Remember these important facts

- You must have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) to buy a Medigap policy.
- 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. Contact the insurance company to find out how to pay your Medigap premium.
- A Medigap policy covers only one person. Spouses must buy separate policies.
- Although some Medigap policies sold in the past covered prescription drugs, Medigap policies sold after January 1, 2006, aren’t allowed to include prescription drug coverage. If you want drug coverage, you can join a Medicare drug plan offered by private companies approved by Medicare.
- It’s important to compare Medigap policies since the costs can vary and premiums may go up as you get older. Some states impose limits on how insurance companies “price” or set Medigap premiums.
- 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. This 6-month period begins the first month you have Medicare Part B (Medical Insurance), and you’re 65 or older. Some states require Medigap insurance companies to sell Medigap policies to people under age 65. Check with your State Insurance Department to learn about what rights you might have under state law.

Where can I get more information?

- Visit Medicare.gov/medigap-supplemental-insurance-plans to find out which insurance companies sell Medigap policies in your area.
- Visit Medicare.gov/publications to view or print “Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare.”
- Call 1-800-MEDICARE (1-800-633-4227) to get help with Medicare and Medigap questions. TTY users can 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 naic.org, or call 1-800-MEDICARE to get the phone number.
- Call your State Health Insurance Assistance Program (SHIP) for help with any of these:
  - Buying a Medigap policy or long-term care insurance
  - Payment denials or appeals
  - Medicare rights and protections
  - Choosing a Medicare plan
  - Questions about Medicare bills
  Visit shibelp.org, or call 1-800-MEDICARE to get the phone number.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.


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

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Let's get started

Original Medicare pays for many, but not all, health care services and supplies. Medicare Supplement Insurance (Medigap) policies, sold by private companies, can help pay for some of the costs 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 emergency medical care when you're traveling outside the United States, Part B excess charges, and some prescription drugs. If you have Medigap, Medicare will pay its share of the Medicare-approved amounts for covered health care costs. Then, your Medigap policy pays its share. You pay premiums for a Medigap policy in addition to the monthly Part B premium you pay to Medicare.

A Medigap policy is different from a Medicare Advantage Plan. Medicare Advantage Plans are ways to get your Medicare benefits, while a Medigap policy supplements your Original Medicare benefits. It’s generally illegal for an insurance company to sell a Medigap policy to anyone who’s still enrolled in Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amounts for covered health care costs. Then, your Medigap policy pays its share. You pay premiums for a Medigap policy in addition to the monthly Part B premium you pay to Medicare.

Medigap plans sold to people who are new to Medicare or on or after January 1, 2020 aren’t allowed to cover the Part B deductible. Because of this, Plans C and F are no longer available to people newly eligible for Medicare on or after January 1, 2020. People newly eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.

Medigap policies that require you to use specific hospitals and, in some cases, specific doctors or other health care providers to get full supplemental coverage (except in an emergency). If you have a Medigap policy and switch to a Medicare SELECT policy, you have the right under federal law to change your mind within 12 months and switch to a standard Medigap policy.

In some states, you may be able to buy another type of Medigap policy called Medicare SELECT. Medicare SELECT plans are standardized Medigap policies that require you to use specific hospitals and, in some cases, specific doctors or other health care providers to get full supplemental coverage (except in an emergency). If you have a Medigap policy and switch to a Medicare SELECT policy, you have the right under federal law to change your mind within 12 months and switch to a standard Medigap policy.

Medicare Supplement Insurance Plans (Medigap)

What policies are available?

Every Medigap policy must follow federal and state laws designed to protect you, and the policies must be clearly identified as "Medicare Supplement Insurance." Insurance companies can only sell you a standardized Medigap policy, identified in most states by letters, Plans A-N. In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. Visit Medicare.gov for more information.

All standardized policies offer the same basic benefits, no matter which insurance company sells it, but some offer additional benefits so you can choose which one meets your needs.

- Plans F, H, I, and J are no longer available to buy, but, if you already have one of those policies, you can generally 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. Medicare SELECT plans are standardized Medigap policies that require you to use specific hospitals and, in some cases, specific doctors or other health care providers to get full supplemental coverage (except in an emergency). If you have a Medigap policy and switch to a Medicare SELECT policy, you have the right under federal law to change your mind within 12 months and switch to a standard Medigap policy.

How do I compare Medigap plans?

The chart below shows basic information about the different benefits that Medigap policies offer. If a percentage appears, the Medigap plan covers that percentage of the benefit and you’re responsible to pay the rest. Visit Medicare.gov/supplements-other-insurance/how-to-compare-medigap-plans to view this information online.

Medicare Supplement Insurance Plans (Medigap)

Benefits

A B C D F G H I J K L M N

Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are exhausted)**

100% 100% 100% 100% 100% 100% 75% 100% 100% 100%***

Blood (first 3 pints) 100% 100% 100% 100% 100% 100% 50% 75% 100% 100%

Part A hospice care coinsurance or copayment 100% 100% 100% 100% 100% 100% 50% 75% 100% 100%

Skilled nursing facility care coinsurance 100% 100% 100% 100% 100% 100% 50% 75% 100% 100%

Part A deductible 100% 100% 100% 100% 100% 100% 50% 75% 100% 100%

Part B deductible 100% 100% 100% 100% 100% 100% 50% 75% 100% 100%

Part B excess charges 100% 100% 100% 100% 100% 100% 50% 75% 100% 100%

Foreign travel emergency (up to plan limits) 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80%

Out-of-pocket limit (2023)**

$8,040 $13,400

* Plans F and G also offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (co-payments, coinsurance, and deductibles) up to the deductible amount of $2,700 in 2023 before your policy pays anything. (Plans C and D are no longer available to people newly eligible for Medicare on or after January 1, 2020.) People newly eligible for Medicare on or after January 1, 2020 have the right to buy Plans D and G instead of Plans C and F.

**For Plans B, D, H, I, and J, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($226 in 2023), the Medigap policy pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $35 for some office visits and up to a $50 copayment for emergency room visits that don’t result in an inpatient admission.

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

Medicare.gov