

Large Print Edition

2018

**Choosing A Medigap Policy:
A Guide to Health Insurance
for People with Medicare**

This official government guide has important information about:

- Medicare Supplement Insurance (Medigap) policies
- What Medigap policies cover
- Your rights to buy a Medigap policy
- How to buy a Medigap policy



Centers for Medicare & Medicaid Services

Developed jointly by the Centers for Medicare & Medicaid Services (CMS)
and the National Association of Insurance Commissioners (NAIC)

Who should read this guide?

This guide can help if you're thinking about buying a Medigap policy or already have one. It'll help you understand Medicare Supplement Insurance policies (also called Medigap policies). A Medigap policy is a type of private insurance that helps you pay for some of the costs that Original Medicare doesn't cover.

Important information about this guide

The information in this booklet describes the Medicare program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.Medicare.gov), or call 1 800 633-4227 to get the most current information. TTY users can call 1 877 486-2048.

The "2018 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

New Medicare cards are in the mail!

You asked, and we listened. You're getting a new Medicare card! Your new card will have a new Medicare number instead of your Social Security Number. This will help keep your information more secure and help protect your identity.

The new card won't change your coverage or benefits. You'll get more information from Medicare when your new card is mailed.

Paid for by the Department of Health & Human Services.

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Section 1: Medicare Basics

A brief look at Medicare

A Medicare Supplement Insurance (Medigap) policy is health insurance sold by private insurance companies which can help pay some of the health care costs that Original Medicare doesn't cover, like coinsurance, copayments, or deductibles. Some Medigap policies also cover certain benefits Original Medicare doesn't cover, like emergency foreign travel expenses. Medigap policies don't cover your share of the costs under other types of health coverage, including Medicare Advantage Plans (like HMOs or PPOs), stand-alone Medicare Prescription Drug Plans, employer/union group health coverage, Medicaid, or TRICARE. Insurance companies generally can't sell you a Medigap policy if you have coverage through Medicaid or a Medicare Advantage Plan.

Before you learn more about Medigap policies, the next few pages provide a brief look at Medicare. If you already know the basics about Medicare and only want to learn about Medigap, skip to page 11.

Underlined words are defined on pages 97 – 101

6 – Section 1: Medicare Basics

What's Medicare?

Medicare is health insurance for:

- People 65 or older
- People under 65 with certain disabilities
- People of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)

The different parts of Medicare

The different parts of Medicare help cover specific services:

Medicare Part A (Hospital Insurance) helps cover

- Inpatient care in hospitals
- Skilled nursing facility, hospice, and home health care

Medicare Part B (Medical Insurance) helps cover

- Services from doctors and other health care providers, hospital outpatient care, durable medical equipment, and home health care

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- Preventive services to help maintain your health and to keep certain illnesses from getting worse

Medicare Part C (Medicare Advantage)

- Includes all benefits and services covered under Part A and Part B
- Run by Medicare-approved private insurance companies
- Usually includes Medicare prescription drug coverage (Part D) as part of the plan
- May include extra benefits and services for an extra cost

Medicare Part D (Medicare Prescription Drug Coverage)

- Helps cover the cost of outpatient prescription drugs
- Run by Medicare-approved private insurance companies
- May help lower your prescription drug costs and help protect against higher costs in the future

Underlined words are defined on pages 97 – 101

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Your Medicare coverage choices at a glance

There are 2 main ways to get your Medicare coverage – Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide. See page 65 for information about Medicare Advantage Plans and Medigap policies.

OPTION 1:

ORIGINAL MEDICARE

This includes Part A and B

- **Part A** Hospital Insurance
- **Part B** Medical Insurance

YOU CAN ADD:

- **Part D** Medicare Prescription Drug Coverage

YOU CAN ALSO ADD:

- **Medigap** Medicare Supplement Insurance (Medigap policies help pay your out-of-pocket costs in Original Medicare.)

OR

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Part D Medicare Prescription Drug Coverage OR

OPTION 2:

MEDICARE ADVANTAGE (Part C)

These plans are like HMOs or PPOs, and include Part A, B, and typically D.

- **Part A** Hospital Insurance
- **Part B** Medical Insurance
- **Part D** Medicare Prescription Drug Coverage
(Most plans cover prescription drugs.)

END

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Medicare and the Health Insurance Marketplace

If you have coverage through an individual Marketplace plan (not through an employer), you may want to end your Marketplace coverage and enroll in Medicare. You should do this during your Initial Enrollment Period to avoid a delay in future Medicare coverage and the possibility of a Medicare late enrollment penalty. Once you're considered eligible for premium-free Part A, you won't qualify for help paying your Marketplace plan premiums or other medical costs. If you continue to get help paying your Marketplace plan premium after you have Medicare, you might have to pay back some or all of the help you got when you file your taxes. Visit [HealthCare.gov](https://www.healthcare.gov) to connect to the Marketplace in your state and learn more. Be sure not to end your Marketplace plan before your Medicare coverage begins. Otherwise, you may have a gap in coverage.

Note: Medicare isn't part of the Marketplace. The Marketplace doesn't offer Medicare Supplement Insurance (Medigap) policies, Medicare Advantage Plans, or Medicare drug plans (Part D).

For more information: Remember, this guide is about Medigap policies. To learn more about Medicare, visit [Medicare.gov](https://www.medicare.gov), look at your "Medicare & You" handbook, or call 1 800 633-4227. TTY users can call 1 877 486-2048.

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Section 2: Medigap Basics

What's a Medigap policy?

A Medigap policy is private health insurance that helps supplement Original Medicare. This means it helps pay some of the health care costs that Original Medicare doesn't cover (like copayments, coinsurance, and deductibles). These are “gaps” in Medicare coverage.

If you have Original Medicare and a Medigap policy, Medicare will pay its share of the Medicare-approved amounts for covered health care costs. Then your Medigap policy pays its share. A Medigap policy is different from a Medicare Advantage Plan (like an HMO or PPO) because those plans are ways to get Medicare benefits, while a Medigap policy only supplements the costs of your Original Medicare benefits.

Note: Medicare doesn't pay any of your costs for a Medigap policy.

All Medigap policies must follow federal and state laws designed to protect you, and policies must be clearly identified as “Medicare Supplement Insurance.” Medigap insurance companies in most states can only sell you a “standardized” Medigap policy identified by letters A through N. Each standardized Medigap policy must

Underlined words are defined on pages 97 – 101

12 – Section 2: Medigap Basics

What's a Medigap policy? (continued)

offer the same basic benefits, no matter which insurance company sells it. **Cost is usually the only difference between Medigap policies with the same letter sold by different insurance companies.**

In Massachusetts, Minnesota, and Wisconsin, Medigap policies are standardized in a different way. See pages 80 – 87. In some states, you may be able to buy another type of Medigap policy called Medicare SELECT. Medicare SELECT plans are standardized plans that may require you to see certain providers and may cost less than other plans. See page 34.

What Medigap policies cover

The information on page 14 gives you a quick look at the standardized Medigap Plans available. You'll need more details than this information provides to compare and choose a policy. Call your State Health Insurance Assistance Program (SHIP) for help. See pages 91 – 95 for your state's phone number.

Underlined words are defined on pages 97 – 101

13 – Section 2: Medigap Basics

Notes:

- Insurance companies selling Medigap policies are required to make Plan A available. If they offer any other Medigap policy, they must also offer either Plan C or Plan F. Not all types of Medigap policies may be available in your state. See pages 80 – 87 if you live in **Massachusetts, Minnesota, or Wisconsin**.
- Plans D and G effective on or **after** June 1, 2010, **have different benefits** than Plans D or G bought **before** June 1, 2010.
- Plans E, H, I, and J are **no longer sold**, but, if you already have one, you can generally keep it.
- Starting January 1, 2020, Medigap plans sold to new people with Medicare won't be allowed to cover the Part B deductible. Because of this, Plans C and F will no longer be available to people new to Medicare starting on January 1, 2020. If you already have either of these two plans (or the high deductible version of Plan F) or are covered by one of these plans prior to January 1, 2020, you will be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans.

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14 – Section 2: Medigap Basics

Below is basic information about the different benefits that Medigap policies cover. If a plan letter and percentage appears, the Medigap plan covers that percentage of the benefit, and you must pay the rest.

Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)

Medigap Plans A 100%, B 100%, C 100%, D 100%, F* 100%, G 100%, K 100%, L 100%, M 100% or N 100%

Out-of-pocket limit in 2018 K \$5,240 L \$2,620**

Medicare Part B coinsurance or copayment

Medigap Plans A 100%, B 100%, C 100%, D 100%, F* 100%, G 100%, K 50%, L 75%, M 100% or N 100%***

Out-of-pocket limit in 2018 K \$5,240 L \$2,620**

Blood (first 3 pints)

Medigap Plans A 100%, B 100%, C 100%, D 100%, F* 100%, G 100%, K 50%, L 75%, M 100% or N 100%

Out-of-pocket limit in 2018 K \$5,240 L \$2,620**

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Part A hospice care coinsurance or copayment

Medigap Plans A 100%, B 100%, C 100%, D 100%, F* 100%, G 100%, K 50%, L 75%, M 100% or N 100%

Out-of-pocket limit in 2018** K \$5,240 L \$2,620

Skilled nursing facility care coinsurance

Medigap Plans C 100%, D 100%, F* 100%, G 100%, K 50%, L 75%, M 100% or N 100%

Out-of-pocket limit in 2018** K \$5,240 L \$2,620

Part A deductible

Medigap Plans B 100%, C 100%, D 100%, F* 100%, G 100%, K 50%, L 75%, M 50% or N 100%

Out-of-pocket limit in 2018** K \$5,240 L \$2,620

Part B deductible

Medigap Plans C 100% or F* 100%

Part B excess charges

Medigap Plans F* 100% or G 100%

Underlined words are defined on pages 97 – 101

16 – Section 2: Medigap Basics

Foreign travel emergency (up to plan limits)

Medigap Plans C 80%, D 80%, F* 80%, G 80%, M 80% or N 80%

* Plan F is also offered as a high-deductible plan by some insurance companies in some states. If you choose this option, this means you must pay for Medicare-covered costs (coinsurance, copayments, deductibles) up to the deductible amount of \$2,240 in 2018 before your policy pays anything.

**For Plans K and L, after you meet your out-of-pocket yearly limit and your yearly Part B deductible (\$183 in 2018), the Medigap plan pays 100% of covered services for the rest of the calendar year.

*** Plan N pays 100% of the Part B coinsurance, 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 Medigap policies don't cover

Generally, Medigap policies don't cover long-term care (like care in a nursing home), vision or dental care, hearing aids, eyeglasses, or private-duty nursing.

Underlined words are defined on pages 97 – 101

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Types of coverage that are NOT Medigap policies

- Medicare Advantage Plans (Part C), like an HMO or PPO
- Medicare Prescription Drug Plans (Part D)
- Medicaid
- Employer or union plans, including the Federal Employees Health Benefits Program (FEHBP)
- TRICARE
- Veterans' benefits
- Long-term care insurance policies
- Indian Health Service, Tribal, and Urban Indian Health plans
- Qualified Health Plans sold in the Health Insurance Marketplace

Underlined words are defined on pages 97 – 101

18 – Section 2: Medigap Basics

What types of Medigap policies can insurance companies sell?

In most cases, Medigap insurance companies can sell you only a “standardized” Medigap policy. All Medigap policies must have specific benefits, so you can compare them easily. If you live in Massachusetts, Minnesota, or Wisconsin, see pages 80 – 87.

Insurance companies that sell Medigap policies don’t have to offer every Medigap plan. However, they must offer Plan A if they offer any Medigap policy. If they offer any plan in addition to Plan A, they must also offer Plan C or Plan F. Each insurance company decides which Medigap plan it wants to sell, although state laws might affect which ones they offer.

In some cases, an insurance company must sell you a Medigap policy, even if you have health problems. Here are certain times that you’re guaranteed the right to buy a Medigap policy:

- When you’re in your Medigap Open Enrollment Period. See pages 22 – 24.
- If you have a guaranteed issue right. See pages 37 – 45.

Underlined words are defined on pages 97 – 101

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You may be able to buy a Medigap policy at other times, but the insurance company can deny you a Medigap policy based on your health. Also, in some cases it may be illegal for the insurance company to sell you a Medigap policy (like if you already have Medicaid or a Medicare Advantage Plan).

What do I need to know if I want to buy a Medigap policy?

- You must have Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) to buy a Medigap policy.
- If you have a Medicare Advantage Plan (like an HMO or PPO) but are planning to return to Original Medicare, you can apply for a Medigap policy before your coverage ends. The Medigap insurer can sell it to you as long as you're leaving the Plan. Ask that the new Medigap policy start when your Medicare Advantage Plan enrollment ends, so you'll have continuous coverage.
- You pay the private insurance company a premium for your Medigap policy in addition to the monthly Part B premium you pay to Medicare.

Underlined words are defined on pages 97 – 101

20 – Section 2: Medigap Basics

What do I need to know if I want to buy a Medigap policy? (continued)

- A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, **you each will have to buy separate Medigap policies.**
- When you have your Medigap Open Enrollment Period, you can buy a Medigap policy from any insurance company that's licensed in your state.
- If you want to buy a Medigap policy, see page 14 for an overview of the basic benefits covered by different Medigap policies to review the benefit choices. Then, follow the “**Steps to Buying a Medigap Policy**” on pages 49 – 60.
- If you want to drop your Medigap policy, write your insurance company to cancel the policy and confirm it's cancelled. Your agent can't cancel the policy for you.
- Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you stay enrolled and pay the premium.

Underlined words are defined on pages 97 – 101

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- Different insurance companies may charge different premiums for the same exact policy. As you shop for a policy, be sure you're comparing the same policy (for example, compare Plan A from one company with Plan A from another company).
- Some states may have laws that may give you additional protections.
- Although some Medigap policies sold in the past covered prescription drugs, Medigap policies sold after January 1, 2006, aren't allowed to include prescription drug coverage.
- If you want prescription drug coverage, you can join a Medicare Prescription Drug Plan (Part D) offered by private companies approved by Medicare. See pages 6 – 9.

To learn about Medicare prescription drug coverage, visit Medicare.gov, or call 1 800 633-4227. TTY users can call 1 877 486-2048.

Underlined words are defined on pages 97 – 101

22 – Section 2: Medigap Basics

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

The best time to buy a Medigap policy is during your Medigap Open Enrollment Period. This period lasts for 6 months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B. Some states have additional Open Enrollment Periods including those for people under 65. During this period, an insurance company can't use medical underwriting. This means the insurance company can't do any of these because of your health problems:

- Refuse to sell you any Medigap policy it offers
- Charge you more for a Medigap policy than they charge someone with no health problems
- Make you wait for coverage to start (except as explained below)

While the insurance company can't make you wait for your coverage to start, it may be able to make you wait for coverage related to a pre-existing condition. A pre-existing condition is a health problem you have before the date a new insurance policy starts. In some cases, the Medigap insurance company can refuse to cover your out-of-pocket costs for these pre-existing health problems for up to 6 months. This is called a "pre-existing condition waiting period." After 6 months, the Medigap policy will cover the pre-existing condition.

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23 – Section 2: Medigap Basics

Coverage for a pre-existing condition can only be excluded if the condition was treated or diagnosed within 6 months before the coverage starts under the Medigap policy. This is called the “look-back period.” Remember, for Medicare-covered services, Original Medicare will still cover the condition, even if the Medigap policy won’t, but you’re responsible for the Medicare coinsurance or copayment.

Creditable coverage

If you have a pre-existing condition, you buy a Medigap policy during your Medigap Open Enrollment Period, and you’re replacing certain kinds of health coverage that count as “creditable coverage,” it’s possible to avoid or shorten waiting periods for pre-existing conditions. Prior creditable coverage is generally any other health coverage you recently had before applying for a Medigap policy. If you’ve had at least 6 months of continuous prior creditable coverage, the Medigap insurance company can’t make you wait before it covers your pre-existing conditions.

There are many types of health care coverage that may count as creditable coverage for Medigap policies, but they’ll only count if you didn’t have a break in coverage for more than 63 days.

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24 – Section 2: Medigap Basics

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

Your Medigap insurance company can tell you if your previous coverage will count as creditable coverage for this purpose. You can also call your State Health Insurance Assistance Program. See pages 91 – 95.

If you buy a Medigap policy when you have a guaranteed issue right (also called “Medigap protection”), the insurance company can't use a pre-existing condition waiting period. See pages 37 – 45 for more information about guaranteed issue rights.

Note: If you're under 65 and have Medicare because of a disability or End-Stage Renal Disease (ESRD), you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. Federal law generally doesn't require insurance companies to sell Medigap policies to people under 65. However, some states require Medigap insurance companies to sell you a Medigap policy, even if you're under 65. See page 75 for more information.

Underlined words are defined on pages 97 – 101

25 – Section 2: Medigap Basics

Why is it important to buy a Medigap policy when I'm first eligible?

When you're first eligible, you have the right to buy any Medigap policy offered in your state. In addition, you generally will get better prices and more choices among policies. It's very important to understand your Medigap Open Enrollment Period. Medigap insurance companies are generally allowed to use medical underwriting to decide whether to accept your application and how much to charge you for the Medigap policy. However, if you apply during your Medigap Open Enrollment Period, you can buy any Medigap policy the company sells, even if you have health problems, for the same price as people with good health. If you apply for Medigap coverage **after** your Open Enrollment Period, there's no guarantee that an insurance company will sell you a Medigap policy if you don't meet the medical underwriting requirements, **unless** you're eligible for guaranteed issue rights (Medigap protections) because of one of the limited situations listed on pages 39 – 45.

It's also important to understand that your Medigap rights may depend on when you choose to enroll in Medicare Part B. If you're 65 or older, your Medigap Open Enrollment Period begins when you enroll in Part B and can't be changed or repeated. In most cases, it makes sense to enroll in Part B and purchase a Medigap policy when you're first eligible for Medicare, because

Underlined words are defined on pages 97 – 101

26 – Section 2: Medigap Basics

Why is it important to buy a Medigap policy when I'm first eligible? (continued)

you might otherwise have to pay a Part B late enrollment penalty and might miss your Medigap Open Enrollment Period. However, there are exceptions if you have employer coverage.

Employer coverage

If you have group health coverage through an employer or union, because either you or your spouse is currently working, you may want to wait to enroll in Part B. This is because benefits based on current employment often provide coverage similar to Part B, so you would be paying for Part B before you need it, and your Medigap Open Enrollment Period might expire before a Medigap policy would be useful. When the employer coverage ends, you'll get a chance to enroll in Part B without a late enrollment penalty which means your Medigap Open Enrollment Period will start when you're ready to take advantage of it. If you or your spouse is still working and you have coverage through an employer, contact your employer or union benefits administrator to find out how your insurance works with Medicare. See page 46 for more information.

Underlined words are defined on pages 97 – 101

27 – Section 2: Medigap Basics

How do insurance companies set prices for Medigap policies?

Each insurance company decides how it'll set the price, or premium, for its Medigap policies. The way they set the price affects how much you pay now and in the future. Medigap policies can be priced or “rated” in 3 ways:

1. Community-rated (also called “no-age-rated”)
2. Issue-age-rated (also called “entry-age-rated”)
3. Attained-age-rated

Each of these ways of pricing Medigap policies is described in the chart on the next page. The examples show how your age affects your premiums, and why it's important to look at how much the Medigap policy will cost you now and in the future. The amounts in the examples aren't actual costs. Other factors like where you live, medical underwriting, and discounts can also affect the amount of your premium.

Underlined words are defined on pages 97 – 101

28 – Section 2: Medigap Basics

How do insurance companies set prices for Medigap policies? (continued)

Type of pricing

Community-rated (also called “no-age-rated”)

How it’s priced

Generally the same premium is charged to everyone who has the Medigap policy, regardless of age or gender.

What this pricing may mean for you

Your premium isn’t based on your age. Premiums may go up because of inflation and other factors but not because of your age.

Examples

Mr. Smith is 65. He buys a Medigap policy and pays a \$165 monthly premium.

Mrs. Perez is 72. She buys the same Medigap policy as Mr. Smith. She also pays a \$165 monthly premium.

Underlined words are defined on pages 97 – 101

29 – Section 2: Medigap Basics

Type of pricing

Issue-age-rated (also called “entry age-rated”)

How it’s priced

The premium is based on the age you are when you buy (are “issued”) the Medigap policy.

What this pricing may mean for you

Premiums are lower for people who buy at a younger age and won’t change as you get older. Premiums may go up because of inflation and other factors but not because of your age.

Examples

Mr. Han is 65. He buys a Medigap policy and pays a \$145 monthly premium.

Mrs. Wright is 72. She buys the same Medigap policy as Mr. Han. Since she is older when she buys it, her monthly premium is \$175.

Underlined words are defined on pages 97 – 101

30 – Section 2: Medigap Basics

How do insurance companies set prices for Medigap policies? (continued)

Type of pricing

Attained-age-rated

How it's priced

The premium is based on your current age (the age you've "attained"), so your premium goes up as you get older.

What this pricing may mean for you

Premiums are low for younger buyers but go up as you get older. They may be the least expensive at first, but they can eventually become the most expensive. Premiums may also go up because of inflation and other factors.

Underlined words are defined on pages 97 – 101

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Examples

Mrs. Anderson is 65. She buys a Medigap policy and pays a \$120 monthly premium. Her premium will go up each year:

- At 66, her premium goes up to \$126.
- At 67, her premium goes up to \$132.
- At 72, her premium goes up to \$165.

Mr. Dodd is 72. He buys the same Medigap policy as Mrs. Anderson. He pays a \$165 monthly premium. His premium is higher than Mrs. Anderson's because it's based on his current age. Mr. Dodd's premium will go up each year:

- At 73, his premium goes up to \$171.
- At 74, his premium goes up to \$177.

Underlined words are defined on pages 97 – 101

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Comparing Medigap costs

As discussed on the previous pages, the cost of Medigap policies can vary widely. **There can be big differences in the premiums that different insurance companies charge for exactly the same coverage.** As you shop for a Medigap policy, be sure to compare the same type of Medigap policy, and consider the type of pricing used. See pages 27 – 31. For example, compare a Plan C from one insurance company with a Plan C from another insurance company. Although this guide **can't** give actual costs of Medigap policies, you can get this information by calling insurance companies or your State Health Insurance Assistance Program. See pages 91 – 95.

You can also find out which insurance companies sell Medigap policies in your area by visiting Medicare.gov.

Underlined words are defined on pages 97 – 101

33 – Section 2: Medigap Basics

The cost of your Medigap policy may also depend on whether the insurance company:

- Offers discounts (like discounts for women, non-smokers, or people who are married; discounts for paying yearly; discounts for paying your premiums using electronic funds transfer; or discounts for multiple policies).
- Uses medical underwriting, or applies a different premium when you don't have a guaranteed issue right or aren't in a Medigap Open Enrollment Period.
- Sells Medicare SELECT policies that may require you to use certain providers. If you buy this type of Medigap policy, your premium may be less. See page 34.
- Offers a “high-deductible option” for Plan F. If you buy Plan F with a high-deductible option, you must pay the first \$2,240 of deductibles, copayments, and coinsurance (in 2018) for covered services not paid by Medicare before the Medigap policy pays anything. You must also pay a separate deductible (\$250 per year) for foreign travel emergency services.

Underlined words are defined on pages 97 – 101

34 — Section 2: Medigap Basics

Comparing Medigap costs (continued)

If you bought Medigap Plan J before January 1, 2006, and it still covers prescription drugs, you would also pay a separate deductible (\$250 per year) for prescription drugs covered by the Medigap policy. And, if you have a Plan J with a high deductible option, you must also pay a \$2,240 deductible (in 2018) before the policy pays anything for medical benefits.

What's Medicare SELECT?

Medicare SELECT is a type of Medigap policy sold in some states that requires you to use hospitals and, in some cases, doctors within its network to be eligible for full insurance benefits (except in an emergency). Medicare SELECT can be any of the standardized Medigap plans (see page 14). These policies generally cost less than other Medigap policies. However, if you don't use a Medicare SELECT hospital or doctor for non-emergency services, you'll have to pay some or all of what Medicare doesn't pay. Medicare will pay its share of approved charges no matter which hospital or doctor you choose.

Underlined words are defined on pages 97 – 101

35 – Section 2: Medigap Basics

How does Medigap help pay my Medicare Part B bills?

In most Medigap policies, when you sign the Medigap insurance contract you agree to have the Medigap insurance company get your Medicare Part B claim information directly from Medicare, and then they pay the doctor directly whatever amount is owed under your policy. Some Medigap insurance companies also provide this service for Medicare Part A claims.

If your Medigap insurance company **doesn't** provide this service, ask your doctors if they participate in Medicare. Participating providers have signed an arrangement to accept assignment for all Medicare-covered services. If your doctor participates, the Medigap insurance company is required to pay the doctor directly if you request. If your doctor doesn't participate but still accepts Medicare, you may be asked to pay the coinsurance amount at the time of service. In these cases, your Medigap insurance company will pay you directly according to policy limits.

If you have any questions about Medigap claim filing, call 1 800 633 - 4227. TTY users can call 1 877 486 - 2048.

Underlined words are defined on pages 97 – 101



Section 3: Your Right to Buy a Medigap Policy

What are guaranteed issue rights?

Guaranteed issue rights are rights you have in certain situations when insurance companies must offer you certain Medigap policies when you aren't in your Medigap Open Enrollment Period. In these situations, an insurance company must:

- Sell you a Medigap policy
- Cover all your pre-existing health conditions
- Can't charge you more for a Medigap policy regardless of past or present health problems

If you live in Massachusetts, Minnesota, or Wisconsin, you have guaranteed issue rights to buy a Medigap policy, but the Medigap policies are different. See pages 80 – 87 for your Medigap policy choices.

Underlined words are defined on pages 97 – 101

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When do I have guaranteed issue rights?

In most cases, you have a guaranteed issue right when you have certain types of other health care coverage that changes in some way, like when you lose the other health care coverage. In other cases, you have a “trial right” to try a Medicare Advantage Plan and still buy a Medigap policy if you change your mind. For information on trial rights, see page 42.

● End of Page

Underlined words are defined on pages 97 – 101

39 — Section 3: Your Right to Buy a Medigap Policy

The following information describes the most common situations, under federal law, that give you a right to buy a policy, the kind of policy you can buy, and when you can or must apply for it. States may provide additional Medigap guaranteed issue rights.

● Situation 1:

You have a guaranteed issue right if...

You're in a Medicare Advantage Plan (like an HMO or PPO), and your plan is leaving Medicare or stops giving care in your area, or you move out of the plan's service area.

You have the right to buy...

Medigap Plan A, B, C, F, K, or L that's sold in your state by any insurance company.

You only have this right if you switch to Original Medicare rather than join another Medicare Advantage Plan.

You can/must apply for a Medigap policy...

As early as 60 calendar days before the date your health care coverage will end, but no later than 63 calendar days after your health care coverage ends. Medigap coverage can't start until your Medicare Advantage Plan coverage ends.

Underlined words are defined on pages 97 – 101

40 — Section 3: Your Right to Buy a Medigap Policy

● Situation 2:

You have a guaranteed issue right if...

You have Original Medicare and an employer group health plan (including retiree or COBRA coverage) or union coverage that pays after Medicare pays and that plan is ending.

Note: In this situation, you may have additional rights under state law.

You have the right to buy...

Medigap Plan A, B, C, F, K, or L that's sold in your state by any insurance company.

If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends.

You can/must apply for a Medigap policy...

No later than 63 calendar days after the latest of these 3 dates:

1. Date the coverage ends
2. Date on the notice you get telling you that coverage is ending (if you get one)
3. Date on a claim denial, if this is the only way you know that your coverage ended

Underlined words are defined on pages 97 – 101

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● Situation 3:

You have a guaranteed issue right if...

You have Original Medicare and a Medicare SELECT policy. You move out of the Medicare SELECT policy's service area.

Call the Medicare SELECT insurer for more information about your options.

You have the right to buy...

Medigap Plan A, B, C, F, K, or L that's sold by any insurance company in your state or the state you're moving to.

You can/must apply for a Medigap policy...

As early as 60 calendar days before the date your Medicare SELECT coverage will end, but no later than 63 calendar days after your Medicare SELECT coverage ends.

42 — Section 3: Your Right to Buy a Medigap Policy

● Situation 4:

You have a guaranteed issue right if...

(Trial right) You joined a Medicare Advantage Plan (like an HMO or PPO) or Programs of All-inclusive Care for the Elderly (PACE) when you were first eligible for Medicare Part A at 65, and within the first year of joining, you decide you want to switch to Original Medicare.

You have the right to buy...

Any Medigap policy that's sold in your state by any insurance company.

You can/must apply for a Medigap policy...

As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.

Note: Your rights may last for an extra 12 months under certain circumstances.

Underlined words are defined on pages 97 – 101

43 – Section 3: Your Right to Buy a Medigap Policy

● Situation 5:

You have a guaranteed issue right if...

(Trial right) You dropped a Medigap policy to join a Medicare Advantage Plan (or to switch to a Medicare SELECT policy) for the first time, you've been in the plan less than a year, and you want to switch back.

You have the right to buy...

The Medigap policy you had before you joined the Medicare Advantage Plan or Medicare SELECT policy, if the same insurance company you had before still sells it.

If your former Medigap policy **isn't** available, you can buy Medigap Plan A, B, C, F, K, or L that's sold in your state by any insurance company.

You can/must apply for a Medigap policy...

As early as 60 calendar days before the date your coverage will end, but no later than 63 calendar days after your coverage ends.

Note: Your rights may last for an extra 12 months under certain circumstances.

Underlined words are defined on pages 97 – 101

44 – Section 3: Your Right to Buy a Medigap Policy

- **Situation 6:**

You have a guaranteed issue right if...

Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.

You have the right to buy...

Medigap Plan A, B, C, F, K, or L that's sold in your state by any insurance company.

You can/must apply for a Medigap policy...

No later than 63 calendar days from the date your coverage ends.

- **End of Page**

Underlined words are defined on pages 97 – 101

45 – Section 3: Your Right to Buy a Medigap Policy

● Situation 7:

You have a guaranteed issue right if...

You leave a Medicare Advantage Plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.

You have the right to buy...

Medigap Plan A, B, C, F, K, or L that's sold in your state by any insurance company.

You can/must apply for a Medigap policy...

No later than 63 calendar days from the date your coverage ends.

● End of Page

Underlined words are defined on pages 97 – 101

46 – Section 3: Your Right to Buy a Medigap Policy

Can I buy a Medigap policy if I lose my health care coverage?

Yes, you may be able to buy a Medigap policy. Because you may have a guaranteed issue right to buy a Medigap policy, make sure you keep these:

- A copy of any letters, notices, emails, and/or claim denials that have your name on them as proof of your coverage being terminated.
- The postmarked envelope these papers come in as proof of when it was mailed.

You may need to send a copy of some or all of these papers with your Medigap application to prove you have a guaranteed issue right.

If you have a Medicare Advantage Plan (like an HMO or PPO) but you're planning to return to Original Medicare, you can apply for a Medigap policy before your coverage ends. The Medigap insurer can sell it to you as long as you're leaving the plan. Ask that the new policy take effect when your Medicare Advantage enrollment ends, so you'll have continuous coverage.

Underlined words are defined on pages 97 – 101

47 – Section 3: Your Right to Buy a Medigap Policy

For more information

If you have any questions or want to learn about any additional Medigap rights in your state, you can:

- Call your State Health Insurance Assistance Program to make sure that you qualify for these guaranteed issue rights. See pages 37 – 45.
- Call your State Insurance Department if you're denied Medigap coverage in any of these situations. See pages 91 – 95.

Important: The guaranteed issue rights in this section are from federal law. These rights are for both Medigap and Medicare SELECT policies. Many states provide additional Medigap rights.

There may be times when more than one of the situations in the chart on pages 39 – 45 applies to you. When this happens, you can choose the guaranteed issue right that gives you the best choice.

Underlined words are defined on pages 97 – 101

48 — Section 3: Your Right to Buy a Medigap Policy

For more information (continued)

Some of the situations listed include loss of coverage under Programs of All-inclusive Care for the Elderly (PACE). PACE combines medical, social, and long-term care services, and prescription drug coverage for frail people. To be eligible for PACE, you must meet certain conditions. PACE may be available in states that have chosen it as an optional Medicaid benefit. If you have Medicaid, an insurance company can sell you a Medigap policy **only** in certain situations. For more information about PACE, visit Medicare.gov, or call 1 800 633 - 4227. TTY users can call 1 877 486 - 2048.

● **End of Page**

Underlined words are defined on pages 97 – 101



Section 4: Steps to Buying a Medigap Policy

Step-by-step guide to buying a Medigap policy

Buying a **Medigap policy** is an important decision. Only you can decide if a Medigap policy is the way for you to supplement Original Medicare coverage and which Medigap policy to choose. Shop carefully. Compare available Medigap policies to see which one meets your needs. As you shop for a Medigap policy, keep in mind that different insurance companies may charge different amounts for exactly the same Medigap policy, and not all insurance companies offer all of the Medigap policies.

Below is a step-by-step guide to help you buy a Medigap policy. If you live in Massachusetts, Minnesota, or Wisconsin, see pages 80 – 87.

STEP 1: Decide which benefits you want, then decide which of the standardized Medigap policies meet your needs.

STEP 2: Find out which insurance companies sell Medigap policies in your state.

STEP 3: Call the insurance companies that sell the Medigap policies you're interested in and compare costs.

STEP 4: Buy the Medigap policy.

50 – Section 4: Steps to Buying a Medigap Policy

STEP 1: Decide which benefits you want, then decide which of the Medigap policy meets your needs.

Think about your current and future health care needs when deciding which benefits you want because you might not be able to switch Medigap policies later. Decide which benefits you need, and select the Medigap policy that will work best for you. The information on pages 14 – 17 provides an overview of Medigap benefits.

STEP 2: Find out which insurance companies sell Medigap policies in your state.

To find out which insurance companies sell Medigap policies in your state:

- Call your State Health Insurance Assistance Program. See pages 91 – 95. Ask if they have a “Medigap rate comparison shopping guide” for your state. This guide usually lists companies that sell Medigap policies in your state and their costs.
- Call your State Insurance Department. See pages 91 – 95.

Underlined words are defined on pages 97 – 101

51 – Section 4: Steps to Buying a Medigap Policy

- Visit [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan):

This website will help you find information on your health plan options, including the Medigap policies in your area. You can also get information on:

- How to contact the insurance companies that sell Medigap policies in your state.
- What each Medigap policy covers.
- How insurance companies decide what to charge you for a Medigap policy premium.

If you don't have a computer, your local library or senior center may be able to help you look at this information. You can also call 1 800 633 - 4227. A customer service representative will help you get information on all your health plan options including the Medigap policies in your area. TTY users can call 1 877 486 - 2048.

52 — Section 4: Steps to Buying a Medigap Policy

STEP 2: (continued)

Since costs can vary between companies, plan to call more than one insurance company that sells Medigap policies in your state. Before you call, check the companies to be sure they're honest and reliable by using one of these resources:

- Call your State Insurance Department. Ask if they keep a record of complaints against insurance companies that can be shared with you. When deciding which Medigap policy is right for you, consider these complaints, if any.
- Call your State Health Insurance Assistance Program. These programs can give you help at no cost to you with choosing a Medigap policy.
- Go to your local public library for help with:
 - Getting information on an insurance company's financial strength from independent rating services like weissratings.com, A.M. Best, and Standard & Poor's.
 - Looking at information about the insurance company online.
- Talk to someone you trust, like a family member, your insurance agent, or a friend who has a Medigap policy from the same Medigap insurance company.

Underlined words are defined on pages 97 – 101

53 – Section 4: Steps to Buying a Medigap Policy

STEP 3: Call the insurance companies that sell the Medigap policies you're interested in and compare costs.

Before you call any insurance companies, figure out if you're in your Medigap Open Enrollment Period or if you have a guaranteed issue right. Read pages 22 – 23 and 37 – 45 carefully. If you have questions, call your State Health Insurance Assistance Program. See pages 91 – 95. This information can help you keep track of the information you receive.

Ask each insurance company...

- “Are you licensed in ____?” (Say the name of your state.)

Note: If the answer is NO, STOP here, and try another company.

Company #1 _____

Company #2 _____

Underlined words are defined on pages 97 – 101

54 – Section 4: Steps to Buying a Medigap Policy

STEP 3: (continued)

- “Do you sell Medigap Plan ____?” (Say the letter of the Medigap Plan you’re interested in.)

Note: Insurance companies usually offer some, but not all, Medigap policies. Make sure the company sells the plan you want. Also, if you’re interested in a Medicare SELECT or high-deductible Medigap policy, tell them.

Company #1 _____

Company #2 _____

- “Do you use medical underwriting for this Medigap policy?”

Note: If the answer is NO, go to step 4 on page 59. If the answer is YES, but you know you’re in your Medigap Open Enrollment Period or have a guaranteed issue right to buy that Medigap policy, go to step 4. Otherwise, you can ask, “Can you tell me whether I’m likely to qualify for the Medigap policy?”

Company #1 _____

Company #2 _____

Underlined words are defined on pages 97 – 101

55 – Section 4: Steps to Buying a Medigap Policy

- **“Do you have a waiting period for pre-existing conditions?”**

Note: If the answer is YES, ask how long the waiting period is and write it in the box.

Company #1 _____

Company #2 _____

- **“Do you price this Medigap policy by using community-rating, issue-age-rating, or attained-age-rating?”** See pages 18 – 31.

Note: Circle the one that applies for that insurance company.

Company #1
Community Issue-age or Attained-age

Company #2
Community Issue-age or Attained-age

- **“I’m ____ years old. What would my premium be under this Medigap policy?”**

Note: If it’s attained-age, ask, “How frequently does the premium increase due to my age?”

Company #1 _____

Company #2 _____

Underlined words are defined on pages 97 – 101

56 – Section 4: Steps to Buying a Medigap Policy

STEP 3: (continued)

- “Has the premium for this Medigap policy increased in the last 3 years due to inflation or other reasons?”

Note: If the answer is YES, ask how much it has increased, and write it in the box.

Company #1 _____

Company #2 _____

- “Do you offer any discounts or additional benefits?” See page 33.

Company #1 _____

Company #2 _____

- End of Page

Underlined words are defined on pages 97 – 101

57 – Section 4: Steps to Buying a Medigap Policy

Watch out for illegal practices.

It's illegal for anyone to:

- Pressure you into buying a Medigap policy, or lie to or mislead you to switch from one company or policy to another.
- Sell you a second Medigap policy when they know that you already have one, unless you tell the insurance company in writing that you plan to cancel your existing Medigap policy.
- Sell you a Medigap policy if they know you have Medicaid, except in certain situations.
- Sell you a Medigap policy if they know you're in a Medicare Advantage Plan (like an HMO or PPO) unless your coverage under the Medicare Advantage Plan will end before the effective date of the Medigap policy.
- Claim that a Medigap policy is a part of Medicare or any other federal program. Medigap is private health insurance.
- Claim that a Medicare Advantage Plan is a Medigap policy.

Underlined words are defined on pages 97 – 101

58 – Section 4: Steps to Buying a Medigap Policy

STEP 3: (continued)

- Sell you a Medigap policy that can't legally be sold in your state. Check with your State Insurance Department (see pages 91– 95) to make sure that the Medigap policy you're interested in can be sold in your state.
- Misuse the names, letters, or symbols of the U.S. Department of Health & Human Services (HHS), Social Security Administration (SSA), Centers for Medicare & Medicaid Services (CMS), or any of their various programs like Medicare. (For example, they can't suggest the Medigap policy has been approved or recommended by the federal government.)
- Claim to be a Medicare representative if they work for a Medigap insurance company.
- Sell you a Medicare Advantage Plan when you say you want to stay in Original Medicare and buy a Medigap policy. A Medicare Advantage Plan isn't the same as Original Medicare. See page 5. If you enroll in a Medicare Advantage Plan, you can't use a Medigap policy.

Underlined words are defined on pages 97 – 101

59 – Section 4: Steps to Buying a Medigap Policy

If you believe that a federal law has been broken, call the Inspector General's hotline at 1 800 447 - 8477. TTY users can call 1 800 377 - 4950. Your State Insurance Department can help you with other insurance-related problems.

STEP 4: Buy the Medigap policy.

Once you decide on the insurance company and the Medigap policy you want, apply. The insurance company must give you a clearly worded summary of your Medigap policy. Read it carefully. If you don't understand it, ask questions. Remember these when you buy your Medigap policy:

- **Filling out your application.** Fill out the application carefully and completely, including medical questions. The answers you give will determine your eligibility for an Open Enrollment Period or guaranteed issue rights. If the insurance agent fills out the application, make sure it's correct. If you buy a Medigap policy during your Medigap Open Enrollment Period or provide evidence that you're entitled to a guaranteed issue right, the insurance company can't use any medical answers you give to deny you a Medigap policy or change the price. The insurance company can't ask you any questions about your family history or require you to take a genetic test.

Underlined words are defined on pages 97 – 101

60 — Section 4: Steps to Buying a Medigap Policy

STEP 4: (continued)

- **Paying for your Medigap policy.** You can pay for your Medigap policy by check, money order, or bank draft. Make it payable to the insurance company, not the agent. If buying from an agent, get a receipt with the insurance company's name, address, and phone number for your records. Some companies may offer electronic funds transfer.
- **Starting your Medigap policy.** Ask for your Medigap policy to become effective when you want coverage to start. Generally, Medigap policies begin the first of the month after you apply. If, for any reason, the insurance company won't give you the effective date for the month you want, call your State Insurance Department. See pages 91– 95.

Note: If you already have a Medigap policy, ask for your new Medigap policy to become effective when your old Medigap policy coverage ends.

- **Getting your Medigap policy.** If you don't get your Medigap policy in 30 days, call your insurance company. If you don't get your Medigap policy in 60 days, call your State Insurance Department.

Underlined words are defined on pages 97 – 101



Section 5: If You Already Have a Medigap Policy

Read this section to see if any of these situations apply to you:

- You're thinking about switching to a different Medigap policy. See pages 62 – 67.
- You're losing your Medigap coverage. See page 68.
- You have a Medigap policy with Medicare prescription drug coverage. See pages 69 – 73.

If you just want a refresher about Medigap insurance, turn to pages 14 – 17.

Switching Medigap policies

If you're thinking about switching to a new Medigap policy, see pages 62 – 67 to answer some common questions.

62 — Section 5: If You Already Have a Medigap Policy

Switching Medigap policies (continued)

Can I switch to a different Medigap policy?

In most cases, you won't have a right under federal law to switch Medigap policies, unless you're within your 6-month Medigap Open Enrollment Period or are eligible under a specific circumstance for guaranteed issue rights. But, if your state has more generous requirements, or the insurance company is willing to sell you a Medigap policy, make sure you compare benefits and premiums before switching. If you bought your Medigap policy before 2010, it may offer coverage that isn't available in a newer Medigap policy. On the other hand, Medigap policies bought before 1992 might not be guaranteed renewable and might have bigger premium increases than newer, standardized Medigap policies currently being sold.

If you decide to switch, don't cancel your first Medigap policy until you've decided to keep the second Medigap policy. On the application for the new Medigap policy, you'll have to promise that you'll cancel your first Medigap policy. You have 30 days to decide if you want to keep the new Medigap policy. This is called your "free look period." The 30-day free look period starts when you get your new Medigap policy. You'll need to pay both premiums for one month.

Underlined words are defined on pages 97 – 101

63 — Section 5: If You Already Have a Medigap Policy

Do I have to switch Medigap policies if I have a Medigap policy that's no longer sold?

No. But you can't have more than one Medigap policy, so if you buy a new Medigap policy, you have to give up your old policy (except for your 30-day "free look period," described on page 62). Once you cancel the old policy, you can't get it back.

Do I have to wait a certain length of time after I buy my first Medigap policy before I can switch to a different Medigap policy?

No. If you've had your old Medigap policy for less than 6 months, the Medigap insurance company may be able to make you wait up to 6 months for coverage of a pre-existing condition. However, if your old Medigap policy had the same benefits, and you had it for 6 months or more, the new insurance company can't exclude your pre-existing condition. If you've had your Medigap policy less than 6 months, the number of months you've had your current Medigap policy must be subtracted from the time you must wait before your new Medigap policy covers your pre-existing condition.

If the new Medigap policy has a benefit that isn't in your current Medigap policy, you may still have to wait up to 6 months before that benefit will be covered, regardless of how long you've had your current Medigap policy.

64 — Section 5: If You Already Have a Medigap Policy

Switching Medigap policies (continued)

If you've had your current Medigap policy longer than 6 months and want to replace it with a new one with the same benefits and the insurance company agrees to issue the new policy, they can't write pre-existing conditions, waiting periods, elimination periods, or probationary periods into the replacement policy.

Why would I want to switch to a different Medigap policy?

Some reasons for switching may include:

- You're paying for benefits you don't need.
- You need more benefits than you needed before.
- Your current Medigap policy has the right benefits, but you want to change your insurance company.
- Your current Medigap policy has the right benefits, but you want to find a policy that's less expensive.

It's important to compare the benefits in your current Medigap policy to the benefits listed on pages 14 – 17. If you live in Massachusetts, Minnesota, or Wisconsin, see pages 80 – 87. To help you compare benefits and decide which Medigap policy you want, follow the “**Steps to Buying a Medigap Policy**” in Section 4. If you decide to change insurance companies, you can call the new

65 – Section 5: If You Already Have a Medigap Policy

insurance company and arrange to apply for your new Medigap policy. If your application is accepted, call your current insurance company, and ask to have your coverage end. The insurance company can tell you how to submit a request to end your coverage.

As discussed on page 62, you should have your old Medigap policy coverage end **after** you have the new Medigap policy for 30 days. Remember, this is your 30-day free look period. You'll need to pay both premiums for one month.

Can I keep my current Medigap policy (or Medicare SELECT policy) or switch to a different Medigap policy if I move out-of-state?

In general, you can keep your current Medigap policy regardless of where you live as long as you still have Original Medicare. If you want to switch to a different Medigap policy, you'll have to check with your current or the new insurance company to see if they'll offer you a different Medigap policy.

You may have to pay more for your new Medigap policy and answer some medical questions if you're buying a Medigap policy outside of your Medigap Open Enrollment Period. See pages 22 – 24.

Underlined words are defined on pages 97 – 101

66 – Section 5: If You Already Have a Medigap Policy

Switching Medigap policies (continued)

If you have a Medicare SELECT policy and you move out of the policy's area, you can:

- Buy a standardized Medigap policy from your current Medigap policy insurance company that offers the same or fewer benefits than your current Medicare SELECT policy. If you've had your Medicare SELECT policy for more than 6 months, you won't have to answer any medical questions.
- Use your guaranteed issue right to buy any Plan A, B, C, F, K, or L that's sold in most states by any insurance company.

Your state may provide additional Medigap rights. Call your State Health Insurance Assistance Program or State Department of Insurance for more information. See pages 91 – 95 for their phone numbers.

Underlined words are defined on pages 97 – 101

67 — Section 5: If You Already Have a Medigap Policy

What happens to my Medigap policy if I join a Medicare Advantage Plan?

Medigap policies can't work with Medicare Advantage Plans. If you decide to keep your Medigap policy, you'll have to pay your Medigap policy premium, but the Medigap policy can't pay any deductibles, copayments, coinsurance, or premiums under a Medicare Advantage Plan. So, if you join a Medicare Advantage Plan, you may want to drop your Medigap policy. Contact your Medigap insurance company to find out how to disenroll. However, if you leave the Medicare Advantage Plan you might not be able to get the same Medigap policy back, or in some cases, any Medigap policy unless you have a "trial right." See pages 42 – 43. Your rights to buy a Medigap policy may vary by state. You always have a legal right to keep the Medigap policy after you join a Medicare Advantage Plan. However, because you have a Medicare Advantage Plan, the Medigap policy would no longer provide benefits that supplement Medicare.

Underlined words are defined on pages 97 – 101

68 – Section 5: If You Already Have a Medigap Policy

Losing Medigap coverage

Can my Medigap insurance company drop me?

If you bought your Medigap policy **after 1992**, in most cases the Medigap insurance company can't drop you because the Medigap policy is guaranteed renewable. This means your insurance company can't drop you unless one of these happens:

- You stop paying your premium.
- You weren't truthful on the Medigap policy application.
- The insurance company becomes bankrupt or insolvent.

If you bought your Medigap policy **before 1992**, it might not be guaranteed renewable. This means the Medigap insurance company can refuse to renew the Medigap policy, as long as it gets the state's approval to cancel your Medigap policy. However, if this does happen, you have the right to buy another Medigap policy. See the guaranteed issue right on pages 42 – 43.

Underlined words are defined on pages 97 – 101

69 – Section 5: If You Already Have a Medigap Policy

Medigap policies and Medicare prescription drug coverage

If you bought a Medigap policy before January 1, 2006, and it has coverage for prescription drugs, see below and page 70.

Medicare offers prescription drug coverage (Part D) for everyone with Medicare. If you have a Medigap policy with prescription drug coverage, that means you chose not to join a Medicare Prescription Drug Plan when you were first eligible. However, you can still join a Medicare drug plan. Your situation may have changed in ways that make a Medicare Prescription Drug Plan fit your needs better than the prescription drug coverage in your Medigap policy. It's a good idea to review your coverage each fall, because you can join a Medicare Prescription Drug Plan between October 15 – December 7. Your new coverage will begin on January 1.

Underlined words are defined on pages 97 – 101

70 — Section 5: If You Already Have a Medigap Policy

Medigap policies and Medicare prescription drug coverage (continued)

Why would I change my mind and join a Medicare Prescription Drug Plan?

In a Medicare Prescription Drug Plan, you may have to pay a monthly premium, but Medicare pays a large part of the cost. There's no maximum yearly amount as with Medigap prescription drug benefits in old Plans H, I, and J (these plans are no longer sold). However, a Medicare Prescription Drug Plan might only cover certain prescription drugs (on its "formulary" or "drug list"). It's important that you check whether your current prescription drugs are on the Medicare drug plan's list of covered prescription drugs before you join.

If your Medigap premium or your prescription drug needs were very low when you had your first chance to join a Medicare Prescription Drug Plan, your Medigap prescription drug coverage may have met your needs. However, if your Medigap premium or the amount of prescription drugs you use has increased recently, a Medicare Prescription Drug Plan might now be a better choice for you.

Underlined words are defined on pages 97 – 101

71 — Section 5: If You Already Have a Medigap Policy

Will I have to pay a late enrollment penalty if I join a Medicare Prescription Drug Plan now?

If you qualify for Extra Help, you won't pay a late enrollment penalty. If you don't qualify for Extra Help, it will depend on whether your Medigap policy includes "creditable prescription drug coverage." This means that the Medigap policy's drug coverage pays, on average, at least as much as Medicare's standard prescription drug coverage.

If your Medigap policy's drug coverage **isn't** creditable coverage, and you join a Medicare Prescription Drug Plan now, you'll probably pay a higher premium (a penalty added to your monthly premium) than if you had joined when you were first eligible. Each month that you wait to join a Medicare Prescription Drug Plan will make your late enrollment penalty higher. Your Medigap carrier must send you a notice each year telling you if the prescription drug coverage in your Medigap policy is creditable. Keep these notices in case you decide later to join a Medicare Prescription Drug Plan. Also consider that your prescription drug needs could increase as you get older.

Underlined words are defined on pages 97 – 101

72 — Section 5: If You Already Have a Medigap Policy

If your Medigap policy includes creditable prescription drug coverage and you decide to join a Medicare Prescription Drug Plan, you won't have to pay a late enrollment penalty as long as you don't go 63 or more days in a row without creditable prescription drug coverage. So, don't drop your Medigap policy **before** you join the Medicare drug plan and the coverage starts. In general, you can only join a Medicare drug plan between October 15 – December 7. However, if you lose your Medigap policy (for example, if it isn't guaranteed renewable, and your company cancels it), you may be able to join a Medicare drug plan at the time you lose your Medigap policy.

Can I join a Medicare Prescription Drug Plan and have a Medigap policy with prescription drug coverage?

No. If your Medigap policy covers prescription drugs, you must tell your Medigap insurance company if you join a Medicare drug plan so it can remove the prescription drug coverage from your Medigap policy and adjust your premium. Once the drug coverage is removed, you can't get that coverage back even though you didn't change Medigap policies.

Underlined words are defined on pages 97 – 101

73 – Section 5: If You Already Have a Medigap Policy

What if I decide to drop my entire Medigap policy (not just the Medigap prescription drug coverage) and join a Medicare Advantage Plan that offers prescription drug coverage?

You need to be careful about the timing because in general, you can only join a Medicare Prescription Drug Plan or Medicare Advantage Plan (like an HMO or PPO) during the Medicare Open Enrollment Period between October 15 – December 7. If you join during Medicare Open Enrollment Period, your coverage will begin on January 1 as long as the plan gets your enrollment request by December 7.

● **End of Page**

Underlined words are defined on pages 97 – 101



Section 6: Medigap Policies for People with a Disability or ESRD

Information for people under 65

Medigap policies for people under 65 and eligible for Medicare because of a disability or End-Stage Renal Disease (ESRD)

You may have Medicare before turning 65 due to a disability or ESRD (permanent kidney failure requiring dialysis or a kidney transplant).

If you're under 65 and have Medicare because of a disability or ESRD, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. Federal law generally doesn't require insurance companies to sell Medigap policies to people under 65. However, some states require Medigap insurance companies to sell you a Medigap policy, even if you're under 65. These states are listed on the next page.

Important: This section provides information on the minimum federal standards. For your state requirements, call your State Health Insurance Assistance Program. See pages 91 – 95.

Underlined words are defined on pages 97 – 101

76 — Section 6: Medigap Policies for People with a Disability or ESRD

Medigap policies for people under 65 and eligible for Medicare because of a disability or End-Stage Renal Disease (ESRD) (continued)

At the time of printing this guide, these states required insurance companies to offer at least one kind of Medigap policy to people with Medicare under 65:

- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Illinois
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- New Hampshire
- New Jersey
- New York
- North Carolina
- Oklahoma
- Oregon
- Pennsylvania
- South Dakota
- Tennessee
- Texas
- Vermont
- Wisconsin

Note: Some states provide these rights to all people with Medicare under 65, while others only extend them to people eligible for Medicare because of disability or only to people with ESRD. Check with your State Insurance Department about what rights you might have under state law.

Underlined words are defined on pages 97 – 101

77 — Section 6: Medigap Policies for People with a Disability or ESRD

Even if your state isn't listed on the prior page, some insurance companies may voluntarily sell Medigap policies to people under 65, although they'll probably cost you more than Medigap policies sold to people over 65, and they can probably use medical underwriting. Also, some of the federal guaranteed rights are available to people with Medicare under 65, see pages 37 – 45. Check with your State Insurance Department about what additional rights you might have under state law.

Remember, if you're already enrolled in Medicare Part B, you'll get a Medigap Open Enrollment Period when you turn 65. You'll probably have a wider choice of Medigap policies and be able to get a lower premium at that time. During the Medigap Open Enrollment Period, insurance companies can't refuse to sell you any Medigap policy due to a disability or other health problem, or charge you a higher premium (based on health status) than they charge other people who are 65.

Because Medicare (Part A and/or Part B) is creditable coverage, if you had Medicare for more than 6 months before you turned 65, you may not have a pre-existing condition waiting period imposed for coverage bought during the Medigap Open Enrollment Period. For more information about the Medigap Open Enrollment Period and pre-existing conditions, see pages 25 – 26. If you have questions, call your State Health Insurance Assistance Program. See pages 91 – 95.

Underlined words are defined on pages 97 – 101



**Section 7: Medigap Coverage in
Massachusetts, Minnesota, and
Wisconsin**

Massachusetts benefits 80 – 81

Minnesota benefits 82 – 85

Wisconsin benefits 86 – 87

● **End of Page**

80 – Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

Massachusetts—Chart of standardized Medigap policies

Massachusetts benefits

- **Inpatient hospital care:** covers the Medicare Part A coinsurance plus coverage for 365 additional days after Medicare coverage ends
- **Medical costs:** covers the Medicare Part B coinsurance (generally 20% of the Medicare-approved amount)
- **Blood:** covers the first 3 pints of blood each year
- Part A hospice coinsurance or copayment

- **End of Page**

Underlined words are defined on pages 97 – 101

81 – Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

The chart below will show if the benefit is covered.

Medigap benefits	Core plan	Supplement 1 Plan
Basic benefits	Yes	Yes
Part A: inpatient hospital <u>deductible</u>	No	Yes
Part A: skilled nursing facility (SNF) <u>coinsurance</u>	No	Yes
Part B: deductible	No	Yes
Foreign travel emergency	No	Yes
Inpatient days in mental health hospitals	60 days per calendar year	120 days per benefit year
State-mandated benefits (annual Pap tests and mammograms—check your plan for other state-mandated benefits)	Yes	Yes

Underlined words are defined on pages 97 – 101

82 – Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

For more information on these Medigap policies, visit [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan), or call your State Insurance Department. See pages 91 – 95.

Minnesota—Chart of standardized Medigap policies

Minnesota benefits

- **Inpatient hospital care:** covers the Part A coinsurance
- **Medical costs:** covers the Part B coinsurance (generally 20% of the Medicare-approved amount)
- **Blood:** covers the first 3 pints of blood each year
- Part A hospice and respite cost sharing
- Parts A and B home health services and supplies cost sharing

Underlined words are defined on pages 97 – 101

83 – Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

The chart below will show if the benefit is covered.

Medigap benefits	Basic Plan	Extended Basic Plan
Basic benefits	Yes	Yes
Part A: inpatient hospital <u>deductible</u>	No	Yes
Part A: skilled nursing facility (SNF) <u>coinsurance</u>	Yes (Provides 100 days of SNF care)	Yes (Provides 120 days of SNF care)
Part B: deductible	No	Yes
Foreign travel emergency	80%	80%*
Outpatient mental health	20%	20%
Usual and customary fees	No	80%*
Medicare-covered preventive care	Yes	Yes
Physical therapy	20%	20%
Coverage while in a foreign country	No	80%*

Underlined words are defined on pages 97 – 101

84 — Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

Minnesota—Chart of standardized Medigap policies (continued)

Medigap benefits	Basic Plan	Extended Basic Plan
State-mandated benefits (diabetic equipment and supplies, routine cancer screening, reconstructive surgery, and immunizations)	Yes	Yes

* Pays 100% after you spend \$1,000 in out-of-pocket costs for a calendar year.

85 – Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

Mandatory riders

Insurance companies can offer 4 additional riders that can be added to a basic plan. You may choose any one or all of these riders to design a Medigap policy that meets your needs:

1. Part A: inpatient hospital deductible
2. Part B: deductible
3. Usual and customary fees
4. Non-medicare preventive care

Minnesota versions of Medigap Plans K, L, M, N, and high-deductible F are available.

Important: The basic and extended basic benefits are available when you enroll in Part B, regardless of age or health problems. If you are under 65, return to work and drop Part B to elect your employer's health plan, you'll get a 6-month Medigap Open Enrollment Period after you turn 65 and retire from that employer when you can join Part B again.

Underlined words are defined on pages 97 – 101

86 – Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

Wisconsin – Chart of standardized Medigap policies

Wisconsin benefits

- **Inpatient hospital care:** covers the Part A coinsurance
- **Medical costs:** covers the Part B coinsurance (generally 20% of the Medicare-approved amount)
- **Blood:** covers the first 3 pints of blood each year
- Part A hospice coinsurance or copayment

The chart below will show if the benefit is covered.

Medigap benefits	Basic plan
Basic benefits	Yes
Part A: skilled nursing facility (SNF) coinsurance	Yes
Inpatient mental health coverage	175 days per lifetime in addition to Medicare's benefit
Home health care	40 visits per year in addition to those paid by Medicare
State-mandated benefits	Yes

Underlined words are defined on pages 97 – 101

87 — Section 7: Medigap Coverage in Massachusetts, Minnesota, and Wisconsin

Optional riders

Insurance companies are allowed to offer these 7 additional riders to a Medigap policy:

1. Part A deductible
2. Additional home health care (365 visits including those paid by Medicare)
3. Part B deductible
4. Part B excess charges
5. Foreign travel emergency
6. 50% Part A deductible
7. Part B copayment or coinsurance

For more information on these Medigap policies, visit [Medicare.gov/find-a-plan](https://www.Medicare.gov/find-a-plan) or call your State Insurance Department. See pages 91 – 95.

Plans known as “50% and 25% cost-sharing plans” are available. These plans are similar to standardized Plans K (50%) and L (25%). A high-deductible plan (\$2,240 deductible for 2018) is also available.

Underlined words are defined on pages 97 – 101



Section 8: For More Information

Where to get more information

On pages 91 – 95, you'll find phone numbers for your State Health Insurance Assistance Program (SHIP) and State Insurance Department.

- Call your SHIP for help with:
 - Buying a Medigap policy or long-term care insurance.
 - Dealing with payment denials or appeals.
 - Medicare rights and protections.
 - Choosing a Medicare plan.
 - Deciding whether to suspend your Medigap policy.
 - Questions about Medicare bills.
- Call your State Insurance Department if you have questions about the Medigap policies sold in your area or any insurance-related problems.

Underlined words are defined on pages 97 – 101

90 – Section 8: For More Information

How to get help with Medicare and Medigap questions

If you have questions about Medicare, Medigap, or need updated phone numbers for the contacts listed on pages 91 – 95

Visit Medicare.gov:

- For Medigap policies in your area, visit [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan).
- For updated phone numbers, visit [Medicare.gov/contacts](https://www.medicare.gov/contacts).

Call Medicare at 1 800 633 - 4227:

Customer service representatives are available 24 hours a day, 7 days a week. TTY users can call 1 877 486 - 2048. If you need help in a language other than English or Spanish, let the customer service representative know the language.

91 — Section 8: For More Information

Telephone Numbers for State Health Insurance Assistance Program (SHIPs) and State Insurance Department—States A through G

State	<u>State Health Insurance Assistance Program</u>	<u>State Insurance Department</u>
Alabama	1 800 243 - 5463	1 800 433 - 3966
Alaska	1 800 478 - 6065	1 800 467 - 8725
American Samoa	Not available	1 684 633 - 4116
Arizona	1 800 432 - 4040	1 800 325 - 2548
Arkansas	1 800 224 - 6330	1 800 224 - 6330
California	1 800 434 - 0222	1 800 927 - 4357
Colorado	1 888 696 - 7213	1 800 930 - 3745
Connecticut	1 800 994 - 9422	1 800 203 - 3447
Delaware	1 800 336 - 9500	1 800 282 - 8611
Florida	1 800 963 - 5337	1 877 693 - 5236
Georgia	1 866 552 - 4464	1 800 656 - 2298
Guam	1 671 735 - 7421	1 671 635 - 1835

Underlined words are defined on pages 97 – 101

92 — Section 8: For More Information

Telephone Numbers for State Health Insurance Assistance Program (SHIPs) and State Insurance Department—States H through M

State	<u>State Health Insurance Assistance Program</u>	<u>State Insurance Department</u>
Hawaii	1 888 875 - 9229	1 808 586 - 2790
Idaho	1 800 247 - 4422	1 800 721 - 3272
Illinois	1 217 524 - 6911	1 888 473 - 4858
Indiana	1 800 452 - 4800	1 800 622 - 4461
Iowa	1 800 351 - 4664	1 877 955 - 1212
Kansas	1 800 860 - 5260	1 800 432 - 2484
Kentucky	1 877 293 - 7447	1 800 595 - 6053
Louisiana	1 800 259 - 5300	1 800 259 - 5301
Maine	1 877 353 - 3771	1 800 300 - 5000
Maryland	1 800 243 - 3425	1 800 492 - 6116
Massachusetts	1 800 243 - 4636	1 877 563 - 4467
Michigan	1 800 803 - 7174	1 877 999 - 6442
Minnesota	1 800 333 - 2433	1 800 657 - 3602

Underlined words are defined on pages 97 – 101

93 — Section 8: For More Information

Telephone Numbers for State Health Insurance Assistance Program (SHIPs) and State Insurance Department—States M (continued) through N

State	<u>State Health Insurance Assistance Program</u>	<u>State Insurance Department</u>
Mississippi	1 800 948 - 3090	1 800 562 - 2957
Missouri	1 800 390 - 3330	1 800 726 - 7390
Montana	1 800 551 - 3191	1 800 332 - 6148
Nebraska	1 800 234 - 7119	1 800 234 - 7119
Nevada	1 800 307 - 4444	1 800 992 - 0900
New Hampshire	1 866 634 - 9412	1 800 852 - 3416
New Jersey	1 800 792 - 8820	1 800 446 - 7467
New Mexico	1 800 432 - 2080	1 888 727 - 5772
New York	1 800 701 - 0501	1 800 342 - 3736
North Carolina	1 800 443 - 9354	1 800 546 - 5664
North Dakota	1 800 247 - 0560	1 800 247 - 0560
Northern Mariana Islands	Not available	1 670 664 - 3064

Underlined words are defined on pages 97 – 101

94 — Section 8: For More Information

Telephone Numbers for State Health Insurance Assistance Program (SHIPs) and State Insurance Department—States O through V

State	<u>State Health Insurance Assistance Program</u>	<u>State Insurance Department</u>
Ohio	1 800 686 - 1578	1 800 686 - 1526
Oklahoma	1 800 763 - 2828	1 800 522 - 0071
Oregon	1 800 722 - 4134	1 888 877 - 4894
Pennsylvania	1 800 783 - 7067	1 877 881 - 6388
Puerto Rico	1 877 725 - 4300	1 888 722 - 8686
Rhode Island	1 401 462 - 0510	1 401 462 - 9500
South Carolina	1 800 868 - 9095	1 803 737 - 6160
South Dakota	1 800 536 - 8197	1 605 773 - 3563
Tennessee	1 877 801 - 0044	1 800 342 - 4029
Texas	1 800 252 - 9240	1 800 252 - 3439
Utah	1 800 541 - 7735	1 800 439 - 3805
Vermont	1 800 642 - 5119	1 800 964 - 1784

Underlined words are defined on pages 97 – 101

95 — Section 8: For More Information

Telephone Numbers for State Health Insurance Assistance Program (SHIPs) and State Insurance Department—States V (continued) through W

State	<u>State Health Insurance Assistance Program</u>	<u>State Insurance Department</u>
Virgin Islands	1 340 772 - 7368 1 340 714 - 4354 (St. Thomas)	1 340 774 - 7166
Virginia	1 800 552 - 3402	1 877 310 - 6560
Washington	1 800 562 - 6900	1 800 562 - 6900
Washington D.C.	1 202 994 - 6272	1 202 727 - 8000
West Virginia	1 877 987 - 4463	1 888 879 - 9842
Wisconsin	1 800 242 - 1060	1 800 236 - 8517
Wyoming	1 800 856 - 4398	1 800 438 - 5768

Underlined words are defined on pages 97 – 101



Section 9: Definitions

Where underlined words are defined

Letters A through D

Assignment—An agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.

Coinsurance—An amount you may be required to pay as your share of the costs for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or a prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

98 — Section 9: Definitions

Letters E through M

Excess charge—If you have Original Medicare, and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge.

Guaranteed issue rights—Rights you have in certain situations when insurance companies are required by law to sell or offer you a Medigap policy. In these situations, an insurance company can't deny you a Medigap policy, or place conditions on a Medigap policy, such as exclusions for pre-existing conditions, and can't charge you more for a Medigap policy because of a past or present health problem.

Guaranteed renewable policy—An insurance policy that can't be terminated by the insurance company unless you make untrue statements to the insurance company, commit fraud, or don't pay your premiums. All Medigap policies issued since 1992 are guaranteed renewable.

Medicaid—A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

99 — Section 9: Definitions

Letter M (continued)

Medical underwriting—The process that an insurance company uses to decide, based on your medical history, whether or not to take your application for insurance, whether or not to add a waiting period for pre-existing conditions (if your state law allows it), and how much to charge you for that insurance.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare-approved amount—In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

Letter M (continued)

Medicare prescription drug plan (Part D)—Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

Medicare SELECT—A type of Medigap policy that may require you to use hospitals and, in some cases, doctors within its network to be eligible for full benefits.

Medigap Open Enrollment Period—A one-time-only, 6-month period when federal law allows you to buy any Medigap policy you want that's sold in your state. It starts in the first month that you're covered under Medicare Part B, **and** you're 65 or older. During this period, you can't be denied a Medigap policy or charged more due to past or present health problems. Some states may have additional Open Enrollment rights under state law.

101 – Section 9: Definitions

Letters P through S

Premium—The periodic payment to Medicare, an insurance company, or a health care plan for health care or prescription drug coverage.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

State Insurance Department—A state agency that regulates insurance and can provide information about Medigap policies and other private health insurance.

103 – Notice of Availability of Auxiliary Aids & Services

Notice of Accessible Communications

To help ensure people with disabilities have an equal opportunity to participate in our services, activities, programs, and other benefits, we provide communications in accessible formats. The Centers for Medicare & Medicaid Services (CMS) provides auxiliary aids and services, like publications, documents and communications, in Braille, large print, data/audio CD, relay services and TTY communications. CMS provides free auxiliary aids and services to help us better communicate with people with disabilities. Auxiliary aids include materials in Braille, audio/data CD or other accessible formats.

Note: You can get the Choosing a Medigap Policy electronically in standard print, large print, or as an eBook.

For Medicare publications, call us at 1 800 633 - 4227.
TTY: 1 877 486 - 2048.

For all other CMS publications and documents, you can contact our Customer Accessibility Resource Staff:

Call 1 844 258 - 3676. TTY: 1 844 716 - 3676.

Send a fax to 1 844 530 - 3676.

Send an email to altformatrequest@cms.hhs.gov.

104 – Notice of Availability of Auxiliary Aids & Services

Notice of Accessible Communications (continued)

Send a letter to:

Centers for Medicare & Medicaid Services

Offices of Hearings and Inquiries (OHI)

7500 Security Boulevard, Mail Stop S1-13-25

Baltimore, MD 21244-1850

Attn: Customer Accessibility Resource Staff

You can also contact the Customer Accessibility Resource staff:

- To follow up on a previous accessibility request
- If you have questions about the quality or timeliness of your previous request

105 – Notice of Availability of Auxiliary Aids & Services

Note: Your request for a CMS publication or document should include:

- Your name, phone number, and the mailing address where we should send the publications or documents.
- The publication title and CMS Product No., if known.
- The format you need, like Braille, large print, or data/audio CD.

Note: If you're enrolled in a Medicare Advantage or Prescription Drug Plan, you can contact your plan to request their documents in an accessible format.

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106 – Notice of Availability of Auxiliary Aids & Services

How to file a complaint

If you believe you've been subjected to discrimination in a CMS program or activity, there are 3 ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. Online at hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.
2. By phone: Call 1 800 368 - 1019. TDD user can call 1 800 537 - 7697.
3. In writing: Send information about your complaint to:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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