



REMEMBER THESE IMPORTANT FACTS.

- You must have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).
- You pay the private insurance company a monthly premium for your Medigap policy in addition to the monthly Part B premium that you pay to Medicare.
- A Medigap policy covers only one person. If you and your spouse both want Medigap coverage, you each will have to buy separate Medigap policies.
- Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you pay the premium.
- You can't have prescription drug coverage in both your Medigap policy and a Medicare Prescription Drug Plan (Part D). Some Medigap policies sold before 2006 had prescription drug coverage.
- It's important to compare Medigap policies since the costs can vary and may go up as you get older. Some states limit Medigap costs.
- The best time to buy a Medigap policy is during your Medigap open enrollment period, when you have the right to buy any Medigap policy offered in your state. However, even if you aren't in your Medigap open enrollment period, there are several situations in which you may still have guaranteed issue rights (also called "Medigap protections") to buy a Medigap policy if you're 65 or older.

WHERE CAN I GET MORE INFORMATION?

- Visit www.medicare.gov/publications to view or print "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."
- Visit www.medicare.gov/medigap to find and compare Medigap policies.
- Call 1-800-MEDICARE (1-800-633-4227) to get help with Medicare and Medigap questions. TTY users should call 1-877-486-2048.
- Call your State Insurance Department if you have questions about the Medigap policies sold in your area or any insurance-related problems. Visit www.medicare.gov/contacts, or call 1-800-MEDICARE to get their phone number.
- Call your State Health Insurance Assistance Program (SHIP) for help with any of the following. Visit www.medicare.gov/contacts, or call 1-800-MEDICARE to get their phone number.
 - Buying a Medigap policy or long-term care insurance
 - Dealing with payment denials or appeals
 - Medicare rights and protections
 - Choosing a Medicare plan
 - Deciding whether to suspend your Medigap policy
 - Questions about Medicare bills



"Medicare Supplemental Insurance: Getting Started" isn't a legal document. More details are available in the "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Information in this brochure was correct when printed. Call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov to get the most current information. TTY users should call 1-877-486-2048.

Medicare Supplemental Insurance

GETTING STARTED



An overview of Medicare Supplemental Insurance ("Medigap") policies

LET'S GET STARTED.

Original Medicare pays for many, but not all, health care services and supplies. A Medicare Supplement Insurance policy (or "Medigap" policy), sold by private companies, helps pay some of the health care costs (or "gaps") that Original Medicare doesn't cover - like copayments, coinsurance, and deductibles.

Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Then, your Medigap policy pays its share.

A Medigap policy is different from a Medicare Advantage Plan (like an HMO or PPO) because those plans are ways to get your Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits. It's illegal for an insurance company to sell a Medigap policy to anyone who is still enrolled in a Medicare Advantage Plan. If you have a Medicare Advantage Plan and want to return to Original Medicare, you can buy a Medigap policy that will start when your coverage begins under Original Medicare.



WHAT POLICIES ARE AVAILABLE?

Every Medigap policy must follow Federal and state laws designed to protect you, and the policy must be clearly identified as "Medicare Supplement Insurance." Medigap insurance companies in most states can only sell you a "standardized" Medigap policy identified by letters A through N.

Each standardized Medigap policy must offer the same basic benefits, no matter which insurance company sells it. Cost is usually the only difference between Medigap policies with the same letter sold by different insurance companies.

In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. For more information, visit www.medicare.gov/publications to view or print "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare."

Plans E, H, I, and J are no longer available to buy, but if you already have one of those policies, you can keep it. Contact your insurance company for more information.

In some states, you may be able to buy another type of Medigap policy called Medicare SELECT (a policy that requires you to use specific hospitals and, in some cases, specific doctors or other health care providers to get full coverage). If you buy a Medigap SELECT policy, you have rights to change your mind within 12 months and switch to a standard Medigap policy.

WHAT'S COVERED

The chart below shows basic information about the different benefits that Medigap policies cover. If a check mark appears, the plan covers the described benefit 100%. If a percentage appears, the plan covers that percentage of the benefit.

Benefits	Medicare Supplement Insurance Plans (Medigap)									
	A	B	C	D	F*	G	K	L	M	N
Medicare Part A Coinsurance and Hospital Costs (up to an additional 365 days after Medicare benefits are used)	√	√	√	√	√	√	√	√	√	√
Medicare Part B Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√**
Blood (first 3 pints)	√	√	√	√	√	√	50%	75%		
Part A Hospice Care Coinsurance or Copayment	√	√	√	√	√	√	50%	75%	√	√
Skilled Nursing Facility Care 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)			√	√	√	√			√	√

Out-of-Pocket Limit
\$4,640 \$2,320

* Plan F also offers a high-deductible plan. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,000 in 2011 before your policy pays anything.

** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that don't result in an inpatient admission.

Medigap policies don't cover long-term care (like care in a nursing home), vision or dental care, hearing aids, eyeglasses, and private-duty nursing.

www.medicare.gov

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