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Medicare Supplement Insurance

What Is Medicare Supplement Insurance?

Medicare Supplement Insurance, also known as “Medsupp” or “Medigap” is extra insurance you can buy if you have Original Medicare designed to help pay medical costs not covered by Original Medicare, such as deductibles and coinsurance.

Federal laws have standardized all Medigap insurance to currently only 10 plans. The Medigap plans are labeled A-D, F, G, and K-N. Ohio’s Medigap plans include high-deductible versions of Plan F and G. Depending on your age and other factors, some plans may not be available to purchase.

Each labeled plan is identical, no matter which company sells it, with price being the only difference between plans with the same letter that are sold by different insurance companies. All companies must sell Plan A.

What Basic Benefits Does Current Plan A Cover?

Though it pays no deductibles, Plan A does generally cover all Part B coinsurance costs; Part A hospital coinsurance costs through the lifetime inpatient reserve days; and a lifetime 365 additional Part A hospital days after Medicare benefits end. In addition, the cost of the first three pints of blood both in and out of the hospital is covered.

What Benefits Are Provided By Plans B Through N?

Plans B - N all provide the basic benefit plan (Plan A) plus additional coverage. The additional benefits vary according to each plan. Extra benefits include, but are not limited to:

a) payment of either Parts A or B deductibles;

b) co-payment costs for skilled nursing care (days 21-100);

c) foreign travel emergency care; and

d) excess charges under Part B.

What Benefits Are Not Available In Any Of The Plans?

Benefits generally not available in any plan are: a) vision, dental care and hearing aids; b) private duty nursing; and c) long-term care.

How Do Standardized Medigap Policies Different?

Once you decide which extra benefits you want or need and which plan (A through N) is right for you, then look to these factors to choose between companies:

a) the cost of monthly premiums (this can vary widely);

b) how well the company will service its plan; and

c) the period the plan excludes pre-existing medical conditions. By law the exclusion period cannot exceed 6 months.

What Is A Pre-Existing Condition?

A Medigap plan cannot define a pre-existing condition more restrictively than a condition for which medical advice was given, or treatment was recommended or received from a physician within six months before the effective date of coverage. A pre-existing condition may make you uninsurable if you fail to sign up for Medigap coverage during an open enrollment period.

When Is My Open Enrollment Period?

The open enrollment period lasts for 6 months and begins the first day of the month, when you are at least 65 years old and enrolled in Medicare Part B. Once your 6-month Medigap open enrollment period starts, it cannot be stopped or changed.

If you submit a Medigap application during this period, a company cannot reject you because of your health or prior claims experience nor can they place conditions on a policy or charge you more because of your health problems. However, you may be subject to a “pre-existing condition waiting period.” But if you had health coverage that qualifies as "creditable coverage," the company must shorten any pre-existing condition waiting period by the number of months that you had "creditable coverage" in the 6 months before you applied for Medigap coverage.

What If I Missed My Open Enrollment Period?

The open enrollment period may be eliminated if you are over age 65 and have been enrolled in Medicare Part B for more than 6 months. You may apply for a Medigap policy, but you will be subject to medical underwriting and a pre-existing condition waiting period or exclusion. If you fail to meet the Medigap policy health standards, the company does not have to insure you.

This same situation may arise if you drop your current Medigap policy. There is no guarantee that you can get another policy except in very limited situations (see below). Also, if you are under age 65 and receive Medicare because you are disabled, you may not be eligible for open enrollment and must meet a company’s medical standards to purchase a Medigap policy.

Can A Medigap Policy Be Canceled?

No. All Medigap policies are guaranteed renewable, no matter how many claims you file, but a company can cancel if you do not pay premiums or give false information of a material fact on your application.

If you want to switch policies, don't cancel your first Medigap policy until the second one is in place and you have reviewed it and decided to keep it. You have 30 days to return the policy and receive a full refund.

What Are Guaranteed Issue Rights?

In some situations, you have the right to buy a Medigap policy outside of your Medigap open enrollment period without regard to your health status. For details see the Medicare 101 Guide or call 1-800-686-1578 for a hard copy.

Can My Medigap Policy Premiums Be Raised?

Yes.

What Should I Consider When Purchasing Medigap Insurance?

To maximize your Medicare/Medigap coverage and reduce out-of-pocket health care costs, use

doctors who accept Medicare "assignment" and appeal unfavorable Medicare determinations. Check for pre-existing condition waiting periods and exclusions. File your Medigap claims in a timely manner.

What Is A Medicare-Select (MedSelect) Policy?

A Medicare-Select Policy is a Medi-care Supplement Policy that contains restricted network provisions. It is usually cheaper than other Medigap policies because you must use facili-ties and physicians approved by the MedSelect company.

Who Does Not Need A Medigap Policy?

You may not need a Medigap policy if you are: a) institutionalized or at home and on Medicaid; b) eligible for the Qualified Medicare Beneficiary (QMB) program; or c) you join a Medicare Advantage Plan.

These programs pay for all your medical costs under Medicare or, in the case of a Medicare Advantage Plan, do not allow you to have both a Medigap policy and a Medicare Advantage Plan at the same time. To check your QMB eligibility, submit an application to your local County Department of Job and Family Services.

How Does Medicaid Or QMB Eligibility Affect My Medigap Policy?

Once you are eligible for Medicaid, you may request a suspension of the Medigap policy within 90 days of becoming entitled to Medicaid. The suspension will not exceed a period of two years.

If after you request the suspension of Medigap, you lose eligibility for Medicaid/QMB, your Medigap is reinstated if you notify your insurance company within 90 days of Medicaid/QMB termination. When reinstated, there will be no waiting period, and coverage must be equivalent to coverage you had on your suspension date. Premiums will continue from the date of Medicaid/QMB termination.

Pro Seniors helps older Ohioans solve legal and long-term care problems and fight Medicare fraud. Our Legal Helpline provides free legal information and advice for Ohio residents aged 60 and older.

This fact sheet provides general information, not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Helpline or consult an attorney in elder law.

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