

Original Medicare covers a lot — but it doesn't cover everything. Medigap (Medicare Supplement Insurance) is a private insurance policy designed to fill those gaps. If you're enrolled in both Medicare Part A and Part B, a Medigap plan can help protect you from unpredictable out-of-pocket costs.

WHY MEDIGAP EXISTS — THE GAPS IT FILLS

Part A deductible:	\$1,736 per benefit period — not annual, per stay
Part A hospital coinsurance:	\$434/day for days 61–90; \$868/day for lifetime reserve days
Skilled Nursing Facility coinsurance:	\$217/day for days 21–100
Part B coinsurance:	20% of Medicare-approved costs for most outpatient services
Part B excess charges:	Up to 15% above Medicare's approved rate if provider doesn't accept assignment
Blood:	First 3 pints — unless donated or provided free
Foreign travel emergencies:	Original Medicare generally doesn't cover care outside the U.S.

WHO IS ELIGIBLE FOR MEDIGAP

- You must be enrolled in both Medicare Part A and Part B.
- Age 65 or older: You have a 6-month Medigap Open Enrollment Period starting the month your Part B begins. During this window, insurers cannot deny you coverage or charge more based on your health history. This window does not repeat.
- Under 65 on disability: Federal law does not require insurers to sell Medigap to people under 65, but Florida provides some protections. Rights and availability vary — ask Robin before assuming you're covered or excluded.
- Turning 65 after Medicare Advantage: If you enrolled in Medicare Advantage when you first turned 65 and it has been less than 12 months, you may return to Original Medicare and select any Medigap policy available in your area.
- Guarantee issue rights: Certain situations — like losing employer coverage or your plan leaving the service area — may give you the right to buy a Medigap policy without underwriting. These rights are specific and time-limited.

WHAT TO THINK ABOUT BEFORE YOU BUY

1. Review your out-of-pocket costs

Look at what you spent last year and estimate future needs. The gaps above are the most common cost drivers.

2. Compare plans in your area

All policies of the same letter offer identical benefits — but premiums vary by carrier, age, ZIP code, gender, and tobacco status. In Florida, you can compare rates at [Apps.FLDFS.com/MCWS/CWSSearch](https://apps.flDFS.com/MCWS/CWSSearch).

3. Check company standing

Research the insurer's complaint history through the Florida Office of Insurance Regulation (OIR) consumer helpline: 1-877-693-5236. Check financial strength ratings at [AMBest.com](https://www.AMBest.com) or [SPGlobal.com](https://www.SPGlobal.com).

4. Choose the right plan letter

See the benefits chart on page 2. Plan G and Plan N are the most popular options for new enrollees in 2026.

5. Apply carefully

Fill out the application completely and accurately. Request the effective date you want — policies generally begin the first of the month after you apply.

2026 MEDIGAP PLAN BENEFITS COMPARISON

✓ = Plan covers 100% of this benefit % = Plan covers that percentage — = Not covered

BENEFIT	Plan A	Plan B	Plan D	Plan G	Plan G-HD	Plan K	Plan L	Plan M	Plan N
Part A coinsurance & hospital costs (up to 365 extra days after Medicare)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospice care coinsurance/copayment	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible (\$1,736)	—	✓	✓	✓	✓	50%	75%	50%	✓
Blood — first three pints	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled Nursing Facility coinsurance	—	—	✓	✓	✓	50%	75%	—	✓
Part B deductible (\$283)	—	—	—	—	—	—	—	—	—
Part B coinsurance or copayment	✓	✓	✓	✓	✓	50%	75%	✓	copays*
Part B excess charges	—	—	—	✓	✓	—	—	—	—
Foreign travel emergency (80% after \$250 deductible, \$50K lifetime)	—	—	80%	80%	80%	—	—	—	80%

* Plan N pays 100% of Part B coinsurance except: up to \$20 copay for some office visits and up to \$50 copay for ER visits that do not result in inpatient admission.

** High-Deductible Plan G (G-HD): You pay Medicare-covered costs up to \$2,950 in 2026 before the plan pays anything. After that, Plan G benefits apply.

*** Plans K and L have annual out-of-pocket limits: Plan K = \$8,000 / Plan L = \$4,000 in 2026. After you reach the limit, the plan pays 100% of covered costs for the rest of the year.

**** Foreign travel emergency: Plans D, G, G-HD, and N cover 80% of billed charges for medically necessary emergency care outside the U.S., after a \$250 annual deductible, up to a \$50,000 lifetime limit. Coverage applies during the first 60 days of each trip.

Plan G vs. Plan N — The Most Common Choice in 2026

Plan G: Covers nearly everything after the Part B deductible (\$283). No copays. Excess charges covered.
Best for: people who want maximum predictability and see doctors frequently.

Plan N: Lower monthly premium. Up to \$20 office visit copay, up to \$50 ER copay (waived if admitted).
Excess charges not covered. Best for: generally healthy people comfortable with modest cost-sharing.

2026 national averages: Plan G approx. \$140–\$236/mo | Plan N approx. \$120–\$219/mo. Actual premiums vary by age, ZIP, carrier, gender, and tobacco status.

YOUR MEDIGAP OPEN ENROLLMENT PERIOD — USE IT WISELY

Your Medigap Open Enrollment Period is a one-time, 6-month window that starts the first month you have Medicare Part B and are age 65 or older. During this period, insurers cannot:

- Deny you a Medigap policy
- Charge you more because of a pre-existing condition or health history
- Make you wait for coverage to begin

Once this window closes, you generally must pass medical underwriting to buy or change a Medigap policy — meaning insurers can charge more, limit coverage, or deny your application based on health. This window does not come back. Making the right choice during open enrollment is far easier than trying to fix it later.

GUARANTEE ISSUE RIGHTS — WHEN YOU CAN BUY WITHOUT UNDERWRITING

Outside of open enrollment, certain situations give you the right to buy a Medigap policy without health questions. These are called guarantee issue situations and include:

- Your Medicare Advantage plan is leaving your area or stops covering your area
- You're leaving employer or union coverage that supplemented Medicare
- You enrolled in Medicare Advantage when you first became eligible at 65 and want to switch back within 12 months
- Your Medigap insurer goes bankrupt or otherwise ends your coverage
- You moved out of your plan's service area

Guarantee issue rights are specific, time-limited, and may restrict which plan letters you can choose. If you think you may qualify, act quickly — these windows are typically 63 days.

FLORIDA-SPECIFIC NOTES

Under-65 on disability:

Federal law does not require insurers to sell Medigap to people under 65. Florida provides some protections, but rights and plan availability vary significantly. Contact Robin before assuming you can or cannot get coverage.

No birthday rule:

Florida does not have a birthday rule that allows annual Medigap plan switches without underwriting. If you want to switch plans outside of a guaranteed issue situation, medical underwriting typically applies.

Check company standing:

Florida OIR Consumer Helpline: 1-877-693-5236. You can also compare rates for your county at Apps.FLDFS.com/MCWS/CWSSearch.

Medicare SELECT:

Some Florida insurers offer Medicare SELECT policies — similar to Medigap but requiring use of specific hospitals and doctors. Premiums are typically lower, but network restrictions apply.

Important reminders:

- Medigap does not include prescription drug coverage. You need a separate Part D plan.
- You cannot use a Medigap policy together with a Medicare Advantage plan.
- All policies with the same letter have identical benefits — only the premium and carrier differ.

Not sure which Medigap plan is right for you?

Choosing the right plan depends on your health, your doctors, your budget, and your enrollment timing. I can walk you through the options available in your ZIP code — no pressure, no call center, just a real conversation.

Book a free Medicare review: robinswisdom.com/medicare-review-request/

Or call: 941-344-5074 | No call centers. No 1-800 numbers. Just Robin.