Medicare Supplement Insurance (Medigap) Guide

HCMS Harris County Medical Society

Medicare Supplement Insurance, or Medigap, is additional insurance that helps Medicare beneficiaries cover out-of-pocket costs associated with Original Medicare, including copayments, coinsurance, and deductibles. Medigap policies are available only to individuals enrolled in Original Medicare.

Beneficiaries have a six-month **Medigap Open Enrollment Period** beginning the first month they are age 65 or older and enrolled in Medicare Part B. During this period, insurers cannot deny coverage or charge higher premiums because of pre-existing conditions. After this period, applicants may face higher premiums or medical underwriting, depending on applicable regulations and eligibility for guaranteed-issue rights. This enrollment period occurs only once and does not renew annually.

There are 10 standardized Medigap plan types, identified by letters: A, B, C, D, F, G, K, L, M, and N. Plans with the same letter provide the same basic benefits regardless of the insurance company, although premiums may vary. Plans C and F are generally unavailable to individuals who became eligible for Medicare on or after January 1, 2020.

Medigap Benefit	Plan A	Plan B	Plan C	Plan D	Plan F*	Plan G*	Plan K	Plan L	Plan M	Plan 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	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	✗	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗
Part B excess charge	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗
Foreign travel emergency (up to plan limits)	✗	✗	80%	80%	80%	80%	✗	✗	80%	80%
Out-of-pocket limit**	N/A	N/A	N/A	N/A	N/A	N/A	$8,000 in 2026	$4,000 in 2026	N/A	N/A

Medigap policies generally do not require physicians to join a provider network or enter into separate contracts.

Claims generally are automatically forwarded by Medicare to the supplemental insurer through the Medicare crossover process, along with the necessary claim information for secondary payment. In these cases, physicians generally do not need to submit a separate secondary claim, although exceptions may apply.

For more information about Medigap coverage, enrollment periods, and available plans, visit the official Medicare website: https://www.medicare.gov/health-drug-plans/medigap