



Medicare Supplement Plan (Medigap)

Materials

- This PowerPoint presentation.
- Workbook.

Learning objectives

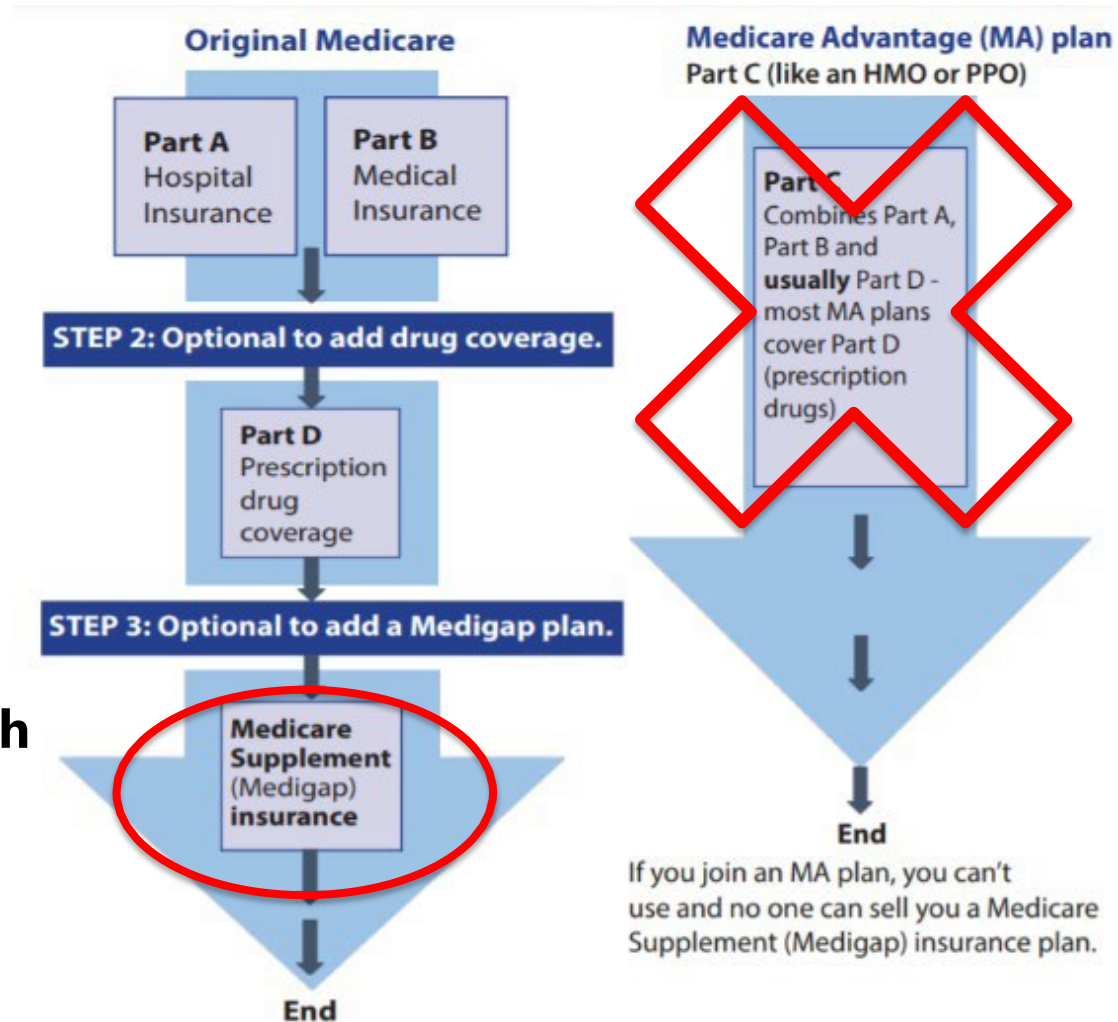
By the end of this lesson, you will be able to guide Medicare beneficiaries through the Medigap selection and enrollment process by:

- accurately assessing eligibility,
- comparing standardized plan options,
- identifying available insurers in Washington State,
- explaining premium structures and special rules (including guaranteed issue rights), and
- supporting the beneficiary's decision-making based on their individual needs.

Section 1: Tools & rules

What's a Medigap?

- Private insurance policies that help pay for “gaps” in Original Medicare coverage
- Each Medigap covers only one person (i.e. spouses must purchase separate plans)
- **Medigaps do NOT work with Medicare Advantage plans**



Medigap Policies



Fills “gaps” in Original Medicare (like deductibles, coinsurance, copayments)



Sold by private insurance companies



Standardized policies, and in most states are named by letters—Plans A–N



You must have Part A and Part B to buy a policy

Medigap core benefits

- Medigaps help cover the **20% coinsurance** in Original Medicare.
- Most Medigaps only pay towards **Medicare-covered services**.
- Medigaps are secondary coverage (i.e. Medigaps only pay if Medicare pays).



Part A hospital coinsurance

- Full cost of Medicare-covered days in benefit period
- Full cost of 365 additional lifetime days



Part B medical coinsurance

- Part or all of cost of Part B coinsurance, depending on policy



Cost of blood

- Part or all of cost of first 3 pints of blood needed each year, depending on Medigap policy



Hospice care coinsurance

- Full cost of hospice care coinsurance, if Medigap was purchased on/after June 1, 2010

Medigap plan all possible benefits

Plans available to all Medigap applicants

Medicare-eligible before 2020

Basic benefits	A	B	D	G*	K	L	M	N	C	F*
Part A: Hospital coinsurance (plus costs up to an additional 365 days after Medicare benefits end)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part A: Hospice care coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B: Coinsurance or copay	✓	✓	✓	✓	50%	75%	✓	✓***	✓	✓
Medicare preventive care Part B coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A & B: Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Additional benefits	A	B	D	G*	K	L	M	N	C	F*
Skilled nursing facility care coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Part A deductible: \$1,676		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible: \$257									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (lifetime limit of \$50,000)			80%	80%			80%	80%	80%	80%
Out-of-pocket yearly limit**					\$7,220	\$3,610				

*Plans F and G offer a high-deductible plan. You pay for Medicare-covered costs up to the deductible amount (\$2,870 in 2025) before your plan pays anything.

**After you meet your out-of-pocket yearly limit and Part B deductible, the plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance except up to \$20 copays for some office visits and up to \$50 copays for emergency room visits (if the hospital admits you, the plan waives your emergency room copays).

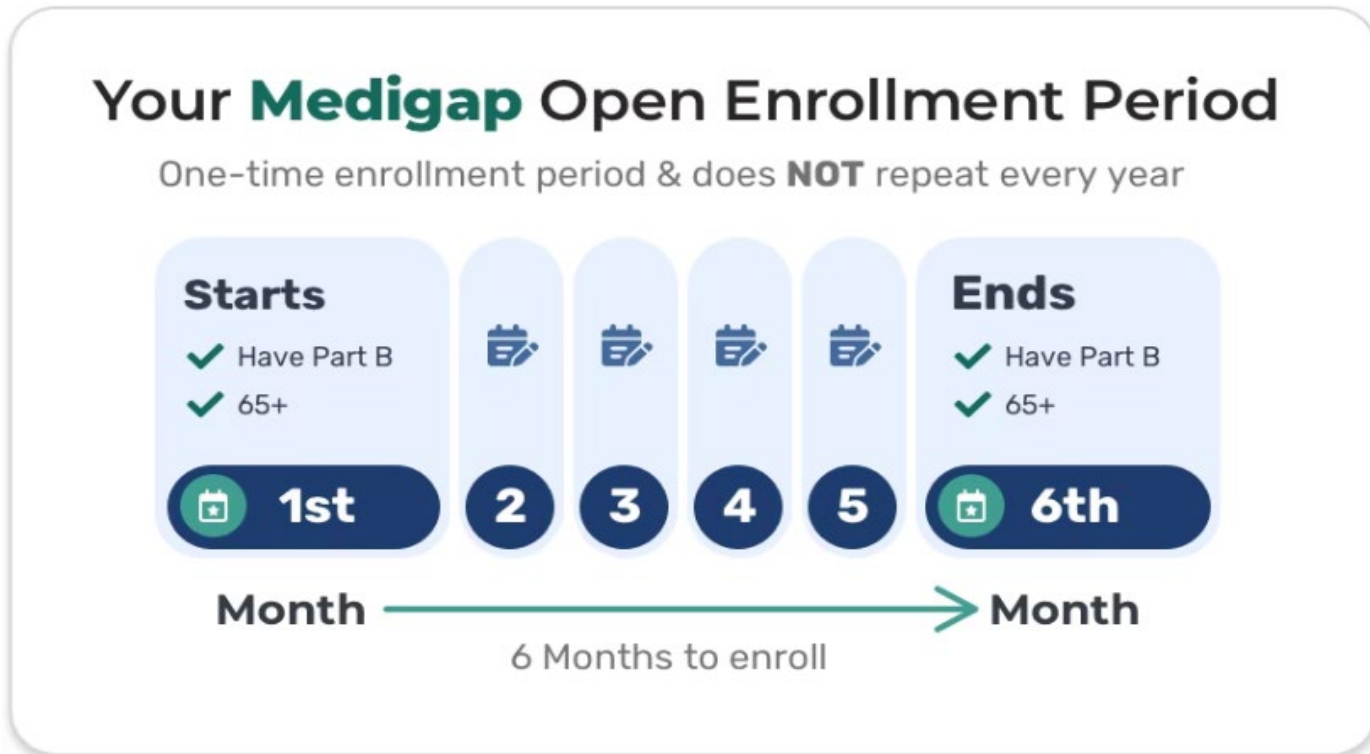
Medigaps – what's NOT covered

- Like Original Medicare, **Medigaps don't cover:**
 - ✓ Long-term care
 - ✓ Vision care and eyeglasses (in most cases)
 - ✓ Dental care
 - ✓ Hearing aids
 - ✓ Private-duty nursing
 - ✓ Outpatient prescription drugs (limited exceptions)

Who is eligible for a Medigap?

- Anyone who is eligible for Medicare **Parts A & B**:
 - ✓ Age 65+
 - ✓ Under 65 and receiving SSDI
 - ✓ ALS (Lou Gehrig's disease) or ESRD (End-Stage Renal Disease)
- A person may be **eligible** for a Medigap, but they may **not** have a **guaranteed issue right** into a Medigap.

Best time to buy Medigap



- If a person delays enrolling in Part B because they have group health coverage based on their (or their spouse's) current employment, their Medigap Open Enrollment Period won't start until they sign up for Part B for the first time.

Open Enrollment Period

Best time to buy because companies can't:

- Refuse to sell any Medigap policy (guaranteed issue)
- Delay coverage (one exception)
 - Companies can delay coverage up to **3 months** for **pre-existing conditions** if beneficiary didn't have creditable coverage (i.e. other health insurance) before enrolling into Medicare

Guaranteed issue right

When a person qualifies for a guaranteed issue right:

- Medigap insurers **must sell** a policy regardless of health status.
 - Coverage cannot be denied due to medical history (pre-existing conditions).
 - Can avoid or shorten waiting periods for a pre-existing condition if one buys a Medigap policy to replace creditable coverage.

Guaranteed issue after Open Enrollment

- If the open enrollment period has passed, individuals may still be able to purchase a Medigap policy under guaranteed issue rights.
- These rights apply when someone loses or ends certain types of health coverage through no fault of their own, and they typically last no more than 63 days from the date that coverage ends.
 - One can apply for Medigap 60 days before the date the coverage ends.
 - Doesn't take effect until the previous coverage ends

Preexisting condition & Health Screening

Pre-X

(Pre-existing condition) is a health problem beneficiary had within the **three months** before the effective date of their new plan.

Health Screening

“Yes” health screen means the insurance company **will ask beneficiary health questions** to decide if they will enroll them in its plan.

- For this condition, a company **cannot exclude benefits for that condition for more than three months** after the coverage effective date.
- If beneficiary replaces their policy and their previous policy was in effect for at least three months, they have **no waiting period** for any pre-existing conditions.

Medigap: enrolling & switching

- There's **no yearly open enrollment period** for Medicare Supplement (Medigap) plans.
- However, if they're **not** currently enrolled in a Medigap but want to buy one, they may have to **pass a written health screening questionnaire**.
- If a person's already **enrolled** in a Medigap plan, they may apply to buy or switch plans **at any time**.

Guaranteed Renewable

- In most cases, Medigap policies purchased after 1992 are guaranteed renewable
- An insurance company can't drop a beneficiary unless one of the following happens:



You stop paying
your premium



You weren't truthful
on the Medigap
policy application



The insurance
company goes
bankrupt or
insolvent

Section 2: Counseling session

Counseling scenario

- Preparation
- Session

Fraud Prevention ***Month*** is Here!!



SMP
Senior Medicare Patrol

Held June 5-30

**MEDICARE FRAUD
PREVENTION MONTH!**

Illegal Medigap practices: what agents can't do

- Pressure or mislead someone into buying or switching Medigap policies
- Sell a second Medigap policy unless the person agrees in writing to cancel the first
- Sell a Medicare Advantage Plan to someone who wants to stay with Original Medicare and buy a Medigap policy

Legal Medigap practices: What agents can do

- Call a beneficiary with advanced permission-must provide a business reply card and Scope of Appointment.
 - Scope of Appointment states what the agent and you agree will be discussed during an appointment or call.
- May call a beneficiary to confirm an appointment.
- Give plan materials & explain plan options.
- Collect completed enrollment forms.
- Contact a beneficiary after the meeting to confirm they understand how the plan works.

How to Protect Yourself from Illegal Practices

- Avoid allowing anyone to sell you something you did not request.
- Avoid clicking on or providing personal information in online quote request forms.
- Do not open the door to agents selling door to door.
- Do not agree to anything over the phone, especially with unsolicited calls.
- If you have an appointment with an agent, carefully read anything you are asked to sign.
- Know what you are buying. Read the fine print.
- Request all plan information, enrollment agreements, and topics discussed with the agent, in writing.

Section 3: Conclusion

Learning outcomes

After completing the training do you feel more confident in your ability to:

1. Assess a Medicare beneficiary's eligibility for Medigap coverage.
2. Explain how Medigap can help cover costs for people with Original Medicare (OM).
3. Explain Medigap premium structures and special rules, including guaranteed issue rights.
4. Recognize illegal Medigap marketing or sales practices and explain how to inform Medicare beneficiaries about their rights and available protections.
5. Support beneficiaries in making informed and confident decisions based on their individual needs.

Announcements & resources

Lunch and Learn & SMP Training

June 1st Thursdays - 11:00 to Noon

Open Forum

July 1st Thursdays - 11:00 to Noon

L&L: Medicare & Veterans

Presenter: SHIBA Volunteer David Sharpe

June 18, 5:30 – 7:00 pm

Spot on Scam: Protect Yourself by
Checking Your Statements

Presenter: SMP Coordinator Kim McKenna



Register through monthly training calendar

<https://www.trumba.com/calendars/shiba-volunteer-training>

Resources



- This publication is WA state specific.
- Provides overview of all guaranteed issue rights (both federal and state).
- Give this publication to any beneficiary who has or is considering a Medigap plan.

Resources (continued)

Medicare.gov

Get ready to buy--Your Medigap Open Enrollment Period

<https://www.medicare.gov/health-drug-plans/medigap/ready-to-buy>

Buying a Medigap policy

<https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/buying-a-medigap-policy#:~:text=guaranteed%20issue%20rights.%22-,Guaranteed%20issue%20rights,more%20about%20guaranteed%20issue%20rights.>

SHIBA OIC

Medicare Supplement Plans

<https://www.insurance.wa.gov/sites/default/files/2025-04/medicare-supp-plans.pdf>

CMS

Fraud

<https://www.cms.gov/files/document/agentbroker-dos-and-donts-9-2022.pdf>