

SHIBA Medicare Supplement Insurance (Medigap) workbook

June, 2025

Statewide Health Insurance Benefits Advisors
(SHIBA)

Table of Open contents

Message from the SHIBA CTC	5
Medicare coverage options	6
What is a Medigap Plan?.....	7
Medigap Plan Coverage	8
Medigap policies don't cover.....	8
Counselor Corner: Explaining the benefits of Medigap plans:	9
Activity 1: Exploring Medigap Plans	10
What types of Medigap policies can insurance companies sell.....	10
Plan premiums: Community-rated basis.....	11
Plans currently available for sale in WA sample.....	12
Activity 2: Comparing Medigap Plans Across Companies	12
Counselor corner: Medigap selection process.....	13
Who buys Medigap.....	15
Most Medicare beneficiaries do purchase Medigap	15
Some Medicare beneficiaries do <i>not</i> need Medigap.....	15
People on Medicaid (also called Title 19)	15
People in the QMB Program (Qualified Medicare Beneficiary)	15
Other Programs That Help with Medicare Costs.....	16
Retiree Group Coverage from Former Employers	16
Medigap Rights & Protections	17
Guaranteed issue rights during open enrollment period	17
Medigap Open Enrollment Period.....	17
Medigap Open Enrollment Period: Creditable coverage & preexisting conditions	18
<i>Example</i>	18
<i>Example</i>	19
Open Enrollment Period & creditable coverage summary.....	20
On Medicare due to disability, End-Stage Renal Disease (ESRD), or Amyotrophic Lateral Sclerosis (ALS) & turning 65.....	20
Delayed Part B enrollment.....	20
Guaranteed issue rights after open enrollment	21
Guaranteed issue right eligibility overview	21
(a) Loss of job-based Medicare supplemental benefits	21

(b) Loss or change of Medicare Advantage (Part C) or all-inclusive care for elderly (PACE) program	22
(c) Loss of other Medicare health plans	22
(d) Loss of previous Medigap policy	22
(e) Trial Right #1	23
(f) Trial Right #2	23
(g) Switched Drug Coverage (rare case).....	23
Counselor Corner: proof of prior coverage	24
Buying a Medigap policy outside of protected periods	24
Medical underwriting.....	24
Pre-existing condition	24
Pre-existing condition waiting period.....	25
Switching plans in Washington	26
Switching Medigap Policies.....	26
Switching from Medicare Advantage to Medigap	27
Counselor Corner:	27
Guaranteed Renewable Coverage	28
Cancelling a Medigap Policy.....	28
Counselor Corner	28
Suspending Medigap Policy.....	29
Medicaid & Medigap suspensions.....	29
There is no limitation on how often a suspension may be requested ...	29
When and how a beneficiary may request a suspension	29
Conditions for Reinstitution of a Suspended Medigap Policy	30
Effect of Suspension for More Than 24 Months.....	31
Why Suspension Might NOT Be a Good Idea:.....	31
Counselor corner: Policy suspension	31
Employer-sponsored health insurance & Medigap suspensions	32
Counselling session.....	33
Counseling session transcript & activities	33
Activities	33
Counseling session transcript	33
Counseling session notes & reflections.....	38
Illegal Medigap Practices	40
Fraud prevention	42
Fraud Prevention Checklist: Red Flags & Protection Tips	42
Red Flags to Watch For.....	42

Tips to Protect Personal Information.....	42
Case: "Unauthorized Door-to-Door Solicitation"	43
Parties Involved	43
Reflection Questions.....	44
Violation(s) Observed	46
Beneficiary Impact	47
Follow-Up Questions – Counselor Support Strategies	48
Case: Follow-up actions taken.....	48
Final reflections.....	49
Learning outcomes	49
How can SHIBA staff help?	49
Appendix A: 10 standardized Medigap plans	51
Appendix B: Medigap Counseling Checklist.....	52
Appendix C: Medigap Fraud.....	55
Answer Key for Case Study – “Unauthorized Door-to-Door Solicitation” ..	55
Possible correct answers to reflection questions.....	55
Identified Violations.....	55
Beneficiary Impact.....	55
Recommended Preventive Actions	56
Appendix D: Glossary	57
Resources.....	59

Message from the SHIBA CTC

Dear Counselors,

As the curriculum & training coordinator (CTC), I deeply value your input in shaping effective training materials. Your feedback is crucial as we strive to refine and enhance resources to better support you in your role as Medicare counselors.

This workbook is designed to build your skills and knowledge through case scenarios and activities that encourage reflection and discussion. You are welcome to focus on the sections most relevant to your experience and expertise—there's no need to study all the material. Please take time to engage with the parts that interest you, jot down your insights, and share your thoughts during our sessions.

Your dedication to learning makes a meaningful difference in the lives of beneficiaries. Thank you for your commitment and for being an integral part of our team. I look forward to hearing your feedback and suggestions!

Best regards,

Elena Garrison
SHIBA Curriculum & Training Coordinator
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Medicare coverage options

Original Medicare

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

☒ 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)

- A Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D.
- In many cases, you can only use doctors who are in the plan's network.
- In many cases, you may need to get approval from your plan before it covers certain drugs or services.
- Plans may have lower or higher out-of-pocket costs than Original Medicare. You may also have an additional premium.
- Plans may offer some extra benefits that Original Medicare doesn't cover—like certain vision, hearing, and dental services.

☒ Part A



☒ Part B



Most plans include:

☒ Part D



☒ Some extra benefits

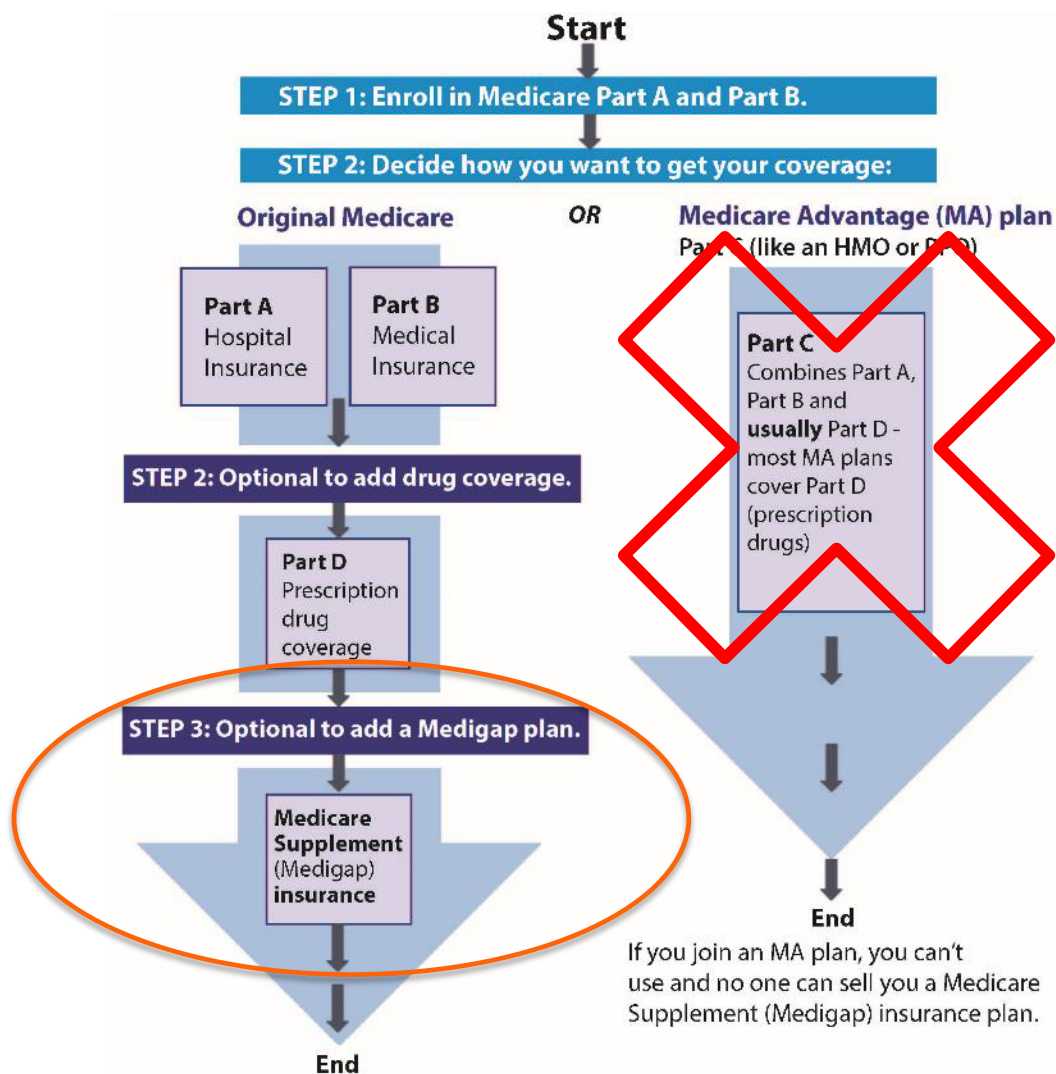
Some plans also include:

☐ Lower out-of-pocket costs

What is a Medigap Plan?

A Medigap plan—also known as a **Medicare Supplement**—is an insurance plan sold by private companies to help cover beneficiary's share of **out-of-pocket costs** in **Original Medicare (Parts A and B)**, such as copayments, coinsurance, and deductibles.

Medigap policies only work with Original Medicare.



Medigap Plan Coverage¹

Every Medigap policy must follow federal and state laws designed to protect beneficiaries, and policies must be clearly identified as “Medicare Supplement Insurance.” **All Medigap policies are standardized. This means, policies with the same letter offer the same basic benefits no matter where beneficiaries live or which insurance company they buy the policy from.** There are 10 different types of Medigap plans offered in most states, which are named by letters: A–D, F, G, and K–N.

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: \$1,632		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B deductible: \$240									✓	✓
Part B excess charges				✓						✓
Foreign travel emergency (lifetime limit of \$50,000)			80%	80%			80%	80%	80%	80%
Out-of-pocket yearly limit**					\$7,060	\$3,530				

*Plans F and G offer a high-deductible plan. You pay for Medicare-covered costs up to the deductible amount (\$2,800 in 2024) 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).

✓ = The plan covers 100% of this benefit

Medigap policies don't cover

Medigap doesn't cover everything. Medigap policies generally don't cover:

- Long-term care (like non-skilled care you get in a nursing home)
- Vision or dental care
- Hearing aids
- Eyeglasses

¹ <https://www.insurance.wa.gov/sites/default/files/2025-02/10-medicare-supplement-plans.pdf>

- Private-duty nursing

Counselor Corner: Explaining the benefits of Medigap plans:

1. Plan A:

- Basic benefits paid in full (100%) plan.
- Suitable for those seeking minimal Medigap coverage.

2. Plan B:

- Includes all basic benefits of Plan A, plus coverage for the Medicare Part A deductible (100%).
- A good option for those who want added protection against hospital costs.

3. Plan D:

- Covers in full everything Plan B does.
- Includes additional benefits like skilled nursing facility care coinsurance (100%) and foreign travel emergency coverage at 80% rate.

4. Plan G:

- One of the most comprehensive plans, covering all benefits offered by Plan D, with the addition of Medicare Part B excess charges in full.
- Also offers a high-deductible plan at lower premiums.
 - You pay for Medicare-covered costs up to the deductible amount (\$2,870 in 2025) before your plan pays anything.
- Ideal for those seeking extensive coverage.

5. Plan K, L, M, and N:

- These plans offer various levels of cost-sharing, providing different percentages of coverage for certain benefits.
- Suitable for individuals who are comfortable with sharing some costs to lower their premiums.

6. Special Note about Plans C and F:

- These plans are no longer available to new Medicare beneficiaries as of January 1, 2020. However, individuals who were eligible for Medicare before this date may still be able to enroll in these plans.
- These are the most comprehensive plans:

- **Plan C** covers all basic benefits in full as well as most additional benefits (with exception of Part B excess charges—not covered & foreign emergency travel—covered at 80%) in full.
- **Plan F** covers all basic benefits in full as well as most additional benefits (foreign emergency travel—covered at 80%) in full.
 - Also offers a high-deductible plan at lower premiums. You pay for Medicare-covered costs up to the deductible amount (\$2,870 in 2025) before your plan pays anything.

Activity 1: Exploring Medigap Plans

Objective: Understand the different Medigap plans available.

Activity: Review the "10 Standardized Medicare Supplement (Medigap) Plans Chart" on p. 8 or in Appendix A.

Discussion: Discuss why some plans might be more suitable for certain clients based on their healthcare needs and financial situation.

What types of Medigap policies can insurance companies sell

In most situations, Medigap insurance companies are allowed to sell only standardized Medigap policies. These standardized plans follow federal guidelines to ensure consistent benefits across companies. However, insurance companies are not required to offer every Medigap plan. Each company chooses which plans it wants to sell, although federal and state regulations may limit or influence their options.

There are certain times when an insurance company **must sell** Medigap policy, even if beneficiaries have health issues. These guaranteed opportunities include:

- During beneficiary's Medigap Open Enrollment Period²
- When beneficiary have a guaranteed issue right³

Outside of these periods, individuals may still apply for a Medigap policy, but insurance companies can review their health history and deny coverage based on medical conditions. In some cases, it may even be illegal for a company to sell someone a Medigap policy, depending on the person's situation and coverage⁴.

Plan premiums: Community-rated basis⁵

In Washington state premiums must be equal for all policyholders under a standardized Medicare supplement benefit plan form, except that an issuer may vary premiums based on:

- spousal discounts,
- frequency of payment, and
- method of payment including automatic deposit of premiums
- two rating pools that distinguish between an insured's eligibility for Medicare by reason of:
 - (a) Age; or
 - (b) Disability or end-stage renal disease⁶

² More on this in the next section: Medigap Rights & Protections

³ More on this in the next section: Medigap Rights & Protections

⁴ More on this in the next section: Medigap Rights & Protections

⁵ **RCW 48.66.045** <https://app.leg.wa.gov/RCW/default.aspx?cite=48.66.045>

⁶ People who qualify for Medicare due to a disability, End-Stage Renal Disease (ESRD), or Amyotrophic Lateral Sclerosis (ALS) before turning 65 have limited policy choices. Moreover, they do not have guaranteed issue rights of Medigap Open Enrollment Period until the month they turn 65. The six-month period begins on the first day of that birthday month.

Plans currently available for sale in WA sample⁷



April – June 2025 Approved Medicare Supplement (Medigap) plans

By federal law, high-deductible plans G and F have a \$2,870 deductible for the year 2025.

The best time to enroll in a Medigap plan is during the first six months you have both Medicare Parts A and B.

People enrolled in Original Medicare who have:

- A Medigap plan B through N can join any Medigap plan – except Plan A.
- Medigap Plan A can join any Medigap Plan A.
- More comprehensive health coverage than the Medigap plan they're buying, can join any comprehensive Medigap plan – except Plan A.

There's **no** yearly open enrollment period for Medicare Supplement (Medigap) plans. If you're already enrolled in a Medigap plan, you may apply to buy or switch plans at any time. However, if you're not currently enrolled in a Medigap but want to buy one, rules vary whether insurers may require you to pass a written health screening questionnaire. Not sure if you'll need to take a health screening? Call our Insurance Consumer Hotline at: 1-800-562-6900.

Company	Pre-X ¹	Health screen ²	Standardized benefit plans & monthly costs								Plans C & F ⁺	
Ace Property and Casualty 1-800-601-3372			A	B	D	G	K	L	M	N	C	F
Age 65 and older	No	Yes	\$193			\$206				\$155		\$264
With a high deductible						\$67						
Asuris Northwest Health 1-888-319-8575			A	B	D	G	K	L	M	N	C	F
Age 65 and older			\$284			\$320	\$205			\$247	\$399	\$400
Notes about Asuris Northwest: These plans are offered in the following counties: Adams, Asotin, Benton, Chelan, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens and Whitman.												
Bankers Reserve Life Insurance Co of Wisconsin 1-833-441-1564			A	B	D	G	K	L	M	N	C	F
Age 65 and older	No	Yes	\$214			\$236				\$178		\$309

***To buy a Medigap plan C or F, you must have been eligible for Medicare before Jan. 1, 2020.**

Note: Plans and premium costs listed are filed and approved by the Washington state Office of the Insurance Commissioner. Premiums listed are for monthly payments through automatic funds transfer, if available. The premium costs may differ for different modes or methods of payment, so be sure to check with the company.

Companies may change their rates at various times throughout the year, so always check with the company for the latest availability and premiums. Plans issued before June 1, 2010 have different rates due to changes in Medicare.

Activity 2: Comparing Medigap Plans Across Companies

Objective: Develop skills in comparing Medigap plans offered by different insurance companies.

Activity: Using the information provided in the resource⁸, compare the premiums and benefits of Medigap plans from different companies (e.g., comparing Plan G across different insurers).

⁷ See the complete list of Medigap policies offered in Washington in April-June 2025 here:

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

⁸ <https://www.insurance.wa.gov/sites/default/files/2025-04/medicare-supp-plans.pdf>

Discussion: Discuss the importance of considering both cost and coverage when advising clients on choosing an insurance company.

Counselor corner: Medigap selection process

If you are a counselor helping a beneficiary with Medigap selection, here's how you can guide them through the process:

1. **Decide which benefits are needed:** Help the beneficiary assess their healthcare needs and determine which plans will provide the most coverage using the chart in Appendix A.
2. **Choose the right Medigap plan:** Medigap plans are standardized, so you'll need to help them select the plan that best suits their needs.

Make sure to remind the beneficiary that insurers can only sell standardized Medigap plans, which must comply with both federal and state laws. The policy should also clearly indicate that it is Medicare Supplement (Medigap) insurance on the front.

3. **Research available insurers:** Look up which insurance companies offer Medigap plans in WA. You can refer beneficiaries to SHIBA's quarterly publication⁹ to assist with this.
4. **Compare premiums:** Help the beneficiary compare options.

⁹<https://www.insurance.wa.gov/sites/default/files/2025-04/medicare-supp-plans.pdf>

Explain WA community-rated policies—These policies charge everyone the same rate no matter how old they are. Premiums may go up because of inflation and other factors, but not because of beneficiary's age.

5. **Enroll in the plan:** Once they've chosen a plan, they can either contact the insurer directly or work with a licensed insurance agent or broker to complete the enrollment.

SHIBA counselors **do not** make recommendations.

Tip: Beneficiary's residence

If you are a counselor helping a beneficiary who splits their time between two homes, here's what they need to know about Medigap plans:

- **Primary residence:** They can only have one primary residence, which is where they are registered to vote and have their driver's license.
- **Doctor visits:** With Medigap, they can see any Medicare-accepting doctor in the U.S., except with Medicare Select plans (C & F), which limit coverage to specific networks.

Who buys Medigap¹⁰

Medicare doesn't cover all health care costs, so people often fill the gaps in different ways. Some options include:

- Medigap
- Government Programs (Medicaid/QMB/SLMB)
- Group Retirement Policies

Most Medicare beneficiaries do purchase Medigap

The majority of people with Original Medicare choose to buy Medigap to help with out-of-pocket costs. About two-thirds of Medicare beneficiaries currently have Medigap coverage.

Some Medicare beneficiaries do *not* need Medigap

People on Medicaid (also called Title 19)

Beneficiaries who are enrolled in full Medicaid do not need a Medigap policy. Medicaid already helps cover Medicare-related costs like premiums, deductibles, and co-pays.

People in the QMB Program (Qualified Medicare Beneficiary)

Those enrolled in the QMB program also do not need a Medigap policy. QMB pays for:

- Medicare premiums
- Annual deductibles
- Coinsurance amounts

QMB is available to people with low incomes, and eligibility is based on current income limits, which change each April. For details, beneficiaries should contact their local Department of Social Services.

¹⁰ <https://medicareadvocacy.org/medicare-info/medigap/#:~:text=Medicare%20beneficiaries%20who%20are%20also,Payment%20of%20Medicare%20coinsurance%20amounts.>

Other Programs That Help with Medicare Costs

SLMB and QI Programs

Some beneficiaries may not qualify for QMB but may be eligible for:

- SLMB (Specified Low-Income Medicare Beneficiary)
- QI (Qualified Individual)

These programs pay the Medicare Part B premium only. Because they do not cover deductibles or coinsurance, individuals in these programs may still want to purchase Medigap coverage—if they can afford it.

Retiree Group Coverage from Former Employers

Some retirees receive health insurance through a former employer. This group coverage often:

- Has no or low monthly premiums
- Offers similar or better benefits than Medigap policies

In most cases, individuals with retiree group insurance do not need to purchase Medigap.

Counselor Corner

If a beneficiary chooses to buy a Medigap plan, they must cancel the group coverage or their old Medigap plan—having more than one Medigap policy at a time is not allowed.

Medigap Rights & Protections

Any client with Medicare Parts A and B can buy Medigap policy whenever a company **agrees to sell** one. However, there may be restrictions, such as medical underwriting¹¹ or a waiting period for pre-existing conditions.

When a person qualifies for a guaranteed issue right¹²:

- Medigap insurers **must sell** a policy regardless of health status.
 - Coverage cannot be denied due to medical history.
 - Can avoid or shorten waiting periods for a pre-existing condition if one buys a Medigap policy to replace creditable coverage¹³.

There are several circumstances when individuals qualify for guaranteed issue right.

Guaranteed issue rights during open enrollment period

Medigap Open Enrollment Period

This is a one-time, six-month period when an individual can buy any Medigap policy available for sale, with no medical underwriting. It begins the first month they are both enrolled in Medicare Part B and are age 65 or older.

This is the optimal time for an individual to enroll in a Medigap policy.

During this six-month window:

- Companies cannot deny coverage, so called guaranteed issue right.

¹¹ Medical underwriting is a process used by insurance companies to determine beneficiary's health status when they're applying for health insurance, whether to offer them coverage and with what exclusions or limits.

¹² <https://www.medicare.gov/health-drug-plans/medigap/ready-to-buy>

¹³ Creditable coverage, in the context of health insurance, means coverage that is at least as good as what's offered by Medicare. For more information, please see: **RCW 48.66.020**
<https://app.leg.wa.gov/RCW/default.aspx?cite=48.66.020>

- Medigap insurance companies must offer coverage regardless of the applicant's current or past health conditions.

Medigap Open Enrollment Period: Creditable coverage & preexisting conditions¹⁴

- If the applicant has had at least three months of continuous prior health coverage (known as “creditable coverage”) before applying, the insurance company cannot delay coverage or exclude benefits due to preexisting conditions.
 - For Medigap policies, certain types of prior health insurance coverage held within 63 days before obtaining a new policy can be used to shorten the waiting period for preexisting conditions. This prior coverage is referred to as *creditable coverage*¹⁵.

Example

George turned 65 in March and his Medicare Part B coverage started in April. This triggered his six-month Medigap Open Enrollment Period, which ran from April through September.

George has several chronic health conditions, including diabetes and high blood pressure. He’s concerned that no insurance company will sell him a Medigap policy because of his health.

However, because George applied in April—within his six-month enrollment window—an insurance company cannot deny him a Medigap policy.

Before applying, George had health insurance through his former employer, which ended March 31st. That means he had nearly a full year of creditable coverage. Since he had more than three months of continuous coverage, the insurance company also can’t impose a waiting period for coverage of preexisting conditions like his diabetes.

¹⁴ **RCW 48.66.025** <https://app.leg.wa.gov/RCW/default.aspx?cite=48.66.025>

¹⁵ See Appendix D for creditable coverage examples

George is approved for the Medigap plan he chose and his coverage starts without delays, or condition-related restrictions.

- If the applicant has less than three months of continuous creditable coverage before applying, the insurance company may impose a waiting period for coverage of preexisting conditions. However, any prior creditable coverage the person had must be applied to shorten or eliminate this waiting period.

Example

Anita turned 65 in January and her Medicare Part B coverage started in February. This triggered her six-month Medigap Open Enrollment Period, which ran from February through July.

Anita has asthma. She was worried about whether she could get a Medigap policy due to her health.

Anita had not had any health insurance for over a year before applying for Medigap. Even so, because she applied within her six-month Medigap Open Enrollment Period, the insurance company could not deny her a policy because of her health conditions.

However, because she had no creditable coverage in the three months before she applied, the insurance company was allowed to impose a waiting period before covering her preexisting conditions. In her case, this meant that coverage for her asthma can be delayed for up to 90 days, the maximum allowed¹⁶.

Anita's Medigap policy started right away for new health issues, but she had to wait for full coverage of her preexisting conditions. After 90-day waiting period, her Medigap policy covered all of her care with no further restrictions.

¹⁶ <https://app.leg.wa.gov/RCW/default.aspx?cite=48.66.025>

Open Enrollment Period & creditable coverage summary

Applicant Situation	Can Be Denied a Medigap Policy?	Waiting Period for Preexisting Conditions?
Applied during Medigap Open Enrollment AND had 3+ months of creditable coverage prior to this	No	No
Applied during Medigap Open Enrollment AND had less than 3 months of creditable coverage prior to this	No	Yes — only for the gap in creditable coverage, up to 90 days

On Medicare due to disability, End-Stage Renal Disease (ESRD), or Amyotrophic Lateral Sclerosis (ALS) & turning 65

People who qualify for Medicare before turning 65 due to a disability, End-Stage Renal Disease (ESRD), or Amyotrophic Lateral Sclerosis (ALS) acquire guaranteed issue rights of Medigap Open Enrollment Period the month they turn 65. The six-month period begins on the first day of that birthday month.

Example:

Samantha became eligible for Medicare at age 59 due to a long-term disability. She turns 65 in April. Her Medigap Open Enrollment Period runs from April through September, regardless of how long she has been enrolled in Parts A and B prior to turning 65.

Delayed Part B enrollment

For individuals who delay enrolling in Medicare Part B due to other coverage—such as employer-sponsored insurance—their six-month Medigap Open Enrollment Period starts the month they begin Medicare Part B, not when they turn 65.

Example:

David continues working and remains on his employer's health plan until he retires at age 68. He then enrolls in Medicare Part B in June. His Medigap Open Enrollment Period begins that same month and lasts through November.

Guaranteed issue rights after open enrollment

If the open enrollment period has passed, individuals may still be able to purchase a Medigap policy under guaranteed issue rights. In these situations, an insurance company:

- Must sell a Medigap policy.
- Must cover all pre-existing health conditions

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.

Guaranteed issue right eligibility overview¹⁷

An individual is eligible for guaranteed Medigap coverage if any of the following situations apply:

(a) Loss of job-based Medicare supplemental benefits

- The person had employer or union coverage that worked with Medicare.
- That coverage ended or stopped providing benefits.

Example

Maria had retiree coverage through her former employer that worked with her Medicare. Her employer recently terminated the retiree plan for all former employees. Maria now has a guaranteed right to buy a Medigap plan.

¹⁷ **RCW 48.66.055** <https://app.leg.wa.gov/rcw/default.aspx?cite=48.66.055>

(b) Loss or change of Medicare Advantage (Part C) or all-inclusive care for elderly (PACE) program

- The plan was discontinued or no longer serves their area.
- The person moved and can no longer stay in the plan.
- The plan broke important rules or misled the individual.
- Medicare approved other special circumstances.

Examples:

MA plan no longer serves the area: John was enrolled in a Medicare Advantage plan in his county. The plan announced it will no longer serve his area next year. John also has the right to buy a Medigap plan with no medical underwriting.

Relocation: Lisa moved from Oregon to Washington, and her Medicare Advantage plan isn't available in her new location.

Plan misconduct: David left his plan because it gave incorrect information about network coverage, leading to denied claims.

(c) Loss of other Medicare health plans

- The person had a plan like Medicare Select or a risk-based plan that ended under conditions similar to those in (b).

Example:

Anna had a Medicare Select plan that required her to use specific hospitals. The insurer is discontinuing the plan in Washington. Anna qualifies for a guaranteed issue Medigap plan.

(d) Loss of previous Medigap policy

- The insurance company went bankrupt or closed.
- Coverage ended involuntarily.
- The insurer broke the contract or misled the person.

Tip: Medigaps no longer offer drug coverage. You may encounter clients who have Plan I or J that have drug coverage, but that **coverage is not creditable**.

Example:

Robert had Medigap Plan G. His insurance company went bankrupt, and his policy was canceled. He is now eligible to buy another Medigap plan without any conditions.

(e) Trial Right #1

- The person dropped a Medigap policy to try a Medicare Advantage or other plan for the first time.
- They now want to return to Medigap within 12 months.

Example:

Sophia dropped her Medigap Plan N to try a Medicare Advantage plan for the first time. After 6 months, she decides the network is too limited. Since it's within 12 months, she can return to her previous Medigap plan (if available) or buy a similar one.

(f) Trial Right #2

- The person enrolled in a Medicare Advantage or PACE plan when **first eligible at age 65**.
- They now want to switch to Original Medicare and Medigap within 12 months.

Example:

When Daniel first turned 65, he chose a Medicare Advantage PPO. After 9 months, he decides he prefers Original Medicare and wants Medigap instead. Because he is still within his first 12 months, he has a guaranteed right to enroll in Medigap.

(g) Switched Drug Coverage (rare case)

- The person had a Medigap policy with drug coverage, then joined a Part D plan during their first enrollment period and dropped the Medigap policy.

Example:

Evan had Medigap Plan H, which included drug coverage (prior to 2006). This year she joined a standalone Part D plan and dropped her old Medigap policy. She now qualifies for guaranteed issue rights to buy a different Medigap policy.

Counselor Corner: proof of prior coverage

It is essential to **retain documentation**, such as letters, notices, postmarked envelopes, and claim denials, as insurers may request proof of prior coverage loss when granting a guaranteed issue right. The postmarked envelope these papers come in as proof of when it was mailed. A beneficiary may need to include a copy of some or all of these papers with their Medigap application to prove they have a guaranteed issue right.

Buying a Medigap policy outside of protected periods

Attempting to purchase a Medigap policy outside of the open enrollment or guaranteed issue periods can present challenges. Insurance companies **are not required to sell a policy**, and if they do:

- The applicant may be subject to medical underwriting.
- Coverage for pre-existing conditions may be delayed by up to 90 days.

Example:

If someone waits two years after enrolling in Medicare Part B to apply for a Medigap policy, a company might decline to issue the policy altogether or impose a waiting period for coverage of conditions like diabetes or heart disease.

Medical underwriting

Medical underwriting is a process used by insurance companies to determine beneficiary's health status when they're applying for health insurance, whether to offer them coverage and with what exclusions or limits.

Pre-existing condition

A health issue that was diagnosed or treated within 3 months before the start of new coverage.

Pre-existing condition waiting period

Insurance companies may delay coverage of out-of-pocket costs for a pre-existing condition for up to 3 months (known as the “look-back period” or “waiting period”).

Switching plans in Washington

If a beneficiary is replacing their Medigap plan or other comprehensive coverage¹⁸ that has been in effect for at least three months, there is no waiting period for pre-existing conditions.

Switching Medigap Policies

A person might consider switching Medigap policies if they are:

- Paying for benefits they no longer need
- In need of additional benefits
- Able to find a similar policy at a lower cost

Rules for Replacing a Medigap Policy in Washington State¹⁹

Washington state offers more flexibility than federal law when it comes to switching Medigap plans:

- If a person is already enrolled in a Medigap **Plan B through N**, they may switch to another **Plan B through N** at any time without undergoing a medical screening.
- If they are enrolled in **Plan A**, they may only switch to another **Plan A**.
- The old Medigap plan must be cancelled once the new plan is confirmed.

Example:

Thomas is enrolled in Medigap Plan G. After reviewing his coverage and costs, he decides Plan N better suits his needs. In Washington, he can make this switch without medical underwriting.

¹⁸ "Comprehensive coverage" generally refers to policies that cover a broad range of healthcare costs beyond the basic benefits of Original Medicare (e.g. employer-sponsored health insurance and MA plans).

¹⁹ <https://app.leg.wa.gov/RCW/default.aspx?cite=48.66.045>

Switching from Medicare Advantage to Medigap

Washington also allows more consumer-friendly transitions from **Medicare Advantage (MA)** to **Original Medicare** with Medigap coverage than federal rules require. However, most transitions from MA to Medigap require passing the insurer's medical underwriting—unless specific protections apply.

During Medicare's **Annual Open Enrollment Period** (October 15 – December 7) and the **Medicare Advantage Open Enrollment Period** (January 1 – March 31), people may switch from a Medicare Advantage plan to Original Medicare. However, outside of Trial Rights or Special Enrollment Periods, insurance companies may require an application and use medical underwriting to decide whether to accept the applicant for a Medigap plan.

Counselor Corner:

Remind beneficiaries not to cancel a Medicare Advantage plan until receiving written confirmation of acceptance into the desired Medigap plan.

Guaranteed Renewable Coverage

A Medigap plan is *guaranteed renewable*, which means it cannot be cancelled by the insurer for any reason—as long as the monthly premium is paid. Many beneficiaries choose to set up electronic funds transfers (EFT) to avoid missing payments and risking cancellation.

Cancelling a Medigap Policy

Every new Medigap policy includes a 30-day "free look" period. During this time, the individual can cancel the policy for any reason and receive a full refund.

After the 30-day period:

- A Medigap policy can still be cancelled at any time.

Counselor Corner

Remind beneficiaries that cancellation should be approached with caution. A person may not be able to purchase another Medigap policy, or may face underwriting barriers when trying to do so.

Suspending Medigap Policy²⁰

Medicaid & Medigap suspensions

If someone has a Medigap policy sold on or after November 5, 1990, and later qualifies for Medicaid, they can ask to temporarily stop (or "suspend") their Medigap policy for up to 24 months. To do this, they must notify the insurance company within a certain time frame.

If the person loses their Medicaid coverage during that 24-month period, their Medigap policy will automatically restart on the date Medicaid ends—as long as they let the insurance company know and start paying premiums again. The policy must restart with the same or better coverage than before.

This rule helps people on Medicaid who can't afford their Medigap premiums. Without the suspension option, they might have to cancel their policy. If they later lose Medicaid and want to buy Medigap again, they might have to go through medical screening—and some companies may refuse to sell them a new policy.

There is no limitation on how often a suspension may be requested

The Medigap suspension right may be invoked whenever a beneficiary newly qualifies for Medicaid, assuming that the Medigap policy has not been allowed to lapse.

A policy could have lapsed because of nonpayment of premiums, because a suspension period has expired without the beneficiary notifying the issuer, or because of failure to comply with any other requirements for suspension and reinstitution.

When and how a beneficiary may request a suspension

To pause (suspend) a Medigap policy when someone qualifies for Medicaid, they must ask the insurance company within 90 days of getting their Medicaid approval letter. Even if Medicaid coverage starts earlier, the 90-day countdown

²⁰ <https://www.cms.gov/files/document/program-memo-december-2001.pdf>

starts when the person is notified. The suspension can last up to 24 months from when the person makes the request.

Example:

Maria has a Medigap policy but applies for Medicaid because she can't afford her health care costs. She applies on January 5. On February 20, the Medicaid agency sends her a letter saying she qualifies, with coverage starting retroactively on December 1.

To suspend her Medigap policy, Maria must notify her Medigap insurance company **within 90 days of February 20** (the day she was notified), not December 1. She calls her Medigap insurer on March 1 and asks for a suspension. Her policy is then suspended starting that day and can remain suspended for up to 24 months.

If she loses Medicaid before the 24 months are up, her Medigap policy can start again—she just needs to notify the insurer and resume paying premiums.

Conditions for Reinstitution of a Suspended Medigap Policy

If an individual loses Medicaid eligibility any time during the 24-month suspension period, the issuer must reinstitute coverage under the Medigap policy, under underwriting and rating terms that are at least as favorable as those that applied prior to suspension, if the individual requests reinstitution within 90 days after the loss of eligibility. Naturally, the policyholder must also resume payment of premiums on the policy as of the effective date of coverage. The reinstitution must be effective as of the loss of eligibility, not as of the date of the request for reinstitution of coverage.

Example:

James suspended his Medigap policy when he became eligible for Medicaid in June. In November—five months later—he loses his Medicaid eligibility. James now has **90 days from November** to contact his Medigap insurer and request that his coverage be restarted.

James calls the insurer on January 10 (well within the 90-day limit). He also resumes paying his premiums. The insurance company **must reinstate his Medigap policy starting from November**, the date his Medicaid ended—not January 10, the day he made the request.

His coverage, premiums, and terms must be just as favorable as they were before the suspension.

Effect of Suspension for More Than 24 Months

If more than 24 months have passed since the suspension went into effect, an individual who loses Medicaid eligibility may be treated by issuers as a new applicant or lapsed policyholder. That is, the individual can be subject to medical underwriting which might result in denial of coverage. The individual may also be subject to pre-existing condition restrictions for up to 6 months.

Why Suspension Might NOT Be a Good Idea:

1. Helps with “Spend-Down” for Medicaid Eligibility

- Some people qualify for Medicaid only after showing they spend a certain amount on medical expenses.
- **Paying the Medigap premium each month can help meet that requirement.**
- Since Medicaid eligibility is reviewed monthly, keeping the policy can prevent someone from falling in and out of coverage due to changing medical costs.

2. Better Access to Providers

- Some doctors and specialists don’t accept Medicaid rates.
- Keeping a Medigap policy may let the person continue seeing a preferred provider—or simply have more choices for care.

Counselor corner: Policy suspension

Suspending Medigap during Medicaid eligibility isn’t always the right decision. In some cases, keeping the policy offers financial or medical advantages.

Always review individual circumstances before recommending suspension.

Employer-sponsored health insurance & Medigap suspensions²¹

If a Medicare beneficiary **under age 65** has a Medigap policy, they may suspend it at any time without penalty while they have employer-sponsored health insurance—either through their own employment or a spouse's. To do this, the beneficiary must contact their Medigap insurance carrier and request a suspension.

If the beneficiary later loses their employer group coverage, they can have their Medigap policy reinstated by notifying the carrier within 90 days. The Medigap coverage will resume starting on the date the group coverage ended.

²¹ <https://www.ncoa.org/article/how-to-change-your-medigap-policy/>

Counseling session

Counseling session transcript & activities

Activities

- Read and study the transcript in detail.
- Review the breaks and reflect on how you might have approached this session.
- Consider alternative strategies and their potential impact.
- Identify challenges you might encounter and think of solutions.
- Share & discuss your reflections with peers during the CE to gain diverse perspectives.

Counseling session transcript

Counselor:

Hello, is this Jane?

Client:

Yes

Counselor:

Hi Jane, my name is Lisa, and I'm a certified volunteer counselor with SHIBA — that stands for Statewide Health Insurance Benefits Advisors. We provide free, unbiased help with Medicare.

I am contacting you today because I understand you have questions about enrolling in Medicare Part B and exploring your options for a Medicare Supplement, aka Medigap, plan. Does that sound right?

Client:

Yes, exactly. I just recently moved here from Wyoming and I'm trying to get everything figured out now that I am in Washington.

Counselor:

That's great. Welcome to Washington. Let me just confirm a few details before we

begin: I understand you are 66 years old, you moved from Wyoming this past April, and you currently have Medicare Part A but not Part B — is that correct?

Client:

That's right. I signed up for Part A when I turned 65, but I held off on Part B since I was still working.

Counselor:

Ok, thanks for confirming that. I am assuming then that you had employer health insurance through your job in Wyoming before you retired?

Client:

Yes, I had coverage through my employer until I officially retired at the end of April.

Counselor:

Just to be clear then, am I correct that you have not had any insurance but you're your Medicare Part A then since you retired on April 30.

Client:

That is correct.

Counselor:

That's helpful to know. Did you have any gaps in your coverage before retiring?

Client:

Nope, everything was continuous until I retired at the end of April.

Counselor:

Well, here's the good news, when you have had health insurance through your job you get a special enrollment period when your coverage ends to sign up for part B without a late enrollment penalty. The SEP begins the first month after your Initial Enrollment period ends and it ends 8 months after your group health plan coverage or your employment ends, whichever happens first. In your case,

since you retired in April, you have through the end of December to sign up without penalty.

Client:

That's great

Counselor:

I do want to point out though, that until you sign up for part B, you'll be paying out of pocket for all medical expenses that are not covered under your Part A hospitalization coverage. You'll want to enroll **as soon as possible** to avoid any additional delay in getting your Part B coverage started.

You can apply online through the Social Security website or visit a local Social Security office. If you'd like, I can help you locate the office nearest to you.

Client:

That would be helpful. I didn't realize there could be delays or that I would have any gaps in coverage.

Counselor:

Yes, it depends on when you apply. **Coverage always starts on the first of the month after you apply** and It can take a few weeks to get coverage active — so sooner is better.

Counselor:

Once your Part B is active, you'll enter what's called your **Medigap Open Enrollment Period** — a one-time, 6-month window that starts the first month you have Medicare Part B **and** you are 65 or older. At that time, you can buy any Medigap plan sold in the state of Washington. Medigap plans help cover your **out-of-pocket costs** from Parts A and B — things like deductibles, coinsurance, and copayments.

The key thing to remember is that during the MOE, **an insurance company cannot refuse to sell you any Medigap plan that it offers nor can it deny you coverage for** any pre-existing conditions.

They can, however, if you did not have continuous creditable coverage for the 3 months prior to your submitting your application, impose a waiting period of up to 90 days before providing you coverage for any preexisting conditions

Client: Well Fortunately I don't have any pre-existing

Counselor: Yes, that is good.

So, here in Washington, the most popular plans are Plan G and Plan N:

- **Plan G:** Very comprehensive, covers almost everything except the Part B deductible. There's also a **high-deductible Plan G** option with lower monthly premiums.
- **Plan N:** Has lower premiums, but you may have copays for doctor and ER visits and it does not cover any Part B excess charges. Those are additional fees some healthcare providers can charge above the Medicare-approved rate for services when they don't accept Medicare assignment.

Client:

I think I'd want something with more coverage, maybe Plan G. I think I will need to compare the plans.

Counselor:

Absolutely, comparing is key. In case you didn't know, all Medigap plans with the same letter — like Plan G — offer the **same basic benefits** no matter which company sells them. The **monthly premiums**, however, can vary significantly depending on the insurer.

When choosing a plan, you want to consider:

- **Your monthly budget** — how much can you comfortably spend on premiums?
- **Your health needs** — do you see specialists often or travel a lot?

- **Provider access** — Medigap gives you the freedom to see **any provider nationwide** who accepts Medicare, which is a big advantage over some other plan types.

SHIBA has a Medigap comparison guide, I'll send you the link.

Client:

That would be really helpful — I had no idea all the premiums could vary so much.

Counselor:

Another thing to consider is a **Part D** plan — Part D is prescription drug coverage. Neither Part B or Medigaps include drug coverage, you'll probably want to enroll in a standalone Part D plan unless you have other drug coverage. Do you have any drug coverage?

Client:

No I do not.

Counselor:

Would you like help comparing Part D plans too?

Client:

Yes, please. I hadn't consider those yet either.

Counselor:

No problem. We can do all of that after you enroll in Part B, since your Part D Open Enrollment will align with that. Also, just so you're aware, **Medicare Advantage** is another option some people choose instead of Original Medicare with a Medigap, but, based on what you've shared, it sounds like you're leaning toward **staying with Original Medicare** and adding a Medigap.

Client:

Yes, I'd prefer that route — I like the flexibility.

Counselor:

Got it. I'll also send you along with the SHIBA Medigap guide and a link to our Part D resources so you can start reviewing your options.

Counselor:

To sum up, here are your next steps:

1. **Apply for Medicare Part B** as soon as you can — either online through Social Security or in person.
2. Once you have Part B, you'll have a **6-month window** to enroll in any Medigap plan with guaranteed issue.
3. Compare the **Medigap plans and** choose the one that best fits your health and budget needs.
4. Contact the company you choose to submit your application.

And remember, SHIBA is here to help if you have questions or want support reviewing or comparing plans.

Client:

Wow, this has been great.

Counselor:

Jane, thank you so much for meeting with me today. I really enjoyed helping you, and I hope you're starting to feel more confident about getting your Medicare coverage in place.

Good luck getting settled here in Washington, and please don't hesitate to call or email SHIBA if you have any questions down the line!

Client:

Thanks so much, Lisa. This was incredibly helpful.

Counseling session notes & reflections

What strategies would you use to keep the conversation focused and efficient while still addressing the beneficiary's needs thoroughly?

What tools would you use during the call to provide specific details about the beneficiary's options when it comes to Medigaps?

What resources would you share with the beneficiary to help them understand their options and timelines?

Illegal Medigap Practices²²

It's illegal if someone tries to:

- Pressure you to buy a Medigap policy or lies to get you to switch to a new company or policy.
- Sell you a second Medigap policy when they know you already have one. They can sell you a policy if you state, in writing, that you plan to cancel your existing policy.
- Sell you a Medicare Advantage Plan when you say you want to keep Original Medicare and buy a Medigap policy. **A Medicare Advantage Plan isn't the same as Original Medicare.** If you enroll in a Medicare Advantage Plan, you'll be disenrolled from Original Medicare and can't buy a Medigap policy.
- Sell you a Medigap policy if they know:
 - You have Medicaid, except in certain situations.
 - You're in a Medicare Advantage Plan, unless you're switching back to Original Medicare. They can sell you a policy if your plan coverage will end before the Medigap policy's effective date.
- Claim that a:
 - Medigap policy is a part of the Medicare program or any other federal program. Medigap is private health insurance.
 - Medicare Advantage Plan is a Medigap policy.
- Claim to be a Medicare representative if they work for a Medigap insurance company.
- Sell you a Medigap policy that can't legally be sold in your state. Check with your [State Insurance Department](#) to make sure the policy you're interested in can be sold in your state.
- Ask you questions about your family history or require you to take a genetic test.
- Suggest the Medigap policy has been approved or recommended by the federal government, or misuse the names, letters, or symbols of these:
 - [U.S. Department of Health & Human Services \(HHS\)](#)

²² <https://www.medicare.gov/health-drug-plans/medigap/ready-to-buy/how/illegal-practices>

- [Social Security Administration \(SSA\)](#)
- [Centers for Medicare & Medicaid Services \(CMS\)](#)

Fraud prevention

Fraud Prevention Checklist: Red Flags & Protection Tips

Red Flags to Watch For

These are signs that someone may be trying to commit Medicare fraud:

- Someone shows up at your door uninvited to talk about Medicare
- Unsolicited calls offering “free” services or promising better Medicare plans
- Emails or texts asking for your Medicare number or personal information
- Pressure to make an immediate decision or warnings like “you could lose your coverage”
- Asking you to sign blank forms or paperwork you don’t understand
- Misrepresentation of identity, plan type, or benefits
- No Scope of Appointment (SOA)²³ is provided before discussing plan options

Tips to Protect Personal Information

Help beneficiaries remember these simple steps to stay safe:

1. **Keep your Medicare number private**
 - Only share it with trusted doctors, insurers, or official Medicare representatives.
2. **Don’t respond to unsolicited offers**
 - If someone contacts you unexpectedly, it’s okay to hang up, close the door, or delete the message.
 - Avoid allowing anyone to sell you something you did not request.
 - Avoid clicking on or providing personal information in online quote request forms.

²³ The Scope of Appointment (SOA) is a federally required form for Medicare sales appointments, outlining the specific topics to be discussed between a sales agent and a beneficiary. It ensures transparency and protects beneficiaries by preventing unexpected sales pitches.

- Do not open the door to agents selling door to door.
- Do not agree to anything over the phone, especially with unsolicited calls.

3. **Always ask for identification**

- If you have an appointment with an agent, carefully read anything you are asked to sign.
- Agents should provide a Scope of Appointment and clearly explain what company they represent.

4. **Take your time**

- You do not have to decide on the spot. Legitimate plans allow time for questions and comparison.
- Know what you are buying. Read the fine print.
- Request all plan information, enrollment agreements, and topics discussed with the agent, in writing.

5. **Report anything suspicious**

- Call SHIBA or SMP if something doesn't feel right—even if you're unsure.

Case: "Unauthorized Door-to-Door Solicitation"

Parties Involved

- **Agent Name:** Donna Doorknocker
- **Beneficiary:** Betty Bennefie
- **Insurance Agency/Plan Represented:** Banker's Life and Casualty

On April 1, 2025, Donna Doorknocker, an agent with Banker's Life and Casualty, walked through Betty Bennefie's neighborhood and knocked on several doors. When she reached Betty's home, she identified herself and asked if Betty was turning 65 that month. Betty, feeling unsure, confirmed her name and birthday and asked how Donna had that information. Donna vaguely mentioned her company provided "leads."

Donna insisted that many people make mistakes with Medicare and offered to help Betty review her coverage. Betty explained she was already enrolled in Medicare due to disability and had been on it for a year. Despite this, Donna pressured her into allowing a 30-minute home visit.

Inside, Donna used her laptop to look up Betty's information and falsely claimed she was enrolled in two Medicare Advantage (MA) plans, warning that this could lead to loss of coverage. Betty clarified she was currently only enrolled in one MA plan (Pacific Source) and previously had coverage with Cigna two years ago. Donna persisted and urged Betty to cancel her current plan and switch to a Medigap Plan G with Banker's Life.

Feeling intimidated and scared about losing coverage, Betty agreed. Donna canceled Betty's Pacific Source MA plan and enrolled her in Medigap Plan G. No paperwork was signed, no Scope of Appointment was presented, and Donna left without explaining the next steps clearly. Days later, Betty contacted the Senior Medicare Patrol (SMP) out of concern.

SMP confirmed multiple violations occurred.

Reflection Questions

1. How did the agent initiate contact?

2. Was prior permission or a Scope of Appointment obtained?

3. What was said or done during the interaction?

4. What coverage did the beneficiary already have, and did they ask to make a change?

5. What tactics did the agent use to gain enrollment?

Violation(s) Observed

(Check all that apply)

- ☐ Door-to-door solicitation without prior permission
 - ☐ Failure to obtain Scope of Appointment²⁴
 - ☐ Misrepresentation of plan benefits
 - ☐ High-pressure sales tactics
 - ☐ Use of misleading identification or branding
 - ☐ Distributing unapproved materials
 - ☐ Other: _____
-

²⁴ The Scope of Appointment (SOA) is a federally required form for Medicare sales appointments, outlining the specific topics to be discussed between a sales agent and a beneficiary. It ensures transparency and protects beneficiaries by preventing unexpected sales pitches.

Beneficiary Impact

1. How do you think Betty felt during and after the interaction with Donna?
What signs in the case suggest she was uncomfortable or pressured?

2. What emotional impact might this experience have on Betty's trust in the Medicare system and future interactions with counselors or agents?

Follow-Up Questions – Counselor Support Strategies

1. If Betty came to you after this experience, how would you begin the conversation to help her feel safe and heard?

2. How can you educate beneficiaries like Betty on recognizing red flags in future interactions without making them feel ashamed or at fault?

Case: Follow-up actions taken

- The agent and Banker's Life were reported to the state Insurance Commissioner and CMS.
- Emails requesting cancellation of the Medigap plan and reinstatement of the MA plan were submitted.
- The agent did not respond when contacted

Outcome: Due to the violations, the Medicare Advantage plan granted an **enrollment exception**, allowing Betty to return to her previous MA plan.

Final reflections

Learning outcomes

How confident do you feel in your ability to guide a Medicare beneficiary through the Medigap selection and enrollment process—assessing their eligibility, comparing plans, identifying insurers in Washington, and explaining key rules like premium structures and guaranteed issue rights?

How can SHIBA staff help?

Contact your RTC:

- Brisson, Noreen (OIC) Noreen.Brisson@oic.wa.gov
 - Office 509-818-1017
 - Cell 360-349-2850
- Dieckman, Lynda (OIC) Lynda.Dieckman@oic.wa.gov
 - Office 360-725-7257
 - Cell 360-742-4949

- Lee, Rosie (OIC) Rosie.Lee@oic.wa.gov
 - Office 360-725-7253
- Skye-Dugovich, Shannon (OIC) Shannon.Skye-Dugovich@oic.wa.gov
 - Office 360-725-7108
 - Cell 360-250-4900
 - Cell 360-701-0933

Report scams and fraud

- <https://www.insurance.wa.gov/report-medicare-fraud-shiba>

Learn more about SMP

- <https://smpresource.org/>
- Kim Mckenna kim.mckenna@oic.wa.gov

Curriculum & training related questions & suggestions

- Contact SHIBA Curriculum & Training Coordinator, Elena Garrison
OICMedicareTrainingFeedback@oic.wa.gov or call: **360-725-7107**

Thank you for your participation.

Appendix A: 10 standardized Medigap plans²⁵

Washington state Office of the Insurance Commissioner • Statewide Health Insurance Benefits Advisors (SHIBA)

10 Standardized Medicare Supplement (Medigap) plans chart

This chart shows the benefits included in each of the standard Medigap plans effective on or after Jan. 1, 2025.

The Medigap policy covers coinsurance only after you've paid the Medicare deductible (unless the policy you have also covers the deductible).

Note about Plans C and F:

Only applicants' first eligible for Medicare before 2020 can buy/keep Plans C, F, and high-deductible Plan F. Medigap Plans C and F are no longer available to people new to Medicare as of Jan. 1, 2020. If you were eligible for Medicare before Jan. 1, 2020, but not yet enrolled, you might be able to still buy a Plan C, F or high-deductible Plan F.

How to read the chart: ✓ = policy covers 100% of benefit; % = policy covers that percentage; Blank = policy doesn't cover that benefit

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).

²⁵ https://www.insurance.wa.gov/sites/default/files/documents/10-medicare-supplement-plans_14.pdf

Appendix B: Medigap Counseling Checklist

1. Confirm Beneficiary's Current Coverage

- ☐ Does the beneficiary have Original Medicare (Parts A & B)?
- ☐ Are they currently enrolled in a Medicare Advantage (Part C) plan?
(If yes, Medigap policies do *not* work with Medicare Advantage.)
- ☐ Do they have employer/retiree coverage or Tricare?
- ☐ Do they currently have a Medigap policy? If so, which plan and from which company?

2. Determine the Need for Medigap

- ☐ Do they want help paying out-of-pocket costs (deductibles, coinsurance, copays)?
- ☐ Are they eligible for Medicaid, QMB, SLMB, or QI?
(If yes, they may not need Medigap.)
- ☐ Do they qualify for any retiree or union group plan that covers Medicare gaps?

3. Review Eligibility for Enrollment

- ☐ Are they within their **6-month Medigap Open Enrollment Period**?

Begins the first month the beneficiary is 65 or older **and** enrolled in Medicare Part B. Lasts 6 months. No medical underwriting required.
- ☐ Do they have a **guaranteed issue right** (e.g., recent loss of other coverage)?
- ☐ If outside those periods, are they aware they may be subject to medical underwriting?

☐ Documentation for Guaranteed Issue Rights:

Letters of termination, denial notices, postmarked envelopes, and other proof may be needed when applying.

☐ Waiting periods: Some plans may delay coverage for preexisting conditions for up to 90 days **unless** the beneficiary had prior creditable coverage.

4. Explain Medigap Plan Options

☐ Review standardized Medigap plans A–N using a comparison chart.

☐ Explain what each plan covers and how they differ in cost-sharing and benefits.

☐ Mention that **Plan F** and **Plan C** are not available to those newly eligible for Medicare after January 1, 2020.

☐ Clarify that **Plan G** is the most comprehensive option available to new enrollees.

5. Discuss Insurance Company Options

☐ Explain that companies may charge different premiums for the same Medigap plan.

☐ Encourage comparing companies on:

Premium pricing (community-rated, spousal discount may be available)

Rate increase history

☐ Explain that not all companies offer all Medigap plans.

Use SHIBA's Quarterly Publication

6. Medigap Suspension (if applicable)

- ☐ If beneficiary is eligible for Medicaid, explain right to **suspend** their Medigap policy for up to 24 months.
- ☐ Emphasize they must request suspension **within 90 days of Medicaid eligibility determination**.
- ☐ Explain reinstitution conditions if Medicaid ends within the 24 months.

7. Additional Considerations

- ☐ Policy portability: Does the beneficiary travel often or spend time in multiple states?
- ☐ Does the beneficiary prefer flexibility in choosing doctors and specialists?
- ☐ No Annual Open Enrollment: Beneficiaries can apply any time, but rights may be limited.
- ☐ Policy can be kept as long as premiums are paid on time.

8. Next Steps

- ☐ Help the beneficiary compare prices from different insurers.
- ☐ Provide or refer to a copy of the current "What you need to know about Medigap" guide.
- ☐ Refer to OIC published list of available Medigap policies.
- ☐ They can apply directly with the Insurer or through a licensed agent. SHIBA counselors **do not** make recommendations.
- ☐ Remind About Coverage Rules: A person **cannot** have both a Medigap policy and a Medicare Advantage plan at the same time.
- ☐ Offer follow-up if needed.

Appendix C: Medigap Fraud

Answer Key for Case Study – “Unauthorized Door-to-Door Solicitation”

Possible correct answers to reflection questions

1. **How was contact initiated?**
 - Donna initiated contact by knocking on Betty’s door without a prior appointment.
2. **Was a scope of appointment obtained?**
 - No. Donna did not present or obtain a Scope of Appointment.
3. **What occurred during the interaction?**
 - Donna misrepresented Betty’s enrollment status, used fear tactics, and pressured her to cancel her existing coverage and enroll in a different plan.
4. **What coverage did Betty have, and did she request a change?**
 - Betty was enrolled in a single Medicare Advantage plan (Pacific Source). She did **not** request any changes.
5. **What tactics did the agent use?**
 - Donna used fear-based language, misleading claims, and high-pressure sales tactics to manipulate Betty into enrolling in a new plan.

Identified Violations

- ☒ Door-to-door solicitation without prior permission
- ☒ Failure to obtain Scope of Appointment
- ☒ Misrepresentation of plan benefits
- ☒ High-pressure sales tactics

Beneficiary Impact

- Emotional distress
- Fear of losing healthcare coverage
- Unwanted plan change that required formal intervention to resolve

Recommended Preventive Actions

- Public education on Medicare rights and red flags for fraud
- Never allow unsolicited agents into your home—even if they know your personal details.
- Agents must not initiate contact without prior permission or a scheduled appointment.
- A **Scope of Appointment (SOA)** must be provided and signed before any plan discussions take place.
- Beneficiaries enrolled in a Medicare Advantage plan **cannot** be enrolled in a Medigap plan unless they **voluntarily disenroll**.
- Any form of coercion or pressure to enroll in a plan is strictly prohibited.

Appendix D: Glossary²⁶

Medicare Supplement Insurance (Medigap): This is insurance sold to individuals or groups that helps pay costs not covered by Medicare, like hospital or doctor bills. It's offered by insurance companies, health care service contractors, HMOs, or fraternal benefit societies. It doesn't include:

- Coverage through an employer or union,
- Medicare plans under Section 1876 or certain federal demos,
- Medicare Advantage plans (Part C),
- Medicare drug plans (Part D),
- Certain health care prepayment plans under Medicare rules.

Medicare: This refers to the federal program called the "Health Insurance for the Aged Act" (Title XVIII of the Social Security Act), and any changes made to it.

Medicare Advantage Plan (Part C): These are alternatives to Original Medicare and include:

- Coordinated care plans (like HMOs or PPOs),
- Medical Savings Account (MSA) plans,
- Private Fee-for-Service plans.

Medicare-Eligible Expenses: These are the types of health care costs that Medicare Parts A and B cover, as long as Medicare considers them reasonable and necessary.

Applicant:

For individual policies, it's the person applying for the insurance.

For group policies, it's the person getting the certificate.

²⁶ **RCW 48.66.020** <https://app.leg.wa.gov/RCW/default.aspx?cite=48.66.020>

Preexisting Condition: A medical condition someone had and got treatment or advice for before their Medigap coverage started.

Disclosure Form: A required form that explains what Medicare covers, what the Medigap policy adds, and what costs the person still has to pay.

Issuer: This means any organization that sells or delivers Medigap policies in this state, including insurance companies, HMOs, and others.

Continuous Period of Creditable Coverage: The amount of time someone had other health coverage without a break longer than 63 days.

Creditable Coverage: Health insurance that counts toward avoiding or shortening waiting periods for Medigap. It includes things like:

- Group health plans,
- Individual health insurance,
- Medicare or Medicaid,
- TRICARE (military health care),
- Indian Health Service,
- State high-risk pools,
- Federal employee health plans,
- Public health plans,
- Peace Corps health benefits.

It does not include:

- Accident-only or disability-only insurance,
- Liability insurance or worker's comp,
- Vision, dental, or long-term care when sold separately,
- Specified disease or hospital cash plans (when not tied to other coverage),
- Separate supplemental insurance like Medigap itself or TRICARE supplements.

Resources

Center for Medicare Advocacy

Medigap

<https://medicareadvocacy.org/medicare-info/medigap/#:~:text=Medicare%20beneficiaries%20who%20are%20also,Payment%20of%20Medicare%20coinsurance%20amounts.>

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.>

Medicare Rights Center

Medigap purchasing details: enrollment periods, guaranteed issue, and more

<https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/supplemental-insurance-for-original-medicare-medigaps/medigap-purchasing-details-enrollment-periods-guaranteed-issue-and-more>

Medigaps and prior medical conditions

<https://www.medicareinteractive.org/understanding-medicare/health-coverage-options/supplemental-insurance-for-original-medicare-medigaps/medigaps-and-prior-medical-conditions#:~:text=guaranteed%20issue%20right.-.If%20you%20buy%20your%20policy%20when%20you%20have%20a%20guaranteed,during%20your%20open%20enrollment%20period.>

SHIBA OIC

Medicare Supplement Plans

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

WA Legislature

Chapter [48.66](#) RCW MEDICARE SUPPLEMENTAL HEALTH INSURANCE ACT

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.66>