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ALL ABOUT MEDICARE – 2024

Medicare Supplement Plans

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Contents

What are Medicare Supplement Plans?	3
Advantages of Medicare Supplement (Medigap) Plans.....	4
Disadvantages of Medicare Supplement Plans	5
Do you need a Medicare Supplement (Medigap) plan?	6
Who is eligible for the Medicare Supplement Plan?	7
When to enroll in a Medicare Supplement Plan?	8
Standardized Medicare Supplement Plans.....	10
Medicare Supplement Plan G (Medigap Plan G).....	12
Medicare Supplement Plan N (Medigap Plan N)	13
Medicare Supplement Plan F (Medigap Plan F)	14
How is Medicare Supplement Premium Determined?	15
How to choose a Medicare Supplement insurance company?.....	16
Medicare Supplement Frequently Asked Questions.....	17
About Us – Liberty Medicare	20

What are Medicare Supplement Plans?



Medicare Supplement Plans

- Medicare covers an average of 80% of medical expenses, you are responsible for the remaining 20%. The primary goal of **Medicare Supplement (or Medigap) plans** is to help pay for your share of the cost of medical services that Medicare has authorized Parts A and B, but only partially covered.
- Medicare Supplement plans give you **protection against future disastrous Medicare expenses**, such as:
 - ✚ Deductibles (Part A и Part B)
 - ✚ Copayments/ coinsurances (Part B: 20%)
 - ✚ Excess Charges for Part B
- Medicare Supplement Plans are sold by **private insurance companies** licensed in your state.
- Medicare Supplement payments are made **after** Medicare has paid its share.

Advantages of Medicare Supplement (Medigap) Plans

Advantages

- Medicare Supplement Plans **help pay for your share of the cost** of medical services authorized by Medicare Parts A and B, but only partially covered by them. Apart from the bonuses, there are no cash costs, or they are very low.
- Medicare Supplement has **no network**. Like Original Medicare, you can visit any doctor or hospital if the doctor accepts Medicare, and your doctor must accept a Medigap plan.
- All Medicare Supplement plans are ***guaranteed renewable***, even if you have health problems. This means the insurance company cannot cancel your insurance if you pay the premium.
- With the Medicare Supplement Plan, **you do not need to file any insurance claim**. The application process automatically uses the highly effective ***Medicare Crossover System***.
- Medicare Supplement includes **additional benefits** not covered by Original Medicare, such as a medical emergency when traveling abroad. Some insurance companies provide other benefits, such as discounts on purchasing goods in pharmacies, spectacle frames and contact lenses, membership in the gym, etc.

Disadvantages of Medicare Supplement Plans

Disadvantages

- Medicare Supplement premium is **higher** than the premium for Medicare Advantage plan.
- **The cost of prescription drugs is not included** in the Medigap plan; you must buy an additional Prescription Drug plan.
- Most Medicare Supplement plans **do not include additional benefits** often covered by Medicare Advantage plans, such as dental, ear, and eye doctor services, gym memberships, etc.

Do you need a Medicare Supplement (Medigap) plan?



Medigap Plan will give you **peace of mind** from the financial costs of Original Medicare. Without it, your expenses can be quite significant.

- Note, however, that you do not need a Medigap insurance policy if you have other coverage, such as health insurance from your employer.

Who is eligible for the Medicare Supplement Plan?

- You must have Medicare **Part A** and **Part B**
- You must **NOT** have a **Medicare Advantage plan or Medicaid**. If you have one of these plans, then you are not eligible for the Medigap plan.
- Medigap plans are for people 65 years and older. **When you are under 65, your eligibility for Medigap depends on the state in which you reside.** In some states, you cannot buy a Medigap plan if you are under the age of 65. In other states, insurance companies are required to sell you a Medigap plan, even if you are under the age of 65. However, even then:
 - ✚ not all standardized plans are available to you
 - ✚ the cost of plans when you are under 65 may be **higher** than the cost of plans than when you are 65

When to enroll in a Medicare Supplement Plan?



There is no equivalent to the Annual Election Period (AEP) for Medicare Supplement. **You can purchase Medigap anytime** if the insurance company approves your application. As a rule, you will have to undergo **medical underwriting**, and the insurance company has no obligation to accept you. Therefore, carefully review the preferred registration periods discussed below.

- The best time to buy a Medigap plan is during the **Open Enrollment Period**. This is the six-month period after you receive Medicare Part B. During this period, the **insurance company cannot refuse you any insurance policy that it sells**, delay your registration date, or increase your payments based on your medical history.

- The insurance company also cannot refuse any insurance policy (from the limited set of available policies) if you qualify for **Guaranteed Issue Rights**.

Here are examples of Guaranteed Issue Rights:

- ✚ You have a Medicare Advantage plan, and you moved out of the area of coverage, or your plan has stopped service in your coverage area
- ✚ The insurance company went bankrupt, and you lost your Medigap coverage, etc.

- In addition to Guaranteed Rights, some states have **Special Guaranteed Rights**. Some states have them throughout the year, others in special periods such as a 30-day period starting on your birthday or 30 days starting on the anniversary of your Medigap plan.
- If you try to buy a Medigap insurance policy after the Open Enrollment Period, insurance companies can use **medical underwriting** to decide whether to accept your application, increase your payments, or delay your insurance based on your chronic or pre-existing condition.

Note that medical examination guidelines may vary from company to company.

Standardized Medicare Supplement Plans

Standardized Medigap Plans

- There are **10 Standardized Medigap Plans**. Each plan has a letter identifying it (Plan A, Plan B, etc.), and a certain set of basic and additional benefits.
- All plans have the following common standards:
 - ✚ **Benefits:** The benefits of a plan purchased from one insurance company are identical to those of a plan of the same type purchased from any other company.
 - ✚ **Insurance applications:** Medicare makes decisions about insurance applications, not the insurance company.
 - ✚ **Processing insurance claims:** For Medicare Supplement, you do not need to fill out any insurance forms; Everything is done automatically and efficiently using the *Medicare Crossover System*.
 - ✚ **Network:** Any doctor or hospital hosting Medicare must accept your Medigap plan.
- In all standardized plans, the benefits of a plan purchased from one insurance company are **IDENTICAL** to those of a plan of the same type purchased from any other company. The main difference is the premium price, and the price difference can be pretty substantial.
- Medigap **Plan A** provides the primary benefits. All other plans (Plan B, Plan C, etc.) include Plan A's primary benefits and provide additional benefits. Most popular plans: **Plan G** and **Plan N**.

Let's look at the plans in detail.

	Medicare Supplement Insurance (Medigap) Plans									
Benefits	A	B	C	D	F*	G*	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	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%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	50%	100%
Part B deductible			100%		100%					
Part B excess charge					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2023**			
							\$6,940	\$3,470		

- This chart, taken from the CMS publication “Choosing a Medigap Policy”, shows the benefits offered by various Medigap plans.
- Some companies in some states offer **High-Deductible Medigap Plans G and F**. By purchasing this plan, you initially pay for all your Medicare costs (coinsurance, copayments, deductibles) until they reach a certain level - \$2,700 in 2023. After that, the plan covers all your expenses.
- **For Medigap Plans K and L**, after you pay the annual limit (\$6,940 for plan K и \$3,470 for plan L in 2023) and your Part B deductible, Medigap Plan pays 100% of the covered services.
- **Medigap Plan N** pays 100% for Part B coinsurance, except for copayments, including up to \$20 for visiting a doctor and up to \$50 for ambulance services.



Medicare Supplement Plan G (Medigap Plan G)

Medigap Plan G **covers all of your expenses** not covered by Original Medicare **except Medicare Part B Deductible**. Like all Medigap plans, Medigap Plan G is standardized. Its benefits are the same for any company offering a plan.

- Medigap Plan G differs from **Medigap Plan F**, which covers all expenses only by the need to pay for Part B Deductible.
- Medigap Plan G is **cheaper** than Medigap Plan F. In addition, starting in 2020, you will not be able to purchase Medigap Plan F if you received Medicare after 01/01/2020.

Therefore, the popularity of Plan G has recently grown significantly.

Medicare Supplement Plan G includes:

- Medicare Part A coinsurance and hospital expenses, including an additional 365 days after Medicare benefits have ended.
- Medicare Part B coinsurance or copayment
- Blood (first 3 Pints)
- Part A hospice coinsurance or copayment
- Coinsurance for qualified nursing care
- Medicare Part A Deductible: \$1,632 for the benefit period in 2024
- Excess Charges for Medicare Part B
- Medical emergency in overseas travel

Medicare Supplement Plan G does NOT include:

- Medicare Part B Deductible: \$240 for the year in 2024



Medicare Supplement Plan N (Medigap Plan N)

Medigap Plan N is one of the relatively new Medigap plans introduced in June 2010. To lower monthly premium costs, Plan N uses copays, which include: **up to \$20 for a doctor's visit, and up to \$50 for an ambulance service.**

The result is an **affordable and very popular plan** with a monthly premium of 30% - 35% lower than **Medigap Plan F** and 15% -17% lower than **Medigap Plan G.**

Medicare Supplement Plan N includes:

- Medicare Part A coinsurance and hospital expenses, including an additional 365 days after Medicare benefits have ended.
- Medicare Part B coinsurance. Your copayments include up to \$20 for doctor visits and \$50 for emergency room service.
- Blood (first 3 Pints)
- Part A hospice coinsurance or copayment
- Coinsurance for qualified nursing care
- Medicare Part A Deductible: \$1,632 for the benefit period in 2024
- Medical emergency in overseas travel

Medicare Supplement Plan N does NOT include:

- Medicare Part B Deductible: \$240 for the year in 2024
- Excess Charges for Medicare Part B. Excess charges are defined as the amount that a doctor may charge in excess of the approved Medicare amount. This amount cannot be more than 15% of what Medicare pays.



Medicare Supplement Plan F (Medigap Plan F)

Medigap Plan F is the most comprehensive plan available. It covers all of your expenses not covered by Original Medicare, and you will not have the overhead when you visit a doctor or hospital. Until recently, this was the most popular plan.

- This is, however, **the most expensive plan.**
- In addition, starting in 2020, you will not be able to purchase Medigap Plan F if you received Medicare after 01/01/2020.

Medicare Supplement Plan F includes:

- Medicare Part A coinsurance and hospital expenses, including an additional 365 days after Medicare benefits have ended.
- Medicare Part B coinsurance or copayment
- Blood (first 3 Pints)
- Part A hospice coinsurance or copayment
- Coinsurance for qualified nursing care
- Medicare Part A Deductible: \$1,632 for the benefit period in 2024
- Medicare Part B Deductible: \$240 for the year in 2024
- Excess Charges for Medicare Part B
- Medical emergency in overseas travel

How is Medicare Supplement Premium Determined?

When setting prices for Medigap plans, insurance companies use one of the following three methods to calculate premiums:

- **Community-rated:** The premium is age-independent. It may increase due to inflation or for other reasons, but not because of age.
- **Issue-age-rated:** The premium is based on age when you buy an insurance policy. The premium is most accessible to young buyers and does not change as you age. It may increase due to inflation or for other reasons, but not because of age.
- **Attained-age-rated:** The premium is based on your current age. Therefore, the premium is cheaper for younger buyers but increases with age. This premium type is, at first, most affordable but can become expensive over time. In addition to this, the premium may increase due to inflation or other reasons.

Most insurance companies use the ATTAINED-AGE method of calculating premiums.

Medigap premium depends on the following:

- **Age** (for “Attained-age-rated” plans)
- **ZIP code**
- **Sex**
 - ✚ In general, Medigap premiums for men are higher than for women.
- **Does the plan offer a family discount?**
 - ✚ Many companies offer family discounts for married couples. Typical discount: 7% - 10%. Sometimes, a discount is given even if only one family member is registered in the plan.

Overall, the premiums of ALL Medigap plans are increasing over time.

How to choose a Medicare Supplement insurance company?



Follow the plan below:

- Decide **which of the standardized Medigap plans is right for you.**
- Find out which **insurance companies** sell Medigap plans in your state.
- If you are not qualified for the **Medigap Open Enrollment Period** and do not have Guaranteed Issue Rights, check your chances of getting the *medical underwriting* required to get a Medigap policy.
- Confirm **Medigap premium** for your age and residency
- Find out **the story of premium growth** (if available)
- Check **the record of complaints** filed with the insurance company.
- Check the insurance company's **financial stability rating** (*AM Rate*).

Remember that all plans are standardized, i.e., the benefits of a plan purchased from one insurance company are identical to those of a plan of the same type purchased from any other company. **The main difference is the premium price, and the price difference can be pretty substantial.**

Medicare Supplement Frequently Asked Questions



1. GENERAL

1.1 Do Medicare Supplement (Medigap) plans cover all expenses that Medicare does not cover?

Medicare Supplement plans only cover expenses that are eligible for Medicare coverage but are not fully covered. The degree of coverage depends on the Medigap plan you choose.

1.2 Will any doctor accept a Medigap plan?

YES, if your doctor is taking Medicare, he must also take your Medigap plan. SELECT plans are the one exception. (see section 3.4)

1.3 Does Medicare Supplement include drug coverage?

NO. You need to purchase Medicare Part D (prescription drug plan) separately.

1.4 Can I enroll in a Medicare Supplement plan without Medicare Part B?

You must have Medicare Part B to register for the Medicare Supplement Plan.

1.5 I am registered with the Medicare Advantage Plan. Can I sign up for a Medicare Supplement Plan?

No, you cannot simultaneously have a Medigap and a Medicare Advantage plan.

1.6 Do all states have Medical Underwriting when enrolling in a Medicare Supplement plan?

Most states have **Medical Underwriting**, but there are exceptions. For example, New York State does not require a medical examination.

1.7 Can I get Medigap if I am under 65?

It depends on the state. In some states, people under 65 who have Medicare are allowed to have a Medigap plan; others do not.

2. BENEFITS

2.1 Do Medigap benefits depend on the insurance company?

The benefits of Medigap plans are **NOT** dependent on insurance companies. All Medigap plans are standardized; any plan purchased from one company is identical to the plan purchased from any other company. The premium, however, may vary from company to company.

2.2 What is the Medigap foreign emergency coverage?

Medicare Supplement plans C, D, F, G, M, and N pay 80% of your emergency bill outside of the United States after you pay the deductible of \$250 per year. There is a ceiling coverage of \$50,000 per lifetime.

3. STANDARDIZED PLANS

3.1 What changes have occurred in Medicare Supplement plans in 2020?

Medigap plans that include Part B deductible coverage (Plan F, Plan C, and Plan F High-Deductible) from 2020 will not be available if you received Medicare after 01/01/2020. However, people with a Medigap policy or who received Medicare before 01/01/2020 can purchase them.

3.2 When is Medigap Plan G preferable to Plan F?

Medigap Plan G is the same as Medigap Plan F but does not cover Part B Deductible. Use Plan G if savings on premiums justify the cost of covering Part B Deductible. In addition, starting in 2020, you will not be able to purchase Plan F if you received Medicare after 01/01/2020.

3.3 When is Medigap Plan N the right choice?

Plan N includes surcharges for visits to doctors and emergency care. This leads to lower premiums. Medigap Plan N is the right choice for those in good health who do not want to be overly insured.

3.4 What are Medicare Supplement SELECT plans?

In some states, insurance companies may also sell **Medicare Supplement Select** plans. This type of Medigap plan has a limited network of doctors and hospitals. As a result, your premium will be lower.

4. REGISTRATION

4.1 What is the best time to enroll in a Medicare Supplement plan?

The best time to register with Medigap is the **Open Enrollment Period**. This is the six-month period after you receive Medicare Part B. During this period, the insurance company cannot use a medical certificate, and your admission to the Medicare Supplement plan is guaranteed.

4.2 Can I sign up for Medicare Supplement at any time?

There is no annual registration period for Medicare Supplement. **You can change it anytime** if you have passed a medical examination and the insurance company agrees to accept you.

4.3 Is there any other time to be accepted into the Medigap plan without a medical examination?

Under certain circumstances, you are entitled to **Guaranteed Issue Rights**. This will allow you to be accepted without a medical examination.



About Us – Liberty Medicare

- **Liberty Medicare** is an independent insurance agency specializing in various Medicare plans for people over 65 or those under 65 who are on a disability. These include **Medicare Supplement Plans (Medigap Plans)**, **Medicare Advantage Plans**, and **Medicare Prescription Drug Plans**.
- Our services are offered in many US states, including six states in the Central Atlantic (**Pennsylvania, New Jersey, New York, Maryland, Virginia, and Delaware**), two in the Midwest (**Illinois and Ohio**), and **Florida**.
- Our service for you is **ABSOLUTELY FREE**
For independent insurance agencies like ours, insurance companies provide a commission whenever we register clients with one of their plans. Whether you apply to the insurance company or through us, **your premium will be EXACTLY SAME - the commission is always part of the premium.**
- We represent only **nationally famous insurance companies**.
- While you are our client, we present a LIFE COMMITMENT, including servicing your policy and suggestions for improving it. This is especially important at the end of the year during the **Annual Election Period**, when many senior citizens change their plans for the next year.

- **Medicare** is a complex and confusing subject. Choosing and maintaining a Medicare plan yourself can be very time consuming for you.
 - ✚ Instead of calling numerous insurance companies when you sit endlessly waiting for an answer, and after getting the answer constantly retell the same story, you can dial one number: **877-657-7477**. Our ten years of experience **will help you save time, money, and avoid future surprises and disappointments.**
- **Contact Us:**
 - ✚ **веб-сайт:** www.libertymedicare.com
 - ✚ **e-mail:** info@libertymedicare.com
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