

Medicare Minute Teaching Materials — February 2026

Medigaps

1. What is a Medigap?

Medigaps are health insurance policies that offer standardized benefits and that work with Original Medicare (not with Medicare Advantage). They are sold by private insurance companies. You may also hear Medigaps referred to as Medicare Supplement Insurance or Supplements. If you have a Medigap, it pays part or all of certain remaining costs after Original Medicare pays first (see question 3). Medigaps are designed to cover deductibles, coinsurance, and copayments. People often refer to these charges as the “gaps” in Original Medicare’s coverage, hence the term “Medigap.” Medigaps may also cover health care costs that Medicare does not cover at all, like care received when traveling abroad. Remember, Medigaps only work with Original Medicare. If you have a Medicare Advantage plan, you cannot buy a Medigap.

Depending on where you live and when you became eligible for Medicare, you have up to 10 different Medigap policies to choose from: A, B, C, D, F, G, K, L, M, and N (policies in Wisconsin, Massachusetts, and Minnesota have different names, see question 7). Each policy offers a different set of standardized benefits, meaning that all policies with the same letter name offer the same benefits. However, premiums can vary from company to company (see question 8).

2. What costs do Medigaps cover?

Some costs are covered by all Medigaps. These include:

- **Part A hospital coinsurance.** All Medigap policies pay for the Part A hospital daily coinsurance charge for all of your covered days in a benefit period. This includes the daily coinsurance charge for days 61 through 90 (in 2026 the coinsurance for days 61-90 is \$434 per day) that you spend as a hospital inpatient during a benefit period, as well as the daily coinsurance charge for up to 60 inpatient hospital lifetime reserve days (in 2026 the coinsurance for lifetime reserve days is \$868 per day). All Medigap policies also cover the full cost of 365 additional hospital days during your lifetime.
 - A **benefit period** is the way that Original Medicare measures your use of inpatient hospital and skilled nursing facility (SNF) services. Your benefit period begins the day you are admitted to the hospital as an inpatient and ends when you have been out of a hospital or SNF for more than 60 consecutive days.
- **Part B coinsurance.** All Medigaps pay toward the 20% coinsurance for Medicare-covered outpatient medical services, like x-rays, durable medical equipment, and doctors’ visits. All Medigaps cover at least part of the Part B coinsurance, and they will cover the full Part B coinsurance for certain preventive services.
- **First three pints of blood.** All Medigaps pay for part or all of the cost of your first three pints of blood. If you are hospitalized and the hospital needs blood for a medical procedure or blood transfusion, then your Medigap will pay for the first three pints. If you do not have a Medigap, you will be responsible for this cost.
- **Part A hospice care coinsurance or copay.** All Medigaps cover the full cost of hospice coinsurance charges and copays for hospice-related drugs and respite care, as long as the Medigap was purchased on or after June 1, 2010. Respite care is care you receive as a hospice inpatient while your usual caregiver rests.

Some Medigaps cover all or part of the following costs:

- **Part A skilled nursing facility (SNF) coinsurance.** Some Medigaps pay for your SNF coinsurance charge for all your covered days in a benefit period (the coinsurance for days 21-100 is \$217 per day in 2026).
- **Part A deductible.** Some Medigaps pay for your Part A deductible, which is the amount you owe out of pocket at the beginning of a hospital inpatient stay (the Part A deductible in 2026 is \$1,736 per benefit period).
- **Part B deductible.** The Part B deductible is the amount you owe out of pocket before Part B begins to cover the cost of your outpatient care (the annual Part B deductible in 2026 is \$283). Note: People newly eligible for Medicare on or after January 1, 2020, cannot purchase Medigaps that pay for the Part B deductible. This includes Plan C and Plan F. If you become Medicare-eligible before this date, you will still be able to purchase Plan C or Plan F.
- **Part B excess charges.** Excess charges may only be charged by non-participating Medicare providers. These providers do not take assignment in all cases, which means they do not agree to accept the Medicare-approved amount for services as payment in full. Non-participating providers can charge up to 15% more than the Medicare-approved cost for services (this limit only applies to certain Medicare-covered services and doesn't apply to some supplies and durable medical equipment). If you have a Medigap that covers excess charges, you will not have to pay the extra 15% that a non-participating provider may charge. Note that in some states, excess charges are limited or prohibited. These states include Connecticut, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, Rhode Island, and Vermont.
- **Foreign travel.** Medicare does not cover services you receive in a foreign country, but some Medigaps cover emergency health care when you are abroad. These Medigaps cover 80% of the cost of emergency care abroad during the first two months of your trip, up to a lifetime limit of \$50,000, after you meet a deductible.

Note that some Medigap policies cover extra benefits, such as gym memberships or dental care. You may come across these types of policies when shopping for a Medigap.

3. How does a Medigap work with Original Medicare?

Medigaps pay after Original Medicare for some or all of the costs that Original Medicare does not pay. If you have Original Medicare and a Medigap, and you receive a Medicare-covered service, Medicare pays first and the Medigap pays second.

Let's say you have Original Medicare and a Medigap and you go to a nearby outpatient clinic to get a medically necessary chest x-ray. First, Original Medicare pays 80% of the Medicare-approved amount for your chest x-ray. Then the Medigap covers part or all of the remaining 20% coinsurance. If you did not have a Medigap, you would have to pay the coinsurance out of pocket.

A Medigap is not like other types of secondary insurance. When you have secondary insurance, such as retiree coverage, the retiree plan makes decisions about whether or not it will pay for a service after Medicare pays. That decision is separate from Medicare's decision on the claim. Even though Medigaps are offered through private insurance companies, they do not make their own coverage decisions. Using the x-ray example from before, this means that because Medicare covered the chest x-ray, the Medigap cannot deny payment for part or all of the remaining 20% coinsurance.

4. What is the difference between having a Medicare Advantage plan and having Original Medicare with a Medigap?

Having Original Medicare and a Medigap allows you to see any provider and use any facility that accepts Medicare, while having a Medicare Advantage plan typically means you can only see in-network providers, or you may have to pay more to see out-of-network providers.

Therefore, if you have Original Medicare and a Medigap, you can receive covered care anywhere in the country (if the care is from a provider or facility that accepts Medicare). In contrast, if you have a Medicare Advantage plan you may be out of your plan's service area while in other parts of the country. In addition, if you have Original Medicare and a Medigap you do not need a referral from a primary care physician to see a specialist, while having a Medicare Advantage plan may mean you do need a referral to see a specialist. This means that you will generally have greater provider access if you have Original Medicare and a Medigap. You will also likely have far fewer out-of-pocket costs than you would with a Medicare Advantage plan, as Medigaps are designed to cover deductibles, coinsurance, and copayments. While you would have to pay an additional monthly premium for your Medigap, your out-of-pocket costs for the care you receive are greatly limited. This means Original Medicare and a Medigap may be a more affordable option for you if you have more health needs and receive more costly medical care throughout the year.

On the other hand, if you have a Medicare Advantage plan, you will owe out-of-pocket costs like copays, which may be more affordable if you do not have many health needs and do not receive much medical care throughout the year. While Medicare Advantage plans may charge a monthly premium in addition to the Part B premium, this additional monthly premium is likely less expensive than the monthly premium for many Medigaps. Additionally, Medicare Advantage plans may cover extra services that are not covered by Original Medicare and not covered by most Medigaps, such as vision, hearing, and dental care. Medicare Advantage plans are a way to receive Part A, B, and D benefits in one plan, whereas those with Original Medicare and a Medigap likely must enroll in a stand-alone Part D plan to receive Medicare prescription drug coverage.

5. Which Medigaps cover which costs exactly?

You can use the table on the following page to compare the different costs that Medigaps supplement.

Medigap plan										
	A	B	C	D	F*	G*	K**	L**	M	N
Part A coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ ***
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copay	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A SNF coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible			✓		✓					
Part B excess charges					✓	✓				
Preventive care coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Foreign travel emergency****			✓	✓	✓	✓			✓	✓
Hospice care coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓

Note: Plans C and F are only available if you became eligible for Medicare before January 1, 2020.

* Plans F & G also offer a high-deductible option. You pay a \$2,950 deductible in 2026 before Medigap coverage starts.

** Plans K and L pay 100% of your Part A and Part B coinsurance after you spend a certain amount out of pocket. The 2026 out-of-pocket maximum is \$8,000 for Plan K and \$4,000 for Plan L.

***Except for \$20 for doctors' visits and \$50 for emergency visits.

****80% of emergency care costs are covered during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.

This chart doesn't apply to Massachusetts, Minnesota, and Wisconsin. Those states have their own Medigap standardization systems.

6. What happened to Medigap plans E, H, I, and J?

Plans E, H, I, and J stopped being sold June 1, 2010. If you bought a Medigap Plan E, H, I, or J between July 31, 1992, and June 1, 2010, you can keep it even if it's not being sold anymore. Your benefits are different from what's on the chart in question 5.

7. How do Medigaps work in Massachusetts, Minnesota, and Wisconsin?

Massachusetts, Minnesota, and Wisconsin have different ways of standardizing Medigap policies. Benefits and plans are different than those covered in this document. In general, these three states determine basic benefits that Medigaps cover, such as the Part A daily hospital coinsurance. In Massachusetts there is a Core Plan and a Supplement 1 Plan. Both plans cover the state's basic benefits, and the Supplement 1 Plan covers more benefits than the Core Plan. Minnesota offers a Basic Plan and an Extended Basic Plan. Wisconsin has a Basic Plan that covers the state's basic benefits and other benefits as well. If you live in Massachusetts, Minnesota, or Wisconsin, contact your SHIP for more information about what these policies cover. Contact information for your local SHIP is on the last page of this document. You can also call your State Department of Insurance.

8. How much do Medigaps cost?

When you are choosing a Medigap policy, it is best to look at policies from a range of insurance companies, especially if you've already decided on a particular standardized policy. Policies with the same letter name offer the same benefits, but premiums vary from company to company. For example: Policy A bought from company 1 has the same benefits as Policy A bought from company 2, but company 1 and company 2 can charge different rates.

When choosing a Medigap, ask what factors the Medigap insurance company uses to set your premium. The following factors may affect the cost of your Medigap:

- Where you live
- Your age
- Your health status
- Your gender
- If you smoke
- If you are married

It is smart to buy your Medigap policy during your open enrollment period or when you have the guaranteed issue right (see question 9) because your premium cannot increase based on your health status at those times.

Be aware of how Medigap companies use age when setting premiums. In some states, companies are only allowed to use age to set premiums in certain ways. Depending on your state, premiums may be:

- **No-age-rated** (also known as community-rated): Premiums are the same for everyone living in a specific area, regardless of age. These are generally the least expensive over your lifetime.
- **Issue-age-rated**: Premiums are based on the age you were when you first bought the policy. The younger you are when you purchase a Medigap, the cheaper your premium. (Note: Premiums will still increase over time due to inflation, but not due to age).
- **Attained-age-rated**: Premiums are initially based on your age when you purchase a policy, and they increase as you get older (meaning you pay a different price at age 65 than you do at age 70). These

premiums may be the lowest when you first buy them, but they are generally the most expensive over your lifetime.

9. When can I purchase a Medigap?

If you wish to purchase a Medigap policy, you need to find out the best time to buy one in your state. In most states, insurance companies must sell you a policy only at certain times and if you meet certain requirements. If you miss your window of opportunity to buy a Medigap, your costs may go up, your options may be limited, or you may not be able to buy a Medigap at all depending on your health status.

Under federal law, you have the right to buy a Medigap policy if you:

- Are 65 and enrolled in Medicare
- And, you buy your policy during a protected enrollment period (see number 10)

At times when you have the right to buy a Medigap policy, an insurance company cannot:

- Deny you Medigap coverage
- Or, charge you more for a policy because of past or present health problems

Before you buy a Medigap, check to see if your state offers additional protections. For instance, some states allow people to enroll in Medigaps outside federally protected periods. Residents of New York and Connecticut, for instance, can buy a policy throughout the year, not just at select times. These two states also require insurers to sell to people with Medicare who are under age 65. Call your State Health Insurance Assistance Program (SHIP) or Department of Insurance to learn more about your right to purchase a Medigap policy in your state. Contact information for your local SHIP is on the last page of this document. Even if you do not have the right to buy a Medigap in your state, you may still be able to buy a policy if a company agrees to sell you one. However, know that companies can charge you a higher price because of your health status or other reasons.

10. When are the protected times to buy a Medigap?

It is important to know about protected times to buy a Medigap so you can time your enrollment wisely. Here we talk about federally protected times to purchase a Medigap. Be aware that this information only pertains to protections that apply nationwide. Some states have other protections that give their residents additional opportunities to enroll in a Medigap. Be sure to call your SHIP or State Department of Insurance to ask about state-specific Medigap rights. Contact information for your local SHIP is on the last page of this document.

Open enrollment period

Generally, the best time to enroll in a Medigap policy is during your Medigap open enrollment period. Under federal law, you have a six-month open enrollment period that begins the month you are 65 or older and enrolled in Medicare Part B. During your open enrollment period, Medigap companies must sell you a policy at the best available rate regardless of your health status, and they cannot deny you coverage. The best available rate may depend on a number of factors, including your age, gender, whether you smoke, your marital status, and where you live. To ensure that you are getting the best available rate, you may want to check with your SHIP. If you purchase a Medigap during your open enrollment period, policies are limited in their ability to exclude coverage for pre-existing conditions, meaning conditions you had before you enrolled.

Guaranteed issue right

If you miss your open enrollment period, you can also buy a Medigap when you have a guaranteed issue right. If you are age 65 or older, you have a guaranteed issue right within 63 days of when you lose or end certain kinds of health coverage. When you have a guaranteed issue right, companies must sell you a Medigap policy at the best available rate, regardless of your health status, and cannot deny you coverage. The best available rate may depend on a number of factors, including your age, gender, whether you smoke, your marital status, and where you live. A guaranteed issue right also prevents companies from imposing a waiting period for coverage of pre-existing conditions. Check with your SHIP to help ensure that you are getting the best available rate for your Medigap. Contact information for your local SHIP is on the last page of this document.

You may have a guaranteed issue right if, for example:

- You, through no fault of your own, lost a group health plan (GHP) that covered your Medicare cost-sharing (meaning it paid secondary to Medicare)
- You joined a Medicare Advantage plan when you first became eligible for Medicare and disenrolled within 12 months
- Or, your previous Medigap policy, Medicare Advantage plan, or PACE program ends its coverage or commits fraud

Note: If you have a Medicare Advantage plan, Medicare SELECT policy, or PACE program and you move out of the plan's service area, you also have the right to buy a Medigap policy.

Be sure to keep a copy of any letters, notices, postmarked envelopes, and claim denials in case you need proof that you lost or ended health coverage. Medigap insurers may require these documents before they sell you a policy.

11. Can I purchase a Medigap outside protected enrollment periods?

Yes, but you may run into problems, especially if you have pre-existing conditions. For instance, companies can refuse to sell you one or require a medical exam. Companies vary in the degree to which they deny applicants based on health conditions, so one company may agree to sell a Medigap to the same individual denied by other companies. If a company does agree to sell you a policy, you may need to pay a higher monthly premium and be subject to a six-month waiting period before it covers pre-existing conditions. Be sure to contact Medigap insurers in your state to learn if they will sell you a Medigap policy outside protected enrollment periods.

12. Can I cancel a Medigap policy?

You have the right to review a new Medigap policy for the first 30 days. You can cancel it within that time for a full refund if it does not meet your needs. After the first 30 days, you can cancel your policy at any time. However, be careful when cancelling. Depending upon where you live, you may not be able to buy another policy, or companies may charge you more because of your health.

You also have the right to a 30-day free look period if you want to switch your Medigap policy. If you decide to apply for a second Medigap, you will have to pay for both Medigap premiums during this 30-day period. Your 30-day period begins on the day you enroll in your new Medigap policy. You should not cancel your first Medigap policy during this time because you may not be able to get it back.

13. Do Medigaps cover pre-existing conditions?

Be aware that under federal law, Medigap policy insurers can refuse to cover your prior medical conditions for the first six months. A prior or pre-existing condition is a condition or illness you were diagnosed with or were treated for before new health care coverage began.

The wait time for your Medigap coverage to start is called a pre-existing condition waiting period. You can avoid such waiting periods if you buy your policy when you have a guaranteed issue right.

You can also avoid or shorten a pre-existing condition waiting period if you buy a policy during your open enrollment period. During this protected period, Medigap policies must shorten any pre-existing condition waiting period by the number of months you had prior creditable coverage. Most forms of health coverage count as creditable.

Here's how this works: your pre-existing condition waiting period is reduced by one month for each month you were enrolled in creditable coverage prior to purchasing a Medigap. If you had creditable coverage for two months before you purchased a Medigap, your policy could only impose a four-month waiting period, instead of six months. If you had six or more months of prior creditable coverage, Medigap insurers must cover your prior medical conditions immediately. Keep in mind that you cannot use creditable coverage to reduce your pre-existing waiting period if you had a break in coverage of more than 63 days.

Make sure to consider several Medigap policies, especially if you are concerned about facing a waiting period. Some policies do not impose pre-existing condition waiting periods.

14. How should I go about choosing and buying a Medigap?

One of your first steps is likely to choose between Medicare Advantage, and Original Medicare with a Medigap. When choosing between these two options, consider the following information:

Original Medicare with a Medigap:

- You can see any provider and use any facility that accepts Medicare.
- You do not need referrals for specialists.
- Your Medigap pays part or all of certain remaining costs after Original Medicare pays first.
- Your Medigap plan charges a monthly premium in addition to the Part B premium.
- Your Medigap generally only covers Medicare cost-sharing. However, it may also cover costs Medicare does not cover at all, like 365 additional lifetime hospital days or care received when traveling abroad.
- In most states, insurance companies must only sell you a Medigap at certain times and if you meet certain requirements. Call your SHIP for more information.

Medicare Advantage:

- You can typically see only in-network providers.
- You typically need referrals for specialists.
- Your cost-sharing varies depending on the plan. You usually owe a copay for in-network care. Make sure to compare a particular plan's cost-sharing to Original Medicare.
- Your plan may charge a monthly premium in addition to the Part B premium.

- Your plan may cover additional services, including vision, hearing, and dental. Additional benefits may increase your premium or other out-of-pocket costs.
- You may use the Fall Open Enrollment Period (October 15 through December 7) to pick a new Medicare Advantage plan or switch between Original Medicare and Medicare Advantage.

Before you buy a Medigap policy, be sure to do your research. Some steps you may wish to take include the following:

1. Make sure you are eligible to purchase a Medigap. Remember that you can only have a Medigap if you have Original Medicare. If you are enrolled in a Medicare Advantage plan or Medicaid (see question 16), Medigaps cannot be sold to you. There may be other Medigap eligibility requirements that apply to you, depending on the state in which you live.
2. Learn when you have the right to buy a Medigap without restriction. There are federal protections for people over 65 to buy a Medigap in certain situations. Some states have additional protections for individuals under 65 or during other times.
3. Once you decide you need a Medigap and know you are eligible to enroll, compare the different types of policies that exist. As mentioned above, there are 10 different standardized policies in most states, each covering a different range of Medicare cost-sharing.
4. Learn how a Medigap covers prior medical conditions to know if any of your medical costs may be excluded from Medigap coverage. Depending on your circumstances, a Medigap can exclude coverage for prior medical conditions for a limited amount of time.
5. Find out how Medigap premiums are priced so you can make cost comparisons. It is important to understand the ways that insurers set premiums to find the best deal for you.
6. Have a list of questions to ask when shopping for a Medigap to remind you what you should consider. Buying a Medigap can be complicated but using a set of written questions and asking for help when needed can help you stay organized and simplify the process (see question 15).

If you need further assistance navigating Medigap policies and enrollment, contact your SHIP. Contact information for your local SHIP is on the last page of this document.

15. What questions should I ask when choosing a Medigap?

When you are speaking to insurance representatives or reviewing marketing materials about Medigap policies, here are some questions to keep in mind:

- Am I enrolling while I am in my open enrollment period? If not, do I have a guaranteed issue right?
- What is the Medigap policy's monthly premium?
- Is this premium based on my:
 - Health status
 - Gender
 - Smoking
 - Marital status
 - Or anything else?
- Are the premiums:
 - No-age-rated (community-rated), meaning everyone in my area pays the same premium regardless of their age?
 - Issue-age-rated, meaning the premium is based on how old I was when I bought the policy?

- Attained-age-rated, meaning the premium increases based on my age?
- Will the company refuse to sell me a Medigap based on my health status?
- Does the policy impose a pre-existing condition waiting period?
 - How long is the waiting period before my coverage begins?
 - Do I have prior creditable coverage to reduce my waiting period?

Other considerations include:

- If you do not have a guaranteed right to buy a Medigap, ask the insurance representative how much extra you will be charged for purchasing one.
- If you are under 65, make sure the company you are considering sells to individuals under 65.
- Remember to keep track of who you spoke with, when you spoke with them, and the outcome of the call.

16. Do Medigaps work with Medicare Savings Programs (MSPs) and Medicaid?

Medicare Savings Programs and Medicaid are assistance programs that help you with your health care costs. MSPs pay for your Part B premium at minimum, and Medicaid pays for some of your health care costs after Medicare and any other insurance has paid. In general, it is illegal for someone to sell you a Medigap if you already have Medicaid or an MSP that covers your Medicare cost sharing. However, if you purchase a Medigap before you enroll in an MSP or Medicaid, then you are allowed to keep your coverage.

If you are over the income limit for Medicaid or an MSP, your Medigap premium may be used to lower your monthly income by the amount you pay for the premium. Additionally, if you have Medicare, Medicaid, and a Medigap, your Medigap can pay for services you receive from a provider who doesn't accept Medicaid. Note that these circumstances only apply if you have a Medigap before you qualify for and enroll in Medicaid or an MSP. You cannot purchase a Medigap after you are enrolled in Medicaid.

17. Why and how should I protect my Medicare number?

Medical identity theft is when someone steals your personal information, such as your name and Medicare number, to bill unnecessary medical treatment or products to your insurance. It is important to protect your Medicare number and only share it with trusted individuals.

Medical identity theft can affect your medical and health insurance records. Every time a scammer uses your medical numbers to bill for care/supplies you did not ask for or need, a record is created with incorrect medical information.

Prevent potential medical identity theft by:

- Never giving out your Medicare number or other personal information to anyone other than your doctor, health care provider, or other trusted representatives
- Always protecting your Medicare number and card as you would a credit card
- Never giving out your Medicare number to anyone who contacts you through unsolicited calls, texts, or emails
- Always being cautious of anyone who offers you “free” testing, treatments, medical supplies, or gifts

Report potential medical identify theft if:

- You gave out your Medicare number over the phone or internet to someone offering medical items like durable medical equipment, genetic/dementia testing, cancer screenings, or back braces

- You gave out your Medicare number over the phone to someone that said you need a ‘NEW’ Medicare card that is plastic, has a chip in it, or is laminated. Medicare is not changing or updating Medicare cards
- You see charges on your Medicare statements for services or items you did not receive or need
- You are contacted by a debt collection agency for a bill for services you did not receive
- You receive boxes of braces, testing kits, or other medical supplies in the mail that you did not request or need

You can report potential medical identity theft by contacting your local Senior Medicare Patrol (SMP). Contact information for your local SMP is on the final page of this document.

18. Who should I contact with questions?

State Health Insurance Assistance Program (SHIP): Contact your SHIP to learn more about Medigap plan options and costs in your state, and to find out if you have a guaranteed issue right to purchase one. Contact information for your local SHIP is on the last page of this document.

Senior Medicare Patrol (SMP): Contact your SMP if you believe you have experienced potential Medicare fraud, errors, or abuse. Contact information for your local SMP is on the final page of this document.

Private plans: After you make your Medigap policy selection, you will need to contact the insurance company directly to enroll. Ask questions and be sure to confirm all information in writing, such as the name of the Medigap policy and its effective date.

SHIP case example

Nadine will be 65 in a few months and is considering her options. She is interested in having Original Medicare with a Medigap but is not sure if she wants to purchase a Medigap right when she turns 65.

What should Nadine do?

- Nadine should contact her SHIP.
 - If Nadine doesn’t know how to find her SHIP, she can go to www.shiphelp.org or call 877-839-2675 for assistance.
- A SHIP counselor can let Nadine know about Medigap enrollment in her state. Under federal law, Nadine has a protected time to buy a Medigap during her Medigap open enrollment period, which is the first six months that she is 65 or older and enrolled in Medicare Part B. The counselor can let Nadine know if her state provides any other protected enrollment periods. Depending on where Nadine lives, she may be able to purchase a Medigap outside of her Medigap open enrollment period without the insurer denying coverage or charging a higher premium based on her health status.
- A SHIP counselor can also let Nadine know about how Medigaps are priced in her state. The type of price rating Nadine’s state uses may affect her decision about when to purchase a Medigap.

SMP case study

Joan is 66 years old and has Original Medicare. She got a call from someone who said they work for Medicare. The caller described a program where Medicare will send her a free genetic testing kit to assess her cancer and dementia risk. They stated it would be a cheek swab she can complete at home. The caller stated that they just

need Joan’s Medicare number and full name to confirm her identity before sending the testing kit. Joan provides the information and the call ends. A few weeks later Joan realizes she didn’t receive the genetic testing materials and cannot find the contact information for the person that called her. She is now wondering if she should not have shared her medical information with the caller even though they said they were from Medicare.

What should Joan do?

- Joan should call her local SMP to report the potential concern.
 - If she is unsure how to reach her local SMP, she can go to www.smpresource.org or call 877-808-2468.
- The SMP team member can confirm that Medicare only has limited coverage of genetic testing, and her doctor should have been the one to order it. This call was likely a scam, and it is best that she does not give out personal information over the phone to individuals she doesn’t know.
- Joan should check to see if there have been any suspicious charges on her Medicare statements recently.
 - Joan can review her Medicare Summary Notice (MSN) or call 1-800-MEDICARE.
- The SMP team member can help Joan report her number as compromised to Medicare and report the potential fraud to the proper authorities.
- The SMP team member can provide additional educational materials to Joan prevent and detect future medical identity theft attempts or other health care related fraud and abuse she may encounter.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: 800-247-4422 SHIP email: idahoshiba@doi.idaho.gov SHIP website: shiba.idaho.gov To find a SHIP in another state: Call 877-839-2675 and say “Medicare” when prompted or visit www.shiphelp.org .	SMP toll-free: 800-247-4422 SMP email: idahoshiba@doi.idaho.gov SMP website: Medicare Fraud Prevention - Idaho Commission on Aging To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

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