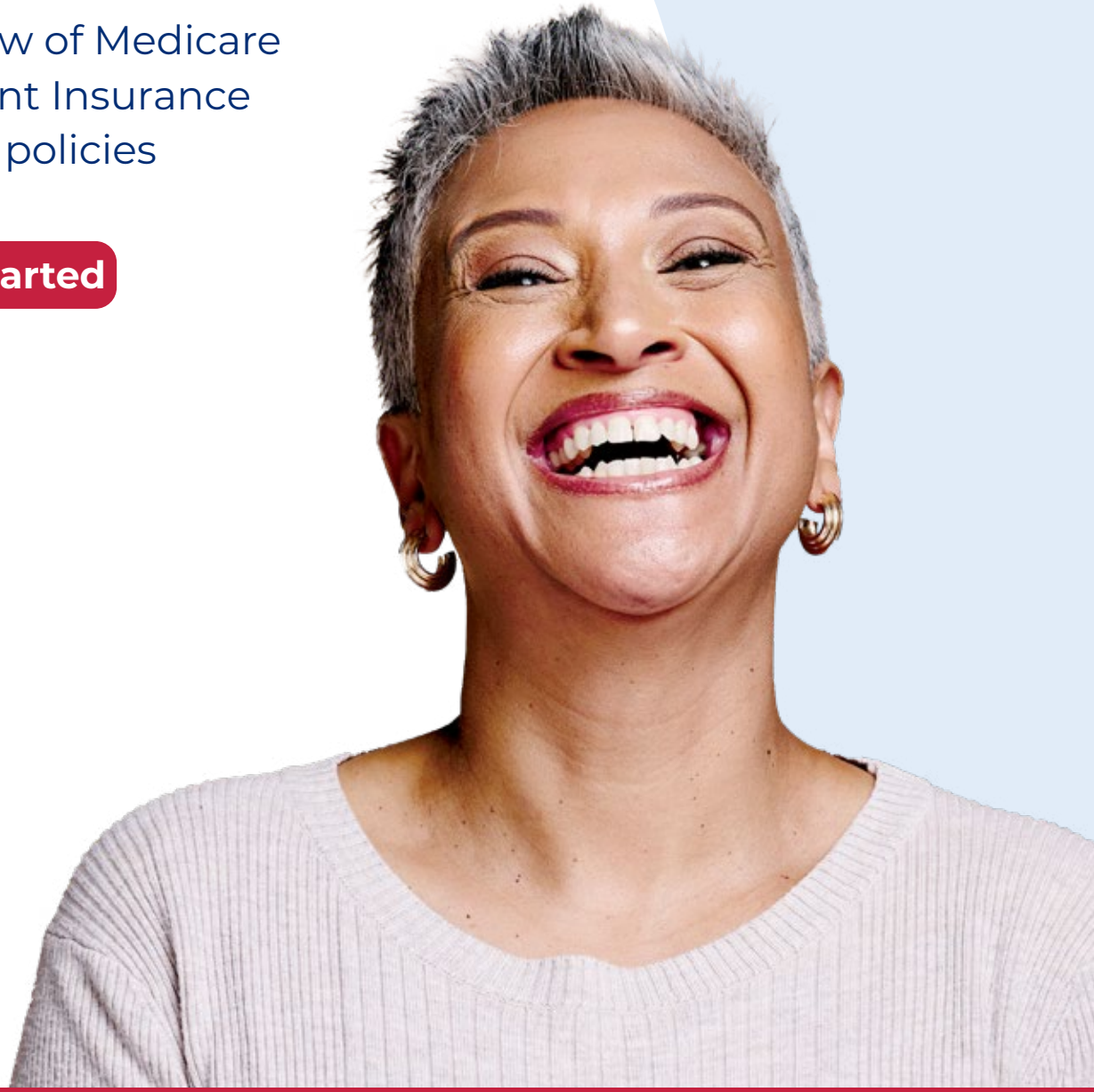
Medicare Supplement Insurance

An overview of Medicare Supplement Insurance (Medigap) policies

Getting Started



Medicare

What's Medigap?

Original Medicare pays for many, but not all, health care services and supplies. Medicare Supplement Insurance (Medigap) is extra insurance you can buy from a private health insurance company to help pay your share of out-of-pocket costs in Original Medicare (Part A and Part B), like copayments, coinsurance, and deductibles.

If you have a Medigap policy and get care, Medicare will pay its share of the Medicare-approved amounts for covered health care costs. Then, your Medigap policy pays its share. You pay the private insurance company a monthly premium for your Medigap policy and your monthly Part B (Medical Insurance) premium to Medicare.

How is Medigap different from a Medicare Advantage Plan?

A Medigap policy is different from a Medicare Advantage Plan. A Medicare Advantage Plan is another way to get your Medicare coverage besides Original Medicare, while a Medigap policy only helps pay for the costs that Original Medicare doesn't cover.

Insurance companies generally can't sell you a Medigap policy if you have coverage through a Medicare Advantage Plan or Medicaid. If you have Medigap and switch to a Medicare Advantage Plan for the first time, you have the right to change your mind. You'll have special rights under federal law to buy a Medigap policy if you return to Original Medicare within 12 months of joining the Medicare Advantage Plan.

What policies are available?

Every Medigap policy must follow federal and state laws designed to protect you, and they must be clearly identified as "Medicare Supplement Insurance." Insurance companies can only sell you a standardized Medigap policy, which are identified in most states as lettered Plans A-D, F, G, and K-N. A–D, F, G, and K–N. In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. Visit Medicare.gov/health-drug-plans/medigap for more information.

All Medigap plans of the same letter offer the same basic benefits, no matter where you live or which insurance company you buy them from. Price is the only difference between policies with the same letter sold by different companies.

Plans E, H, I, and J are no longer sold, **but**, if you already have one, 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. This policy requires you to use hospitals (and, in some cases, doctors) within its network to be eligible for full benefits. If you have Medigap 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 standardized Medigap policy.

Since January 1, 2020, Medigap plans sold to people new to Medicare aren't allowed to cover the Part B deductible. Because of this, Plans C and F aren't available to people new to Medicare on or after January 1, 2020 (those who turned 65 on or after January 1, 2020, and those who got Part A (Hospital Insurance) on or after January 1, 2020). People new to Medicare have the right to buy Plan D or G instead of Plan C or F.

If you already have either of these plans (or the high deductible version of Plan F), or you were covered by one of these plans before January 1, 2020, you're able to keep your plan. If you were eligible for Medicare before January 1, 2020, but haven't yet enrolled, you may be able to buy Plan C or F.

When's the best time to buy a Medigap policy?

Your best time to buy a Medigap policy is during your Medigap Open Enrollment Period. This 6-month period starts the first month you have Medicare Part B, **and** you're 65 or older. Some states have additional Open Enrollment Periods, including those for people under 65. **Check with your State Insurance Department to learn about what rights you might have under state law**.

How do I compare Medigap plans?

	Medigap standardized plans									
Benefits	**A**	**B**	**C**	**D**	**F***	**G***	**K**	**L**	**M**	**N**
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓***
Blood benefit (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care coinsurance	X	X	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	X	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	X	X	✓	X	✓	X	X	X	X	X
Part B excess charge	X	X	X	X	✓	✓	X	X	X	X
Foreign travel emergency (up to plan limits)	X	X	80%	80%	80%	80%	X	X	80%	80%
							Out-of-pocket limit (2026)**			
							$8,000	$4,000		

✓ = The plan covers 100% of this benefit

X = The plan doesn't cover this benefit

% = The plan covers that percentage of this benefit, and you're responsible for the rest.

* Plans F and G offer a high-deductible plan in some states. You must pay for Medicare-covered costs (coinsurance, copayments, and deductibles) up to the deductible amount of $2,950 in 2026 before your policy pays anything. (You can't buy Plans C and F if you were new to Medicare on or after January 1, 2020.)

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible ($283 in 2026), the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the costs of Part B services, 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.

What's not covered by Medigap?

Medigap doesn't cover everything. Medigap policies generally don't cover:

- Long-term care (like non-skilled care you get in a nursing home)
- Vision or dental care
- Hearing aids
- Glasses
- Private-duty nursing

Other important facts

- Generally, you must have Original Medicare 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. Your insurance company will let you know how to pay your monthly premium.
- A Medigap policy only covers one person, so if you and your spouse both want Medigap coverage, **you each have to buy your own policy**.
- Although some Medigap policies that were sold in the past covered prescription drugs, Medigap plans sold after 2005 don't include prescription drug coverage. If you want drug coverage, you can join a separate Medicare drug plan (Part D).
- It's important to compare Medigap policies since the costs can vary and premiums may go up as you get older. The benefits in each lettered plan are the same, no matter which insurance company sells it. **The premium amount is the only difference between policies with the same plan letter sold by different companies**. Each insurance company decides how it'll set the price, or premium, for its Medigap policies. Some states may impose limits on how much insurance companies can charge.

Where can I get more information?

- Visit Medicare.gov/medigap-supplemental-insurance-plans to find Medigap policies in your area.
- Visit Medicare.gov/publications to access "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, rights that are specific to your state, 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 shiphelp.org, or call 1-800-MEDICARE to get the phone number for your SHIP.

Medicare

"Medicare Supplement Insurance: Getting Started" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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.

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CMS Product No. 11575 • March 2026