

Whether you are nearing retirement or approaching your 65th birthday, enrolling in Medicare requires an understanding of the various coverage options available. It is important to know your health insurance choices, as they determine the benefits provided to you and the out-of-pocket costs of your care.

The SHINE (Serving Health Insurance Needs of Elders) Program provides this fact sheet to help individuals with Medicare understand supplement insurance coverage. It includes important steps to remember when planning your future health care needs. If you should have any questions regarding this material or need assistance, please contact a SHINE Counselor by calling the Elder Helpline toll-free at **1-800-96-ELDER (1-800-963-5337)**.

Why Buy Supplement Insurance?

Original Medicare was designed to cover most medical expenses, but there are gaps in coverage. Medicare supplement insurance plans (Medigap) were created to help fill those gaps. Depending on the plan you select, you may receive additional benefits, such as coverage for skilled nursing facility coinsurance costs, Part B excess charges, and coinsurance for extra hospital days.

Most Medigap insurance plans allow you the flexibility to visit any health care provider or facility that accepts Medicare. You are not limited to a specific network of providers or a certain geographic area.

Who Is Eligible for Medigap?

- Individuals who are 65 and over (or under 65 and disabled) and enrolled in both Medicare Part A (hospital) and Part B (medical).

Note: When your Part B first begins, you will have a six-month open enrollment period to select any Medigap plan available in your area regardless of your current health status.

- If you initially enrolled in a Medicare Advantage Plan upon turning 65 and it has been less than a year, you may return to Original Medicare and select any Medigap policy available in your area.

There are other situations where an individual becomes eligible for Medigap insurance through what is called “guarantee issue.” For more information regarding guarantee issue, you may call a SHINE Counselor, or review the publication entitled

“Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare”.

<https://www.medicare.gov/publications/02110-Choosing-a-Medigap-Policy-A-Guide-to-Health-Insurance-for-People-with-Medicare.pdf>.



1. Look at Your Health Care Costs. Review how much you spent out-of-pocket on health care costs last year and estimate your future health expenses. Then ask, “Do any of my costs include the items below?” If so, they may be covered by a Medigap policy.

- ✓ Medicare Part A Deductible (\$1,676)
- ✓ Medicare Part A (hospital) Coinsurance
- ✓ Medicare Part B Deductible (\$257)
- ✓ Medicare Part B (medical) Coinsurance
- ✓ Blood costs
- ✓ Skilled Nursing Home Coinsurance
- ✓ Medicare Part B Excess Charges
- ✓ Foreign Travel Emergency
- ✓ Hospice Care Coinsurance

2. Compare Medigap Plans. With the help of a trained SHINE Counselor, you can compare plans in your area based on your age, location, and smoker or non-smoker status. To review rates and companies on your own, visit the Office of Insurance Regulation website at:

[Apps.FLDFS.com/MCWS/CWSSearch](https://apps.fldfs.com/MCWS/CWSSearch).

Just click on your county of residence and fill out the search criteria.



Make sure the companies you select are reliable and in good standing.

3. Company Standing. Once you narrow down your choices, you should research the stability of the insurance companies.

- ✓ To research complaints or actions taken against the company, call the OIR (Office of Insurance Regulation) consumer helpline at **1-877-693-5236**. OIR is part of the Florida Department of Financial Services.
- ✓ Your public library is a good resource for reviewing an insurance company's financial strength through rating service websites such as AMBest.com and SPGlobal.com.

4. Decide Which Type of Plan Is Best for You. Medigap insurance companies offer a variety of plans and coverage options. Below is a chart showing the different plans and the benefits they provide. They range from the most basic (Plan A), to more comprehensive plans (Plans C and F), to a plan that also offers a high-deductible option (Plan F). Note that all policies of a particular plan type offer the exact

same benefits. However, individual insurance companies may charge different rates.

5. Buy the Medigap Policy. Now that you are prepared to apply for the policy you want. Please consider the following:

- ✓ Fill out the application carefully and completely. The answers you provide will determine your eligibility for open enrollment (when you first start Part B) or a "guarantee issue" situation.
- ✓ Request the policy to become effective when you want the coverage to start. Generally, policies begin the first of the month after you apply.
- ✓ Call your insurance company if you do not receive your policy within 30 days. If 60 days have passed, call the Office of Insurance Regulation at **1-877-693-5236**.

NEED HELP? If you need assistance with information in this publication, or help comparing plans, please call the *Elder Helpline* toll-free at **1-800-963-5337** and ask for a SHINE Counselor.

The Florida SHINE (Serving Health Insurance Needs of Elders) Program offers free and unbiased health insurance counseling to individuals with disabilities, seniors, and their family members, or caregivers. For more information on health insurance issues, visit our website at FloridaShine.org.

Medigap Plans										
How to read the chart: A check mark (✓) in a column indicates, the Medigap policy covers 100 percent of the described benefit. A percentage in a row indicates the policy covers that percentage of the described benefit. A blank row indicates the policy does not cover that benefit. Note: The Medigap policy covers coinsurance only <u>after</u> you have paid the deductible, unless the Medigap policy also covers the deductible.										
Benefits	Plans									
	A	B	C 2020 Only	D	F ¹ 2020 Only	G ¹	K ²	L ²	M	N
Part A – Coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A – Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Blood (First three pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part B – Deductible			✓		✓					
Part B – Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ ³ copays apply
Part B – Excess Charges					✓	✓				
Foreign Travel Emergency (Up to Plan Limits) ⁴			80%	80%	80%	80%			80%	80%

¹ Plan F and G have a plan option called a high-deductible Plan F and Plan G. If you select the high-deductible option, before your Medigap plan pays anything, you must pay for Medicare-covered costs up to the deductible amount of \$2,870 in 2025.

² Plans K and L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit (Plan K is \$7,220 and Plan L is \$3,610 and Part B deductible (\$257 in 2025). After you meet them, the plan will pay 100% of your costs for approved services for the rest of the calendar year.

³ 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 do not result in inpatient admission.

⁴ You must also pay a separate deductible (\$250 per year) for foreign travel emergency services.