans C and F are no longer available to people new to Medicare on or after January 1, 2020. However, if you were eligible for Medicare before January 1, 2020 but not yet enrolled, you may be able to buy Plan C or Plan F. People new to Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.



## Can I buy a Medigap policy if I lose my health care coverage?

You may have a [guaranteed issue right](#) to buy a Medigap policy if you lose your health care coverage, so make sure you keep these:

- A copy of any letters, notices, emails, and/or claim denials that have your name on them as proof of your coverage being terminated.
- The postmarked envelope these papers come in as proof of when it was mailed.

You may need to send a copy of some or all of these papers with your Medigap application to prove you have a guaranteed issue right.

If you have a [Medicare Advantage Plan](#) but you're planning to return to Original Medicare, you can apply for a Medigap policy before your plan coverage ends. The Medigap insurance company can sell it to you as long as you're leaving the Medicare Advantage Plan. Ask that the new policy take effect when your Medicare Advantage enrollment ends, so you'll have continuous health coverage.

## For more information about Medigap rights

If you have any questions or want to learn about any additional Medigap rights in your state, you can:

- Call your [State Health Insurance Assistance Program \(SHIP\)](#) to make sure that you qualify for these guaranteed issue rights. (See pages 47–48.)
- Call your [State Insurance Department](#) if you're denied Medigap coverage in any of these situations. (See pages 47–48.)

**Important:** The guaranteed issue rights in this section are from federal law. These rights apply to Medigap and [Medicare SELECT](#) policies. Many states provide additional Medigap rights.

There may be times when more than one of the situations in the chart on pages 22–23 applies to you. When this happens, you can choose the guaranteed issue right that gives you the best choice.

Some of the situations listed include loss of coverage under Programs of All-inclusive Care for the Elderly (PACE). PACE combines medical, social, and long-term care services, and prescription drug coverage for frail people. To be eligible for PACE, you must meet certain conditions. PACE may be available in states that have chosen it as an optional [Medicaid](#) benefit. If you have Medicaid, an insurance company can sell you a Medigap policy **only** in certain situations. To find a PACE plan in your area, visit [Medicare.gov/plan-compare/#/pace](https://www.medicare.gov/plan-compare/#/pace). For more information about PACE, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



## SECTION

# Steps to Buying a Medigap Policy

# 4

## Step-by-step guide to buying a Medigap policy

Buying a **Medigap policy** is an important decision. Only you can decide if a Medigap policy is the way for you to supplement your Original Medicare coverage and which Medigap policy to choose. Shop carefully. Compare available Medigap policies to see which one meets your needs. As you shop for a Medigap policy, keep in mind that different insurance companies may charge different amounts for exactly the same Medigap policy, and not all insurance companies offer all of the Medigap plans.

Follow our step-by-step guide to buy a Medigap policy. If you live in Massachusetts, Minnesota, or Wisconsin, see pages 42–44.

### STEP 1: Decide which plan you want.

Think about your current and future health care needs when deciding which benefits you want because you might not be able to switch Medigap policies later. Decide which benefits you need, and select the Medigap policy that will work best for you. The chart on page 11 provides an overview of each Medigap plan's benefits.

Words in **blue** are defined on pages 49–50.

**STEP 2: Pick your policy.**

To find out which insurance companies sell Medigap policies in your state:

- Call your [State Health Insurance Assistance Program \(SHIP\)](#). (See pages 47–48.) Ask if they have a “Medigap rate comparison shopping guide” for your state. This guide usually lists companies that sell Medigap policies in your state and their costs.
- Call your [State Insurance Department](#). (See pages 47–48.)
- Visit [Medicare.gov/medigap-supplemental-insurance-plans](https://www.medicare.gov/medigap-supplemental-insurance-plans) to find information on your coverage options, including the Medigap policies in your area.

You can also get information on:

- ✓ How to contact the insurance companies that sell Medigap policies in your state
- ✓ What each Medigap policy covers
- ✓ How insurance companies decide what to charge you for a Medigap policy [premium](#)

If you don't have a computer, your local library or senior center may be able to help you look at this information. You can also call 1-800-MEDICARE (1-800-633-4227). A customer service representative will help you get information on all your coverage options including the Medigap policies in your area. TTY users can call 1-877-486-2048.

Since costs can vary between companies, plan to call more than one insurance company that sells Medigap policies in your state. Before you call, check the companies to be sure they're honest and reliable by:

- Calling your [State Insurance Department](#). Ask if they keep a record of complaints against insurance companies that can be shared with you. When deciding which Medigap policy is right for you, consider these complaints, if any.
- Calling your [State Health Insurance Assistance Program \(SHIP\)](#). These programs can give you help with choosing a Medigap policy at no cost to you.

## STEP 2: (continued)

- Going to your local public library for help with:
  - Getting information on an insurance company's financial strength from independent rating services like [weissratings.com](http://weissratings.com), A.M. Best, and Standard & Poor's.
  - Looking at information about the insurance company online.
- Talking to someone you trust, like a family member, your insurance agent, or a friend who has a Medigap policy from the same insurance company.

Before you call any insurance companies, figure out if you're in your [Medigap Open Enrollment Period](#) or if you have a [guaranteed issue right](#). Read pages 14–15 and 22–23 carefully. If you have questions, call your State Health Insurance Assistance Program (SHIP). (See pages 47–48.)



**STEP 3: Contact the company.**

When you're ready to contact insurance companies, use this chart to help you keep track of the information you get.

| Ask each insurance company...   | Company 1   | Company 2   |
|---|---|---|
| <p>"Are you licensed in ____?" (Say the name of your state.)</p> <p><b>Note:</b> If the answer is NO, STOP here, and try another company.</p>   |   |   |
| <p>"Do you sell Medigap Plan ____?" (Say the letter of the Medigap Plan you're interested in.)</p> <p><b>Note:</b> Insurance companies usually offer some, but not all, Medigap policies. Make sure the company sells the plan you want. Also, if you're interested in a <a href="#">Medicare SELECT</a> or high-deductible Medigap policy, tell them.</p>  |   |   |
| <p>"Do you use <a href="#">medical underwriting</a> for this Medigap policy?" <b>Note:</b> If the answer is NO, go to step 4 on page 30. If the answer is YES, but you know you're in your <a href="#">Medigap Open Enrollment Period</a> or have a guaranteed issue right to buy that Medigap policy, go to step 4. Otherwise, you can ask, "Can you tell me if I'm likely to qualify for the Medigap policy?"</p> |   |   |
| <p>"Do you have a waiting period for pre-existing conditions?"</p> <p><b>Note:</b> If the answer is YES, ask how long the waiting period is and write it in the box.</p>  |   |   |
| <p>"Do you price this Medigap policy by using community-rating, issue-age-rating, or attained-age-rating?" (See page 18.)</p> <p><b>Note:</b> Circle the one that applies for that insurance company.</p>   | <p>Community</p> <p>Issue-age</p> <p>Attained-age</p> | <p>Community</p> <p>Issue-age</p> <p>Attained-age</p> |
| <p>"I'm ____ years old. What would my <a href="#">premium</a> be under this Medigap policy?"</p> <p><b>Note:</b> If it's attained-age, ask, "How frequently does the premium increase due to my age?"</p>   |   |   |
| <p>"Has the premium for this Medigap policy increased in the last 3 years due to inflation or other reasons?"</p> <p><b>Note:</b> If the answer is YES, ask how much it has increased, and write it in the box.</p>   |   |   |
| <p>"Do you offer any discounts or additional benefits?" (See page 19.)</p>  |   |   |

**STEP 3: (continued)****Watch out for illegal practices.**

It's illegal for anyone to:

- Pressure you into buying a Medigap policy, or lie to or mislead you to switch from one company or policy to another.
- Sell you a second Medigap policy when they know that you already have one, unless you tell the insurance company in writing that you plan to cancel your existing Medigap policy.
- Sell you a Medigap policy if they know you have [Medicaid](#), except in certain situations.
- Sell you a Medigap policy if they know you're in a [Medicare Advantage Plan](#), unless your coverage under the Medicare Advantage Plan will end before the effective date of the Medigap policy.
- Claim that a Medigap policy is a part of Medicare or any other federal program. Medigap is private health insurance.
- Claim that a Medicare Advantage Plan is a Medigap policy.
- Sell you a Medigap policy that can't legally be sold in your state. Check with your [State Insurance Department](#) (see pages 47–48) to make sure that the Medigap policy you're interested in can be sold in your state.
- Misuse the names, letters, or symbols of the U.S. Department of Health & Human Services (HHS), Social Security Administration (SSA), Centers for Medicare & Medicaid Services (CMS), or any of their various programs like Medicare. (For example, they can't suggest the Medigap policy has been approved or recommended by the federal government.)
- Claim to be a Medicare representative if they work for a Medigap insurance company.
- Sell you a Medicare Advantage Plan when you say you want to stay in Original Medicare and buy a Medigap policy. A Medicare Advantage Plan isn't the same as Original Medicare. (See page 5.) If you enroll in a Medicare Advantage Plan, you can't use a Medigap policy.

If you believe that a federal law has been broken, call the Inspector General's hotline at 1-800-HHS-TIPS (1-800-447-8477). TTY users can call 1-800-377-4950. Your State Insurance Department can help you with other insurance-related problems.

## Buying your Medigap policy

Once you decide on the insurance company and the Medigap policy you want to buy, apply. The insurance company must give you a clearly worded summary of your Medigap policy. Read it carefully. If you don't understand it, ask questions. Remember these when you buy your Medigap policy:

- **Filling out your application.**

Fill out the application carefully and completely, including medical questions. The answers you give will determine your eligibility for a [Medigap Open Enrollment Period](#) or [guaranteed issue rights](#). If the insurance agent fills out the application, make sure it's correct. If you buy a Medigap policy during your Medigap Open Enrollment Period or provide evidence that you're entitled to a guaranteed issue right, the insurance company can't use any medical answers you give to deny you a Medigap policy or change the price. The insurance company can't ask you any questions about your family history or require you to take a genetic test.

- **Paying for your Medigap policy.**

Your insurance company will let you know your payment options for your particular policy. You may be able to pay for your Medigap policy by check, money order, or bank draft. Make it payable to the insurance company, not the agent. If buying from an agent, get a receipt with the insurance company's name, address, and phone number for your records. Some companies may offer electronic funds transfer, which lets you set up a repeating payment to debit automatically from a checking account or credit card.

- **Starting your Medigap policy.**

Ask for your Medigap policy to become effective when you want coverage to start. Generally, Medigap policies begin the first of the month after you apply. If, for any reason, the insurance company won't give you the effective date for the month you want, call your [State Insurance Department](#). (See pages 47–48.)

**Note:** If you already have a Medigap policy, ask for your new Medigap policy to become effective when your old Medigap policy coverage ends.

- **Getting your Medigap policy.**

If you don't get your Medigap policy in 30 days, call your insurance company. If you don't get your Medigap policy in 60 days, call your State Insurance Department.