



## Tips for enrolling in a Medicare supplement or Medigap plan

1. Medigap policies help pay some healthcare costs that Medicare A & B don't completely cover, like deductibles and coinsurances. The plan benefits are standardized, meaning a Plan G offered by one company must provide the exact same benefits as a Plan G from another company. However, prices can vary widely, and companies raise prices over time, as much as twice a year.
2. Consider which company is right for you:
  - If you have experience with a trusted insurance broker, you can contact them for assistance. A *broker* likely sells plans from several companies (not all), while an *agent* usually sells for a specific company. Also, insurance salespersons usually receive higher commissions selling Medicare Advantage plans (vs. Medigap policies & Part D drug plans). You don't pay more if you use a broker or agent as the insurance companies pay them based on what product they sell.
  - Other ideas to consider:
    - Select a company you have heard of and has a good reputation.
    - A higher monthly premium does not necessarily equal better coverage.
    - Is there an application fee?
    - If you are outside Guaranteed Issue Rights,\* is the health questionnaire simple or detailed?
    - Does the company offer extra benefits such as a free fitness membership?
    - Call 2-3 companies to ask basic questions and compare customer service experiences.
3. Enroll in the selected Medicare supplement policy.
  - If you do not have a broker or agent, contact the company directly.
  - When you first speak with the company representative, be very direct that you want a **Medicare supplement (Medigap policy)** and give the letter of the plan (A-N) you want.
  - If you have Guaranteed Issue Rights\*state that clearly at the beginning of the call.
  - If you and your spouse both want Medicare supplements, you must each buy your own policy. However, you may get discounts if you both use the same company.
  - You will pay the supplement company directly; not deducted from your Social Security benefit.
  - If you are replacing an existing policy with a new policy, do NOT cancel the old policy until the new one is confirmed.
  - Write down the date of your call and the name of the agent you talked to, along with a confirmation number if available.
4. Update your insurance information.
  - Once you receive your supplement card, show it to all of your medical providers.

**\*Guaranteed Issue Rights (GIR):** rights you have in certain situations when insurance companies must sell you a Medicare supplement policy and cannot charge you more because of your health history or pre-existing conditions. You have GIR for the first 6 months after starting Medicare Part B; if you are in a Medicare Advantage plan and it leaves the area or you leave its service area; when your Employer Group Health Plan that pays secondary to Medicare ends; if you join a Medicare Advantage plan when you first turn 65 and within the 12 months you want to go back to Original Medicare; there are other situations also allow for GIR. Call Senior PharmAssist to talk with a Medicare Counselor if you need additional information or assistance: (919) 688-4772.

# Standardized Medicare Supplement Plan Comparison Chart

The chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F. (✓ = 100% of benefit is paid)

BENEFITS	PLANS AVAILABLE TO ALL APPLICANTS								MEDICARE FIRST ELIGIBLE BEFORE 2020 ONLY	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ <sup>3</sup>	✓	✓
Blood (first 3 pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			80%	80%			80%	80%	80%	80%
Out-of-pocket limit in 2023 <sup>2</sup>					\$6,940 <sup>2</sup>	\$3,470 <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2700] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.