

Sounds of the Last Jump

9HEALTH MEDIGAP GUDE 2023



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This guide is intended for those considering purchasing a Medicare Supplement Insurance (Medigap) policy or those who already have one. It is important to note that the information provided in this guide is current as of the time of printing but may be subject to change. To receive the most up-to-date information, it is suggested to visit [Medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) or for TTY users, call 1-877-486-2048. Furthermore, it should be noted that "9HEALTH: MEDIGAP GUIDE 2023" is not a legal document and the official Medicare Program legal guidance can be found in the relevant statutes, regulations, and rulings.

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PART 1: WHAT IS MEDICARE?

A. Introduction

Medicare is a government-funded health insurance program that helps provide medical and healthcare coverage to individuals aged 65 and older, those with certain disabilities, and those with end-stage renal disease. It is one of the largest public health insurance programs in the United States and its benefits are available to millions of Americans each year.

B. History of Medicare

1. Origins

Medicare was created in 1965 as part of President Lyndon Johnson's Great Society Program. It was originally designed to provide health insurance to Americans over the age of 65, and later expanded to include those with certain disabilities.

2. Expansion of Coverage

Since its creation, Medicare has undergone several expansions of coverage. In 1972, the program was expanded to cover individuals under the age of 65 with certain disabilities. In 1980, the program was again expanded to cover individuals with end-stage renal disease.

3. Recent Changes

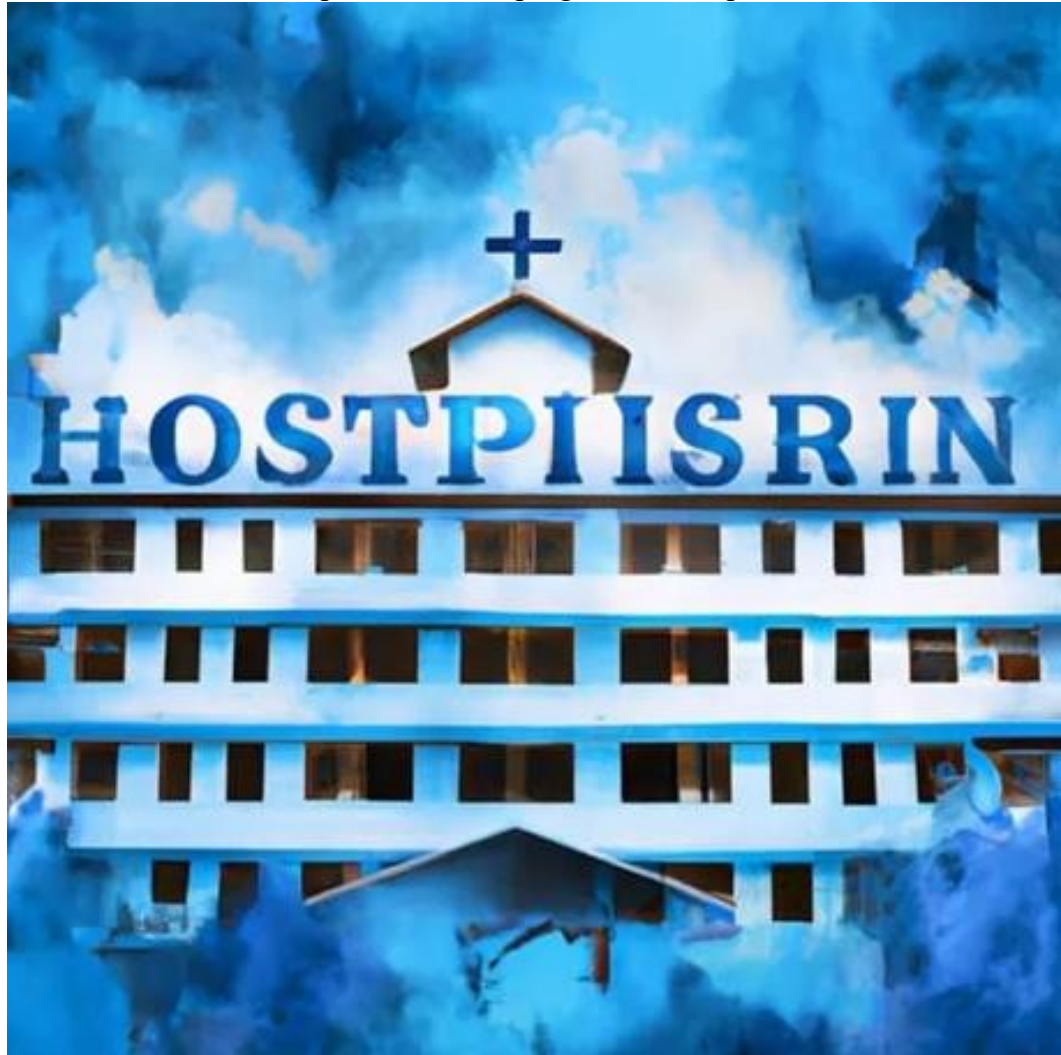
In recent years, Medicare has continued to evolve to better meet the needs of its beneficiaries. In 2003, the Medicare Prescription Drug, Improvement, and Modernization Act was passed, which expanded the program to include prescription drug coverage (known as Medicare Part D). This helped ensure that those with Medicare had access to the medications they needed. Part D, the new outpatient prescription drug benefit, began paying for drugs through private plans in January 2006. This benefit ensures that individuals who are enrolled in either Part A or Part B are eligible to receive coverage both for the out-of-pocket and prescription drug costs associated with their care. Private-sector entities such as managed care organizations and prescription drug-only plans contract with pharmaceutical manufacturers and submit a bid to the Centers for Medicare & Medicaid Services (CMS) to provide this coverage. While Medicare is involved in determining minimum standards for Part D plans through CMS, it is **not** a part of Medicare benefit. Part D is offered through two types of plans, 1) as a part of Medicare C Advantage plan or 2) as a standalone Part D. Both of these plans receive monthly premium subsidies from the government.

In 2010, the Affordable Care Act was passed, which further expanded the benefits available to those with Medicare.

C. Parts of Medicare

1. Medicare Part A

Medicare Part A is a hospital insurance program that helps cover the cost of



inpatient hospital care, skilled nursing facility care, hospice care, and some home health care. It is available to those who are eligible for Medicare at no additional cost. It includes benefits such as inpatient hospital care and hospital services, such as laboratory tests, X-rays, and operating room services. It also covers skilled nursing facility care and home health services, including physical therapy, skilled nursing care, and medical social services.

2. Medicare Part B

Medicare Part B is a medical insurance program that helps cover the cost of



outpatient medical care, such as doctor's visits, preventive care, and certain medical equipment. It is available to those who are eligible for Medicare for a premium. It helps cover 80% of the cost of doctor's visits and preventive services, such as annual physicals and routine vaccinations. It also helps cover 50% of the cost of certain medical equipment, such as wheelchairs and walkers. **When you enroll into Medicare at age 65, you must continue to pay for Medicare Part B premium regardless of whether you are enrolled in Medicare Advantage Program or Medigap supplement insurance.**

Medicare Part B is a medical insurance program that helps cover the cost of outpatient medical care, such as doctor's visits, preventive care, and certain medical equipment. It is available to those who are eligible for Medicare for a premium.

3. Medicare Part C

Medicare Part C is a Medicare Advantage plan that is offered by private insurance companies. You basically sign over Medicare Part A and B to private insurance company. It provides an alternative way to receive Medicare benefits, and often includes additional coverage such as dental, vision, and prescription drugs.

4. Medicare Part D

Medicare Part D is a prescription drug coverage program that helps cover the cost of prescription drugs. It is available to those who are eligible for Medicare for a premium. Medicare Part D is not a benefit of Medicare. You must purchase it separately from private health insurance companies. It is often purchased together with Medigap policies.

D. Eligibility Requirements

In order to be eligible for Medicare, individuals must be 65 years or older, have certain disabilities, or have end-stage renal disease. Certain individuals may also qualify for Medicare if they are receiving Social Security or Railroad Retirement benefits.

PART 2: BENEFITS OF MEDICARE

A. Access to Quality Health Care

Medicare helps provide access to quality health care to those who are eligible. It helps cover the cost of doctor's visits, hospital stays, and other medical expenses, which can help reduce out-of-pocket costs for those on a fixed income.

B. Financial Security

Medicare helps provide financial security to those who are eligible. Medicare helps cover the cost of medical care, which can help reduce the burden of medical expenses on those on a limited income.

C. Coverage of Preventive Services

Medicare helps provide coverage of preventive services, such as annual physicals, routine vaccinations, and cancer screenings. These services can help detect potential health problems early, which can help reduce the long-term costs of medical care.

D. Coordination of Benefits

Medicare helps coordinate benefits with other insurance programs, such as Medicaid, to help ensure that all of an individual's healthcare needs are met. This helps to reduce the burden of out-of-pocket costs and provide comprehensive coverage.

E. Incentives for Staying Healthy

Medicare also provides incentives for staying healthy. These include preventive care and wellness visits, which can help reduce the risk of developing serious illnesses.

F. Access to Long-Term Care G.

Medicare helps provide access to long-term care services, such as nursing home care and home health care. This can help ensure that those with long-term care needs are able to receive the care that they need.

Conclusion

Medicare is an important program that helps provide access to quality health care and financial security to those who are eligible. It helps cover the cost of medical care, provides coverage for preventive services, and facilitates the coordination of benefits with other insurance programs. It also provides incentives for staying healthy and access to long-term care services.

PART 3: GAPS IN MEDICAL COVERAGE UNDER ORIGINAL MEDICARE

Original Medicare (Parts A and B) is available to those who are 65 and older, those with certain disabilities, and those with end-stage renal disease. While it helps provide access to quality health care, there are some coverage gaps that can leave individuals with large out-of-pocket expenses.

Medicare sets a maximum amount of money that they will pay for a specific diagnosis, but this amount is often less than what a doctor or hospital will charge. This is known as the “Medicare approved amount” and the patient is responsible for covering the difference between what Medicare will pay and what the provider charges. This can be a large financial burden and can lead to some people filing for bankruptcy.

Due to the large gaps in coverage, many people are unable to afford the medical care they need or require. This can lead to people going without necessary medical care, which can have serious long-term consequences.

Supplemental Medicare Insurance

To avoid this coverage gap, many individuals opt for supplemental insurance, which covers medical expenses that Medicare does not. There are two main types of supplemental insurance: Medigap insurance and Medicare Advantage C Plans

1. Medigap Insurance: So-called Medicare Supplement Insurance or Medigaps sold by private insurance companies covers what Medicare does not cover. When you visit a provider, the provider bills both Medicare and Medigap insurance for medical reimbursement.

2. Medicare Advantage C Plans: You sign over and transfer your rights to receive Medicare Part A and Part B coverage to a private company, such as an HMO, to manage all your medical needs in addition to taking care of billing.

PART 4: MEDIGAP

A. What is Medigap?

Medigap is a supplemental health insurance plan that helps cover the cost of healthcare expenses that are not covered by Medicare. These include copayments, coinsurance, and deductibles. Medigap plans are offered by private insurance companies and are not affiliated with the federal government. It is available to those who are eligible for Medicare and can help reduce out-of-pocket costs for those on a fixed income.

B. Who is Eligible for Medigap?

Medigap is available to those who are eligible for Medicare. In order to be eligible, individuals must be 65 years or older, have certain disabilities, or have end-stage renal disease.

D. Types of Medigap Plans

1. Plan A
2. Plan B
3. Plan C
4. Plan D
5. Plan F
6. Plan G
7. Plan K
8. Plan L
9. Plan M
10. Plan N

E. Benefits of Medigap

Medigap plans are categorized according to the benefits that they cover. Plans A through D cover the basic benefits, while plans F through N cover additional benefits such as excess charges and foreign travel emergency coverage. Overall, Medigap policies help cover the cost of healthcare expenses that are not covered by Medicare, such as copayments, coinsurance, and deductibles. It can also provide coverage for

services such as ambulance transportation, hospice care, and skilled nursing facility care, which are not covered under traditional Medicare. It helps reduce out-of-pocket costs for those on a fixed income, i.e., retirees.

F. Cost of Medigap

The cost of a Medigap plan varies depending on the type of plan and the insurance company offering the plan. Premiums may be higher for those who are older or have pre-existing conditions. In addition, Medigap plans may have deductible and coinsurance requirements, which can increase the overall cost of the plan. However, Medigap plans are guaranteed renewable and do not have annual maximum benefit limits.

G. Conclusion

Medigap is a supplemental health insurance plan that helps cover the cost of healthcare expenses that are not covered by Medicare. It is available to those who are eligible for Medicare and can help reduce out-of-pocket costs for those on a fixed income.

PART 5: MEDICARE ADVANTAGE PLANS

A. Introduction

Medicare Advantage Plans are health insurance plans offered by private insurance companies that provide an alternative way to receive Medicare benefits. These plans often include additional coverage such as dental, vision, and prescription drugs.

B. What are Medicare Advantage Plans?

Medicare Advantage Plans are health insurance plans offered by private insurance companies that provide an alternative way to receive Medicare benefits. These plans are often more comprehensive than traditional Medicare, and may include additional coverage such as dental, vision, and prescription drugs.

C. Types of Medicare Advantage Plans

1. Health Maintenance Organization (HMO)
2. Preferred Provider Organization (PPO)
3. Private Fee-For-Service (PFFS)
4. Special Needs Plans (SNP)

Medicare Advantage Plans are categorized according to the way they deliver care. HMOs require participants to use a network of providers, while PPOs allow participants to use any provider. Private Fee-For-Service plans allow participants

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to choose any provider that accepts the plan's payment terms. Special Needs Plans are tailored to meet the needs of those with specific chronic conditions, such as diabetes or heart disease.

C. Benefits of Medicare Advantage Plans

Medicare Advantage Plans can provide additional benefits not available through traditional Medicare, such as dental, vision, and prescription drug coverage. They can also offer additional services such as health coaching and nutrition counseling.

D. Cost of Medicare Advantage Plans

The cost of a Medicare Advantage Plan varies depending on the type of plan and the insurance company offering the plan. Premiums may be higher for those who are older or have preexisting conditions.

E. Eligibility Requirements

In order to be eligible for a Medicare Advantage Plan, individuals must be eligible for Medicare. Certain individuals may also qualify for Medicare Advantage Plans if they are receiving Social Security or Railroad Retirement benefits.

F. Conclusion

Medicare Advantage Plans are health insurance plans offered by private insurance companies that provide an alternative way to receive Medicare benefits. These plans often include additional coverage such as dental, vision, and prescription drugs. They may also offer additional services such as health coaching and nutrition counseling.

PART 6: COMPARISON OF MEDIGAP VS MEDICARE ADVANTAGE

A. Introduction

Medigap and Medicare Advantage are two health insurance plans that help provide coverage for those who are eligible for Medicare. Each plan has its own advantages and disadvantages, and it is important to understand the differences between the two in order to make an informed decision.

B. Advantages of Medigap

Medigap helps cover the cost of healthcare expenses that are not covered by Medicare, such as copayments, coinsurance, and deductibles. It also helps reduce out-of-pocket costs for those on a fixed income, and allows individuals to choose **any** doctor or **any** hospital that accepts Medicare in your own city state or even across the state lines. There is no network of providers, and the premiums are generally higher than those of Medicare Advantage C Plans. In addition, Medigap plans are

standardized and are offered by multiple insurance companies, so it is easy to compare plans and find one that best suits an individual's needs.

C. Advantages of Medicare Advantage

Medicare Advantage Plans can provide additional benefits not available through traditional Medicare, such as dental, vision, and prescription drug coverage. They can also offer additional services such as health coaching and nutrition counseling. Medicare Advantage Plans also provide access to a network of providers, which can help ensure that participants have access to quality care. Additionally, Medicare Advantage Plans may have lower premiums than traditional Medicare, which can help reduce out-of-pocket costs for those on a fixed income.

D. Disadvantages of Medigap

Medigap plans may not cover all healthcare expenses, and premiums may be higher for those who are older or have preexisting conditions. Additionally, Medigap plans do not cover prescription drugs, so those who need prescription drug coverage will need to purchase a separate Medicare D plan offered by private insurance companies.

E. Disadvantages of Medicare Advantage

Medicare Advantage Plans may require participants to use a network of providers, and premiums may be higher for those who are older or have preexisting conditions. Additionally, some Medicare Advantage Plans may have limited coverage for certain services or medications, and may not provide coverage for out-of-network providers. It is important to carefully review the coverage and costs associated with a Medicare Advantage Plan before making a decision.

F. Conclusion

Medigap and Medicare Advantage are two health insurance plans that help provide coverage for those who are eligible for Medicare. Each plan has its own advantages and disadvantages, and it is important to understand the differences between the two in order to make an informed decision. Medigap helps cover the cost of healthcare expenses that are not covered by Medicare, while Medicare Advantage Plans can provide additional benefits not available through traditional Medicare. Medigap plans may not cover all healthcare expenses, and premiums may be higher for those who are older or have preexisting conditions. Medicare Advantage Plans may require participants to use a network of providers, and premiums may be higher for those who are older or have preexisting conditions. It is important to weigh the pros and cons of each plan to determine which plan best meets your healthcare needs.

PART 7: WHICH ONE TO CHOOSE?

Do I have the choice of getting supplemental Medicare insurance? The answer is no for all intents and purposes. Should I then consider getting additional health insurance coverage beyond what Medicare covers? Yes. You will need supplemental Medicare insurance in order to survive the next five years, since access to medical care, or the lack thereof, is a major determinant of premature death. There are basically two choices to cover the Medicare gap.

- A. Medigap Insurance: So-called Medicare Supplement Insurance or Medigaps, sold by private insurance companies, cover what Medicare does not cover. When you visit a provider, the provider bills both Medicare and Medigap insurance for medical reimbursement.
- B. Medicare Advantage C Plans: You sign over and transfer your rights to receive Medicare Part A and Part B coverage to a private company, such as an HMO, to manage all your medical needs in addition to taking care of billing.

Which one to choose?

It all boils down to the cost and freedom of choice. You pay more for Medigap but you have freedom of choice. You can see any doctor anywhere across the town or state lines. Medicare Advantage is slightly cheaper than Medigap plans but you are restricted to a specific network hospitals and physicians. In other words, you give up certain degree of freedom to choose your doctors, but still have plenty of doctors to choose from within the HMO network usually restricted to local geographic boundary. It seems choosing Medicare Advantage C Plans is the path of least resistance since many folks just choose Medicare Advantage C Plans due to simplicity of signing up. I ask you to choose carefully and weigh Medigap plans so you will have freedom of choice and at the same time minimize your monthly premium.

One other thing remember is you must choose either Medigap or Medicare Advantage C. You cannot have both. It is not allowed by Medicare.

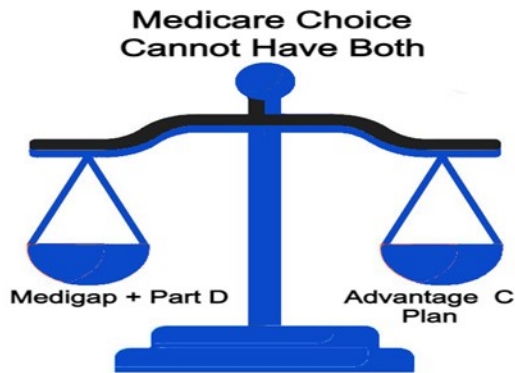
Making the choices: Medigap or Medicare Part C

When you turn 65, you will have a Medigap Open Enrollment Period if you have Medicare Part B (Medical Insurance). During this period, insurance companies are not allowed to refuse to sell you any Medigap policy, charge you a higher premium (based on health status) or exclude any medical insurance coverage due to a disability or other health problems. This is particularly important for those with pre-existing conditions, as Medigap insurance usually doesn't accept them after the Open Enrollment Period. Federal law guarantees Medigap enrollment at age 65, so an insurance company can't deny you a Medigap policy or add preexisting conditions to it. **This is a critically important point for patients with pre-existing conditions. Often, Medigap insurances will not accept people with pre-existing medical conditions or diseases after you pass this open enrollment opportunity at age 65.** Additionally, an insurance company can only terminate your Medigap policy if you make false statements, commit fraud, or don't pay your

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premiums. After age 65, most patients won't be able to go back to Medigap with preexisting conditions that you may develop in subsequent years.

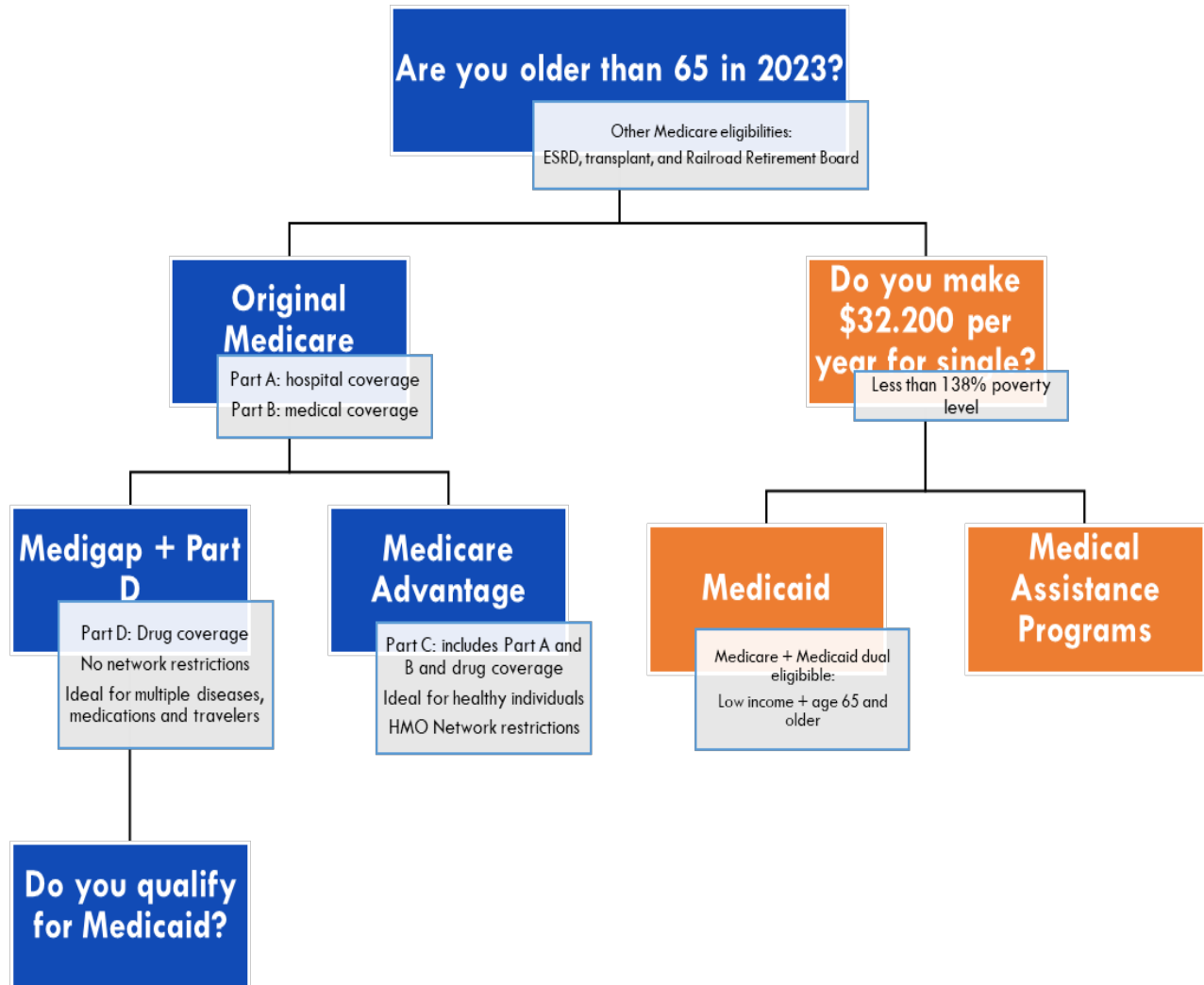
If you are looking to bridge the gaps in coverage that original Medicare Parts A, B, you may want to consider a Medigap insurance policy. You may also want purchase separate Medicare Part D coverage for medications. While it is not necessary to purchase your Medicare Part D prescription drug coverage from the same Medigap insurer, it may be helpful in expediting claims processing. Ultimately, you have two options: you can either choose the original Medicare Parts A, B and D and supplement them with a Medigap policy, or you can opt for an Advantage C plan, which merges Parts A, B and C. If you have pre-existing medical conditions, Medigap may be a better choice since it is difficult to transition from an Advantage C plan to Medigap later. Additionally, with Medigap, you have the freedom to see any doctor or go to any hospital, as there are no in-network or out-of-network restrictions.



Before you select, Medigap or Medicare Advantage Plans, it might be worthwhile to go through the next section to see if you qualify for State Medicaid. If so, that would provide best possible medical insurance coverage with minimal out of pocket costs

PART 8: MAKING CHOICES BASED ON INCOME

If you qualify for State sponsored Medicaid, that will provide the best medical coverage with



minimal out of pocket cost. Qualifying for Medicaid is based on the Federal Poverty Level and the size of one's family. Medicaid has established income eligibility limits for adults, as a percentage of the Federal Poverty Level, which provide an insight into the amount of medical care they can access. If you meet the Federal Poverty Level requirements and qualify for Medicaid, you will be able to enjoy the best medical coverage without having to pay much out of pocket. It is not unexpected that states with lower incomes and less access to medical care have shorter lifespans. This is due to the lack of resources available to those who are less well off.

A. Medicaid Income Eligibility Limits for Adults As a Percent of the Federal Poverty Level (Source: Kaiser Foundation 2022 result)

Location	Parents in a Family of 3	Individual Adult
United States	138%	138%
Alabama	18%	0%
Connecticut	160%	138%
District of Columbia	221%	215%
Florida	30%	0%
Georgia	33%	0%
Kansas	38%	0%
Mississippi	25%	0%
North Carolina	39%	0%
South Carolina	67%	0%
Tennessee	88%	0%
Texas	16%	0%
Wisconsin	100%	100%
Wyoming	50%	0%
All Other States	138%	138%

B. Medicare Advantage C plans are an all-in-one option for those looking for convenience in their healthcare coverage. These plans include Medicare Part A, Part B, and a drug plan, and are most suitable for healthy individuals. These plans have the advantage of a fixed copay but come with the disadvantage of Health Maintenance Organization (HMO) network restrictions, meaning you can only see in-network physicians and hospitals. This is in contrast to Medigap plan, which allows you to visit any doctor or hospital. According to the Kaiser Foundation, 42% of Medicare beneficiaries chose Medicare Advantage C plans in 2022, and this number is expected to increase to 61% by 2031.

PART 9: Choosing Medigap Plans

Choosing Medigap and Part D plan is obviously superior for someone who can afford these plans has freedom to choose providers and hospitals across state lines and international borders. These plans are already standardized by US federal government and does not differ from once company to another. Hint: more expensive Medigap letter plan (i.e., Plan G) from one insurer does not offer better benefits compared to lower-priced Plan G from another company. Table 2 shows benefits of Medigap policies.

Table 2. Medigap Plan Coverages - 2023

	Medigap (Medicare Supplement) Plans for 2023									
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% ***
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%					

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Part B excess charge					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%

*Note: If you were eligible for Medicare on or after January 1, 2020, Plans C and F are still available. People new to Medicare on or after January 1, 2020, have the right buy Plans D and G rather than Plans C and F. High deductible Plan F and G are also available with annual deductible of \$2700.

Out-of-pocket limit in 2023	
\$6,940	\$3,470

A. What Medigap Does Not Cover:

- Eye exams or eyeglasses (though some Medicare Advantage Plans may cover this)
- Hearing aids
- Dental care (though some Medicare Advantage Plans may cover this)
- Long-term care
- Private-duty nursing
- Cosmetic surgery
- Chiropractic care
- Acupuncture

B. Premium Cost:

Premium cost is the only difference between Medigap policies sold by different insurance companies since each plan with a letter is standardized by the Medicare, a courtesy of your federal government agency. Medigap coverage is exactly the same for **a specific given letter Medigap policy** (i.e. G plan) despite premium differences among policies offered by various insurers.

Medical coverage for Medigap G plans offered by Company A and Company B are identical. However, the premium for Company A's plan may be \$200 per month, while the premium for Company B's plan may be only \$100 per month. There may be a substantial difference in cost, so it is important to be aware of and take advantage of the lower cost option.

C. 15% Excess Charge

Eight states prohibit Medicare 15% excess charge beyond what Medicare approved amount: Connecticut, Massachusetts, Minnesota, New York (allows for 5% excess charges), Ohio, Pennsylvania, Rhode Island, and Vermont. Plan N might be option for people in these states since only difference between Plan G and N is Medicare Part B excess charge coverage.

If you live in Massachusetts, Minnesota and Vermont, there is a slight difference in Medigap policy benefits.

There are high deductible plans for F and G with 2023 maximum deductible of \$2700. High deductible plans are lower in monthly premiums.

Plans C and F are no longer available to people new to Medicare on or after January 1, 2020.

D. Conclusion

Three Medigap plans F, G and N offer highest levels of benefits, and are also three most popular plans. But F is no longer available to new retirees but grandfathered for retirees already on it. For all practical purpose, plans G and N offer most comprehensive coverage with Plan N premium less than Plan G. If higher premium is not a concern, Plan G is the best option!

E. Two Considerations When Choosing Medigap Plans:

- Health Needs: those with current preexisting conditions or family history cancer, heart attack, or stroke should enroll as soon as possible. Healthcare crisis/costs is number reason for financial bankruptcy.
- Budget Needs: when choosing a Medigap policy, the monthly premium might be your top concern. Plans that offer higher benefits usually have higher monthly premiums.

For most people who are budget conscious, I would consider Plan N and Plan G for folks without overriding concern for premium. But remember each plan has very wide premium range while each plan offers identical coverage benefits.

F. What is the Gap that Medigap Provides?

- As we discussed earlier Medicare Part A is basically a hospital insurance and Part B a medical insurance. Medigap plans cover the 20% deductibles for most categories of medical services and devices.
- Medigap plan G covers Medicare excess charge of 15% that all the states except 8 states (Connecticut, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, Rhode Island, and Vermont) allows. Most doctors these days will not accept Medicare assignment, which means they will charge the extra 15% rather than just accepting Medicare-approved amount. If your doctor or hospital are on Medicare assignment, that means, they are going to accept Medicare-approved amount and not bill the extra 15%.
- Overall, the Medicare will cover about 50% to 75% of your medical care when copays and deductibles are all added up.

G. Why Is It Important to Buy Medigap When You Are First Eligible?

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When you reach 65, your Open Enrollment Period begins when you enroll in Medicare Part B. 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 preexisting health problems.

It is also extremely important to enroll in Medicare Part B when you reach 65 during Medigap Open Enrollment Period. If not enrolled in Medicare Part B, not only you may have to pay a Part B late enrollment penalty and might miss your 6-month Medigap Open Enrollment Period. If you or your spouse are still working past 65 and have employer health insurance coverage, you may want to wait to enroll in Medicare Part B so you wouldn't have to pay for Part B premium. When the employer health coverage ends, you will have a chance to enroll in Medicare Part B as well as Medigap during your Medigap Open Enrollment Period.

Your right buy Medigap policies in other extenuating circumstances (Medigap Guaranteed Issue Rights) are listed below (Source: US Center for Medicare and Medicaid Services).

You have a guaranteed issue right if...	You have the right to buy a Medigap	You can/must apply for a Medigap policy...
You have a Medicare Advantage Plan, 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. 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.

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<p>You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays the difference after Medicare reimbursement and that plan is ending.</p> <p>Note: In this situation, you may have additional rights under state law.</p>	<p>Medigap Plan A, B, C*, D*, F*, G*, K, or L that's sold in your state by any insurance company. If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends.</p>	<p>No later than 63 calendar days after the latest of these 3 dates:</p> <ul style="list-style-type: none"> • Date the coverage ends. • Date on the notice you get telling you that coverage is ending. • Date on a claim denial, if this is the only way you know that your coverage ended.
<p>You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area.</p> <p>Call the Medicare SELECT insurance company for more information about your options.</p>	<p>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.</p>	<p>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.</p>

Part 10: COMPARING MEDIGAP Plan PRICES

It is important to ask your insurance agent **what type of rating** is used for the Medigap policy premium they are offering once you have decided on the type of Medigap plan (G, N, or other) you would like to enroll in. This is so that you can compare the premiums of the same type of Medigap plan from different companies with the same type of rating. For example, if you compare Medigap G plans with the same Issue-Age rating, you would be comparing apples to apples.

- With **Attained-Age Rating** where the premium increases with each additional year of age and inflation.
- With **Issue-Age Rating**, the premium is set when you first enroll, and it is usually slightly higher than with Attained-Age rating. This means that if you first buy Medigap at age 65, you will always pay the same premium as a 65-year-old regardless of how old you are in the future. However, the premium will still increase with inflation.
- Premiums in **Community-Rated or No-Age Rating** policies are the same for all policyholders, regardless of age. Premiums are not based on age, but on factors such as geographic location and inflation.

However, younger policyholders will pay higher premiums compared to older policyholders (e.g. a 65-year-old compared to a 75-year-old). Based on the type of rating, you would be comparing apples to apples and be able to estimate your long-term premium rate increases.

Part 11. USING MEDICARE.GOV WEBSITE FOR COMPARISON SHOPPING

1. First sign up at the website for Medicare Part A and Medicare Part B, Medicare.Gov when you reach 65 or 3 months prior to turning 65.
2. Then Search for Medigap Plans available in your state. Choose one of the Medigap plans discussed above.
3. Comparison shop for the same Medigap Plan denoted by Letter (N or G or any other). Make apples to apples comparison by staying with the **same letter Medigap plan** and **type of rating**.
4. Do the same for Medicare Part D drug plans on the Medicare.Gov.
5. Choose one or two companies in your area offering to sell Medigap and Plan D policies.
6. Also check credit ratings of these companies. For example, AM Best rates Mutual of Omaha (A+), Cigna (A), Blue Cross Blue Shield (A), AARP/United Healthcare (A-), Humana (A-). More reputable rating agency might be Weiss Rating for consideration.
7. Call the company you decide that fits your needs.
8. If policy is not delivered via mail within 30 days after the enrollment, contact the company again!
9. Remember Medigap plans are already standardized by US federal government and does not differ from once company to another in their medical coverage. This only instance that I know where higher premium does not deliver higher medical coverage!
10. Also include 2023 Part B premium and deductible in your monthly budget: Average monthly premium = \$164.90 Average yearly deductible = \$226.00 If your income is higher than \$97,000 (\$194,000 per couple), you may have a higher premium.

11. Example:

- Anita B. from Denver was able to enroll into Medigap G plan with AARP/United Healthcare for \$152/month.
- She was able to Part D plan from for \$3.50/month.
- In addition, she is utilizing <https://costplusdrugs.com/> - discount drug outlet started by Mark Cuban.

Bibliography for 9Health Medigap Guide

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- Your 2023 Kaiser Permanente Guide to Medicare.
<https://healthy.kaiserpermanente.org/content/dam/kporg/final/documents/formularies/medicare/2023/guide-to-medicare-wa.pdf>
- Centers for Medicare and Medicaid Services (CMS) Medigap:
<https://www.cms.gov/Medicare/Health-Plans/Medigap>.
- Medicaid Income Eligibility Limits for Adults as a Percent of the Federal Poverty Level.
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