

What is a Medigap?

A Medigap policy is a standardized supplemental health plan that pays for part or all of Medicare costs that you would otherwise pay out of pocket. You may hear Medigaps also referred to as Medicare supplements or supplemental health insurance.

Medigap policies **only work with Original Medicare**, which is Medicare coverage through the federal government.

If you get your Medicare benefits from a private Medicare plan, known as a Medicare Advantage Plan, then you cannot purchase a Medigap.

Medigaps cover **gaps** in Original Medicare **costs**. They do not provide coverage for gaps in coverage.

There are 10 standardized Medigap plans: A, B, C, D, F, G, K, L, M, and N.

Medigap plan benefits are the same no matter which company sells the plan. Shop around! Different insurance companies charge different premiums for the same plan.

Medigap Enrollment in New York

You can purchase a Medigap at any time during the year as long as you are enrolled in Original Medicare Parts A and B.

Insurance companies must sell you a Medigap at their best available rate and cannot deny you coverage based on health conditions.

Note: A Medigap insurer can make you wait up to 6 months before it will cover any pre-existing conditions. You can shorten this waiting period if you had certain types of coverage before purchasing the Medigap.

You will not have a 6-month pre-existing condition waiting period if you purchase a Medigap when you have a guaranteed issue right. You get a guaranteed issue right when you lose or experience changes to certain types of health insurance.

Choosing a Medigap

You should think about your monthly budget and expenses while considering if a Medigap is the right choice for you. Although all Medigaps offer slightly different benefits and have different premiums, some generalizations can be made.

- Plan A covers the fewest benefits and usually charges a lower monthly premium.
- Plans that cover more benefits usually charge a higher premium.
- The most popular plans are C and F. They cover key benefits.
- Plans K and L may have lower monthly premiums, but they only pay a percentage of the cost of most Medicare coinsurances and deductibles until you reach a yearly out-of-pocket maximum. After that, they pay the full cost.

	A	B	C	D	F*	G	K**	L**	M	N
Part A hospital coinsurance Coinsurance for days 61 to 90 (\$322) and days 91 to 150 (\$644) in hospital; payment in full for 365 additional lifetime days	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
Part B coinsurance	▪	▪	▪	▪	▪	▪	50%	75%	▪	Except \$20 for doctors visits and \$50 for emergency visits
Blood (first 3 pints)	▪	▪	▪	▪	▪	▪	50%	75%	▪	▪
Part A hospital deductible Covers \$1,288 in each benefit period		▪	▪	▪	▪	▪	50%	75%	50%	▪
Part A skilled nursing facility (SNF) coinsurance Covers \$161 a day for days 21 to 100 each benefit period			▪	▪	▪	▪	50%	75%	▪	▪
Part B annual deductible Covers \$166 (Part B deductible)			▪		▪					
Part B excess charges 100% of Part B excess charges (Under federal law, the excess limit is 15% more than Medicare's approved charge when provider does not take assignment; under New York State law, the excess limit is 5% for most services)					▪	▪				
Foreign travel emergency 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000			▪	▪	▪	▪			▪	▪
Preventive care coinsurance	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
Hospice care Coinsurance for respite care and other Part A-covered services	▪	▪	▪	▪	▪	▪	50%	75%	▪	▪

* Plan F also offers a high-deductible option in which you pay a \$2,180 deductible in 2016 before Medigap coverage starts.

** Plans K and L pay 100% of your Part A and Part B coinsurances after you spend a certain amount out of pocket. The 2016 out-of-pocket maximum is \$4,960 for Plan K and \$2,480 for Plan L.

Note: Plans E, H, I, and J stopped being sold June 1, 2010. If you bought a Medigap between July 31, 1992 and June 1, 2010, you can keep it even if it's not being sold anymore. Your benefits are different from what is on the chart above.