Medicare Minute Teaching Materials — July 2025
Medigaps

1. What is a Medigap?
Medigaps are health insurance policies that offer standardized benefits to 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 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 2025 the coinsurance for days 61-90 is $419 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 2025 the coinsurance for lifetime reserve days is $838 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 $209.50 per day in 2025).
- **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 2025 is $1,676 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 2025 is $257). 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. 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 of 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. 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 will likely 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 typically means you do need a referral to see a specialist. 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 do 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 newly eligible for Medicare before January 1, 2020.

* Plans F & G also offer a high-deductible option. You pay a $2,870 deductible in 2025 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 2023 out-of-pocket maximum is $7,220 for Plan K and $3,610 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 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 4.

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.

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 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:

- 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 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 of 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. What should I do with my Medicare statements?

It is very important to understand and read your Medicare statements. If you have Original Medicare, with or without a Medigap, you should receive Medicare Summary Notices (MSNs). You should receive your MSN every four months, or you can see it on your online Medicare.gov account. If you have a Medicare Advantage Plan or Part D (prescription drug) plan, you should receive an Explanation of Benefits (EOB). Your Medicare statements explain what services and items were billed, the Medicare-approved amount for each line item, and the amount that you may owe. Remember that MSNs and EOBs are not bills.

Reading your MSNs and EOBs is an important strategy for detecting potential Medicare fraud, errors, or abuse. Keep the following tips in mind:

- Review your or your loved one's Medicare statements as soon as they arrive.
- Confirm that everything listed on your statement is accurate—in other words, that you actually received and requested all listed services or items.
- Keep notes of your medical appointments and compare them to your statements to ensure that your MSN or EOB is accurate.
- Contact your health care provider or plan if you have any questions or notice any errors on your MSNs or EOBs. Your health care provider should be able to correct any billing mistakes that they have made.
- Contact the Senior Medicare Patrol (SMP) for a printed My Health Care Tracker (which helps you keep track of your appointments) or to receive assistance on how to read your Medicare statements. There is

also a NEW digital My Health Care Tracker, called the SMP Medicare Tracker. It is a mobile application that includes the ability to report fraud, the SMP Fraud Busters game, scam alerts, fraud schemes, and news. To learn more, go to smpresource.org/app and download from the Apple or Google stores.

If you find any errors on your statements and your provider will not fix them, you should contact your SMP. SMPs help Medicare beneficiaries, their families, and caregivers prevent, detect, and report potential Medicare fraud, errors, and abuse.

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 final 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 study
Soo will be 65 in a few months, and she is considering her options. She is currently working for a large company and has insurance from that job. She plans to delay enrollment in Part B because her job-based insurance pays primary. Soo has been thinking ahead, and she is interested in having Original Medicare with a Medigap when she retires in a few years. However, she is worried that she only has six months to buy a Medigap once she turns 65.

What should Soo do?

- Soo should contact her State Health Insurance Assistance Program (SHIP).
  - If Soo does not know how to find her SHIP, she can visit www.shiphelp.org or call 877-839-2675 for assistance.
- A SHIP counselor can let Soo know about Medigap enrollment in her state.
  - Under federal law Soo 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.
  - Although Soo is turning 65 soon, her Medigap open enrollment period does not begin until she is also enrolled in Part B. Since she is delaying Part B enrollment, her Medigap open enrollment period will not begin until she enrolls in Part B in a few years.
  - The counselor can let Soo know if her state provides any other protected enrollment periods. Depending on where Soo 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 Soo know about how Medigaps are priced in her state. The type of price rating Soo's state uses may affect her decision about when to purchase a Medigap.

SMP case study
Lily got a Medicare Summary Notice (MSN) showing that a doctor submitted several claims to Medicare for services she received the previous month. She is confused because she is pretty sure she only saw the doctor once, but her MSN lists three different dates of service and a test she doesn't remember getting. She is concerned that this is incorrect information or an error, and that it might affect future services that she may need.

What should Lily do?
- Lily can first call her doctor's office to ask if this is an error and ask for more information.
- If the doctor's office made a mistake, they should resubmit the correct claim to Medicare.
- If the doctor's office does not think there was an error, Lily can ask them for documentation explaining the multiple dates of service and provide her with as much information as possible.
- If Lily's provider is unresponsive or unwilling to correct the errors, Lily can report this to her local SMP as potential Medicare fraud or abuse and receive additional support to correct her Medicare statement.
- The SMP can encourage Lily to continue keeping track of her health care appointments and reviewing her Medicare statements. She can also use a printed My Health Care Tracker or the SMP Medicare Tracker mobile application, provided by the SMP program, to make sure her services and items are being billed to her Medicare accurately. If Lily suspects fraud, errors, or abuse, she can call the SMP again.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: 800-247-4422 **SHIP email:** IdahoSHIBA@doi.idaho.gov **SHIP website:** https://doi.idaho.gov/SHIBA/ **To find a SHIP in another state:** Call 877-839-2675 and say "Medicare" when prompted or visit www.shiphelp.org.	**SMP toll-free:** **SMP email:** **SMP website:** **To find an SMP in another state:** Call 877-808-2468 or visit www.smpresource.org.

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