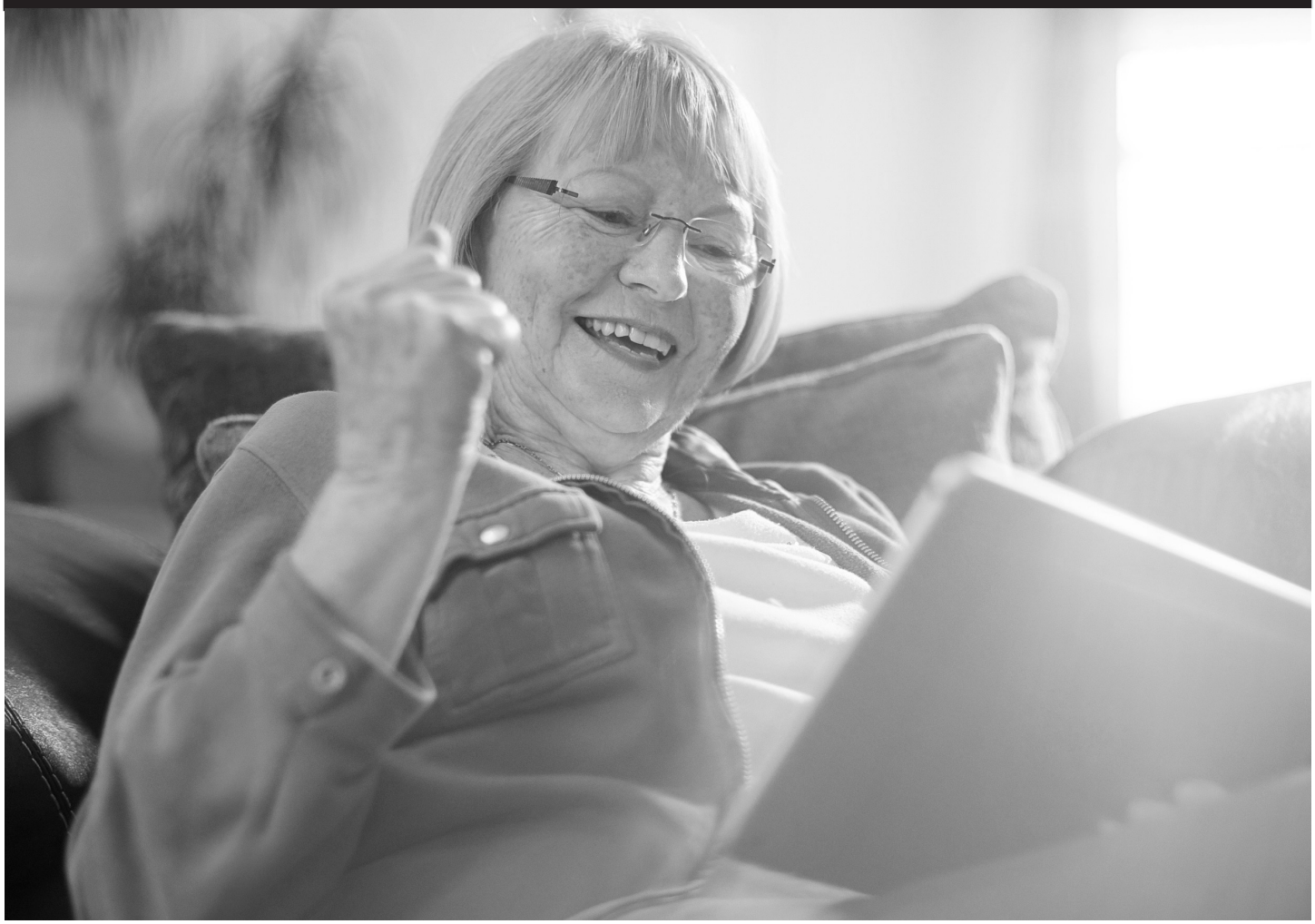
What you need to know about Medigap (Medicare Supplement) plans

The information contained in this publication is specific to Washington state rules and laws.



The Statewide Health Insurance Benefits Advisors (SHIBA) program is a free, unbiased service of the:

SHIBA

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What is a Medigap plan?

Medigap plans (also called Medicare Supplement), which are sold by private insurance companies, help fill the gaps for out-of-pocket costs that Original Medicare Parts A (hospital insurance) and B (medical insurance) don't cover.

Each plan has a different letter that corresponds with a certain level of coverage. For example, this means that the coverage/benefits for a Medigap Plan A is the exactly the same for every insurance company that sells a Plan A (also known as "standardized" plans). So any insurer selling a Medigap Plan A will provide identical benefits. This makes it easier to compare Medigap plans because the only difference between Medigap plans with the same letter is premium costs.

When to buy a Medigap

The best time to buy a Medigap plan is during the first six months starting with the day you turn age 65 (or older) and you're enrolled in BOTH Medicare Parts A and B. During these first six months, the plan cannot ask you to take a health screen or deny you coverage due to a preexisting condition.

If you don't enroll during the first six months (called guaranteed issuance or Medigap Open Enrollment Period), you can apply for a Medigap, however, the company does not have to sell you one and can ask you health screen questions.

If you're under age 65 and on Medicare, you might not be able to buy the Medigap plan you want – or any Medigap plan – until you turn 65.

If you continue to work after you turn 65 and you're covered by an employer health plan, be sure to check with your local SHIBA office about your options.

NOTE: ***Eligibility changes for Medigap Plans C and F:***

- People who turn 65 or first become eligible for Medicare **after** Jan. 1, 2020, cannot buy Mediap Plans C or F.
- For people who bought a Medigap Plan C or F **before** Jan. 1, 2020, can keep their plan and their benefits won't change. They don't need to take any action.
- Anyone eligible for Medicare Part A **before** Jan. 1, 2020, can still enroll in Medigap Plans C or F after Jan. 1, 2020, and keep the plan as long as they choose.

What Medigap plans cover

Basic benefits all Medigaps must cover:

- Medicare Part A coinsurance and Part B coinsurance or copays
- Hospice care coinsurance or copays under Part A
- Medicare preventive care Part B coinsurance
- The first three pints of blood under Parts A and B

Additional benefits some Medigaps cover:

- Skilled nursing facility care coinsurance
- Medicare Parts A and B deductibles
- Part B excess charges
- Foreign travel emergency coverage (up to plan limits)
- Out-of-pocket yearly limit

NOTE: You can see any medical provider in the U.S. who takes Medicare and you don't need a referral for specialty care.

What Medigap plans do not cover

Prescription drugs

While some prescriptions are covered under Medicare Part A while hospitalized or under Medicare Part B, such as pneumonia shots, albuterol for a nebulizer, some cancer drugs, etc., Original Medicare and Medigaps do not cover most prescription drugs. They're covered under Medicare Part D. This means when you first join Original Medicare and get a Medigap, you'll also want to buy a stand-alone prescription drug plan (Medicare Part D).

If you don't get a prescription drug plan and decide to wait, you'll have to pay a penalty, which means you'll pay a higher monthly premium for your drug coverage.

Other services and items Medigaps do not cover

- Acupuncture
- Cosmetic surgery
- Dental care (most) as related to routine dental care like teeth cleaning, fillings, crowns, etc.
- Dentures
- Eye exams as related to precribing glasses
- Hearing aids and exams for fitting them
- Long term care (care in a nursing home facility)
- Private-duty nursing
- Routine foot care

NOTE: Be aware that if Medicare doesn't cover something, then the Medigap plan won't cover it either - except for foreign travel emergencies.

Costs associated with Medigap plans

Medigap companies must file their plans and premium costs with the Washington State Office of the Insurance Commissioner for approval before they can sell in our state. Monthly premiums vary by plan and premiums often change once a year. However, plans may change premium costs at different times of the year. For more information, see our Medigap plan chart that is updated on a quarterly basis. It lists the insurers approved to sell in our state, and their plans and premiums. We always recommend checking with the Medigap company for the latest availability and premium costs.

To stay enrolled in a Medigap, you must pay your monthly Medigap and Part B premiums, unless you're enrolled in a Medicare Savings Program (MSP). If you're in an MSP, it pays your Part B premiums for you.

Only Medigap Plans K and L have out-of-pocket limits.

Medigaps and pre-existing conditions

If you have a pre-existing condition (a health problem you had within the three months before the effective date of your new Medigap plan), the Medigap insurer can exclude benefits for that condition for up to three months after the effective date of your Medigap plan (also known as a waiting period). If you're replacing your Medigap plan or other more comprehenisve coverage that was in effect for at least three months, you have no waiting period for any pre-existing conditions.

Medigaps and health screenings

If you're NOT applying during the first six months, starting with the day you turn age 65 (or older) and you're enrolled in BOTH Medicare Parts A and B, depending on the situation, insurers may require you to take a written health screen (for more information, see the "Switching Medigap plans" chart on pages 7-9). If the insurer doesn't require a health screen, they won't ask you any health questions.

If you're not sure you'll need to take a health screening, call our Insurance Consumer Hotline at 1-800-562-6900.

Switching to a different Medigap plan

If you're already enrolled in a Medigap Plan B through N, you can switch at any time to another Medigap Plan B through N. If you have a Medigap plan A, you can switch to any other Medigap plan A. In either of these situations, you do not need to pass a written health screening. If you decide to switch to a different Medigap plan, you must cancel your old Medigap plan. For more information about switching Medigap plans, see our *Switching Medigap plans* chart starting on page 7.

If you're switching from some other type of health insurance plan to a Medigap plan, rules can vary and insurers may require you pass a written health screening. If you're not sure you need to take a written health screening, call our Insurance Consumer Hotline at 1-800-562-6900.

Medigap plans and snowbirds

If you split your time between two homes and your second home is in another state, you can only have one primary residence in one state. That's the state where you're registered to vote and you have your driver's license in.

Medigap plans are run by private insurance companies and regulated by each state they are sold in. With a Medigap plan, you can go to any doctor who accepts Medicare anywhere in the U.S.

NOTE: Be aware though that **you generally cannot use Medicare Select plans in other states**. This type of Medigap plan limits your coverage to a specific network of doctors and hospitals.

What to consider before you buy a plan

- If you have a preexisting condition, some plans may require you to have a wait period (of up to 90 days after the plan starts) before it'll cover it.
- If you have a Medicare Advantage (MA) plan, you can apply for a Medigap policy, but make sure you leave the MA plan before your Medigap plan starts.
- You pay the private insurance company a monthly premium for your Medigap plan in addition to the monthly Part B premium you pay to Medicare.
- A Medigap plan only covers one person. If you and your spouse both want Medigap coverage, you'll each have to buy separate policies.
- In Washington state, you can buy any Medigap plan from any insurance company that's licensed to sell one in our state. For more information, see our chart "Approved Medicare Supplement" chart. (Note: Medicare Select plans may require you to use specific hospitals, doctors or other health care providers to get full coverage.)
- Once you're enrolled in a Medigap plan, there's no yearly open enrollment period for Medigap plans and you may apply to buy or switch plans at any time.

How to enroll in a Medigap plan

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.

1. Decide which benefits you want
2. Choose which of the standardized Medigap plans meets your needs
3. Find out which insurers sell Medigaps in our state (see SHIBA's Medigap plan chart)
4. Call the insurers you're interested in to double check premium costs and compare
5. Call the insurer directly once you decide on the plan you want to buy or buy through a licensed insurance agent or broker

Insurers can only sell you a standardized Medigap plan. These plans must follow federal and state laws. As well, the front of a Medigap policy must clearly identify it as Medicare Supplement (Medigap) insurance.

NOTE: 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.

Switching Medigap plans

Washington state doesn't require insurers to offer Medigap plans to people on Medicare under age 65, but you can contact insurers directly to see if they might sell you a Medigap.

To buy a Medigap, **you must have both Medicare Parts A and B**.

NOTE: Eligibility changes for Medigap Plans C and F as of 2020

- People who turn 65 or first become eligible for Medicare on or after Jan. 1, 2020, cannot buy Medigap Plan C or F.
- People who bought a Plan C or F before Jan. 1, 2020, can keep their plan and their benefits won't change. They don't need to take any action.
- Anyone eligible for Medicare Part A before Jan. 1, 2020, may still enroll in Plans C or F that are offered after Jan. 1, 2020, and then keep the plan as long as they choose.

Source: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

You don't have to take a written health screen if:	You have the right to buy:	You can/must apply for a Medigap policy:	Washington state law:
1. You're age 65+ and within the first 6 months of your Part B effective date. (Medicare calls this your Medigap Open Enrollment Period.) ***Up to a 90-day wait period for pre-existing conditions***	Any OIC-approved Medigap plan that's sold in Washington state by any insurer	Within the first 6 months of your Part B effective date	*RCW 48.66.025 (leg.wa.gov)*
2. You're in a Medicare Advantage (MA) plan (like an HMO or PPO, or a PACE plan) and your plan's leaving Medicare or stops giving care in your area, or you move out of the plan's service area. ***No pre-existing condition wait period***	An OIC-approved Medigap Plan B-N sold in Washington state by any insurer	As early as 60 calendar days before your coverage ends, but no later than 63 calendar days after your coverage ends Your Medigap can't start until your MA plan ends	R*CW.48.66.055 (3)(b)(i) (leg.wa.gov)*

You don't have to take a written health screen if:	You have the right to buy:	You can/must apply for a Medigap policy:	Washington state law:
3. You have Original Medicare and an employer group health plan (including retiree, COBRA or union coverage) that pays after Medicare pays and that plan is ending. ***No pre-existing condition wait period***	An OIC- approved Medigap Plan B-N sold in Washington state by any insurer If you have COBRA, you can either buy a Medigap plan right away or wait until the COBRA coverage ends.	No later than 63 calendar days after the latest of these 3 dates: 1) Date coverage ends 2) Date on notice you get telling you the coverage is ending 3) Date on a claim	*RCW.48.66.055 (3)(a) (leg.wa.gov)*
4. You have Original Medicare and a Medicare SELECT plan; you move out of the SELECT service area; call the Medicare SELECT plan insurer for more information about your options. ***No pre-existing condition wait period***	An OIC-approved Medigap Plan B-N (including high-deductible plans) sold by any insurer in Washington state or the state you're moving to	As early as 60 calendar days before the date your Medicare SELECT coverage will end, but no later than 63 calendar days after your Medicare SELECT coverage ends	*RCW 48.66.055(3)(c)(i)(D)(ii) (leg.wa.gov)*
5. You have a "trial right" if you joined an MA plan (like an HMO or PPO) or PACE plan when you first became eligible for Medicare Part A at age 65, and within the first year after joining, you decide to switch to Original Medicare. ***No pre-existing condition wait period***	Any Medigap plan that's OIC-approved to sell in Washington state by any insurer	As early as 60 calendar days before coverage ends, but no later than 63 calendar days after coverage ends	*RCW 48.66.055(3)(f) (leg.wa.gov)*

You don't have to take a written health screen if:	You have the right to buy:	You can/must apply for a Medigap policy:	Washington state law:
6. You have a "trial right" if you dropped a Medigap plan to join an MA plan (PACE or Medicare Select) for the first time; you've been in the plan less than a year and you want to switch back. ***No pre-existing condition wait period***	The Medigap plan you had before you joined the MA plan or Plan B-N that's OIC-approved to sell in Washington state by any insurer.	As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends	*RCW 48.66.055(3)(e)(i) (leg.wa.gov)*
7. You have a Medigap Plan A. ***No pre-existing condition wait period if you've had 90 days of coverge prior***	Any other Medigap Plan A that's OIC-approved to sell in Washington state by any insurer	At any time	*RCW 48.66.130 (leg.wa.gov)*
8. You have a Medigap plan other than Plan A (includes High-deductible Plan F). ***No wait period if you've had 90 days of coverage prior***	Any other Medigap Plan B-N that's OIC-approved to sell in Washington state by any insurer	At any time	*RCW 48.66.045, WAC 284-66.064(4a) (leg.wa.gov)*
9. You want to replace a more comprehensive health insurance plan (i.e., a retiree or employer plan) with a Medigap plan. ***Doesn't apply to the Health Care Authority Blue Cross Premera plans*** ***No wait period if you've had 90 days of coverage prior***	Any Medigap Plan B-N that's OIC-approved to sell in Washington state **(except the HCA Blue Cross Premera plans)**	At any time	*RCW 48.66.045, WAC 284-66.064(4a) (leg.wa.gov)*

You don't have to take a written health screen if:	You have the right to buy:	You can/must apply for a Medigap policy:	Washington state law:
10. Your Medigap insurer goes bankrupt and you lose your coverage, or your Medigap plan coverage ends through no fault of your own. ***No pre-existing condition wait period***	Any Medigap Plan B-N (including high-deductible Plans F and G) that's OIC-approved to sell in Washington state by any insurer	No later than 63 calendar days from the date your coverage ends	*RCW 48.66.055 (3)(D)(i)(A) & (B) (leg.wa.gov)*
11. You leave an MA plan or drop a Medigap plan because the insurer didn't follow the rules, or it misled you. ***No pre-existing condition wait period***	Any Medigap Plan B-N that's OIC-approved to sell in Washington state by any insurer	No later than 63 calendar days from the date your coverage ends	*RCW 48.66.055(3)(d) (ii)(iii) (leg.wa.gov)*

Other Medigap resources

The Washington State Health Insurance Pool (WSHIP) sells the Medicare Basic plan to people on Medicare who've been rejected due to health reasons by a Medigap plan or who live in an area where MA plans are limited. For more information, go to: www.wship.org or call WSHIP at: 1-800-877-5187.

Notes

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Need more help understanding how Medicare works?

Call the Statewide Health Insurance Benefits Advisors (SHIBA) program for free, unbiased & confidential help at:

1-800-562-6900

www.insurance.wa.gov/shiba

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