

Traditional Medicare may not cover all your healthcare needs. “Medigap,” or Medicare Supplement Plans, can fill in some of those gaps in coverage.



How does Medigap differ from Medicare?

- » Medigap plans cover some or all costs after Medicare has paid its portion of a medical bill.
- » Medigap can help cover copays, coinsurance and deductibles.

How do I choose a Medigap plan?

- » There are 10 types of Medigap plans. Private insurers administer Medigap plans but do not have to offer all 10 types.
- » Plans A and B are the least comprehensive. They cover hospital copays and Part B coinsurance but not care outside the United States.
- » Plans C, F and G are the most comprehensive and may help cover Part B deductibles or excess charges, which occur when a doctor charges Medicare more than the Medicare-approved amount.
- » Plans C and F are not available to people who became eligible for Medicare on or after January 1, 2020.
- » The comprehensiveness of the benefits for plans D, K, L, M and N is somewhere in the middle.
- » You may enroll in a Medigap plan without answering medical questions during the 6 months after you enroll in Part B. After that, an insurer can deny your application for Medigap coverage unless you meet certain requirements.

Why do I need a Medigap plan?

- » Medigap coverage can help reduce the burden of out-of-pocket costs for enrollees.
- » Some Medigap plans may keep you covered in emergency situations, like if you need treatment when traveling outside the United States.

What else should I know?

- » You cannot be covered by a Medigap plan at the same time as a Medicare Advantage plan.
- » People who purchase a Medigap plan should also purchase a Medicare Part D prescription drug plan.
- » A licensed, professional agent or broker can help you shop for a Medigap plan that suits your needs and budget.