

All About Medigap Plans

There are 10 standard Medigap plans, like the Medigap Plan G. They are labeled alphabetically, from A to N. These plans are offered according to different levels of care. The same Medigap Plans are offered in all US states. However, in Massachusetts, Wisconsin, and Minnesota, the Plans are standardized differently.

It is good to note that, although the Plans are the same, they are offered by different private insurance companies at different prices.

However, there are two plans necessary for an application to a Medigap. These are Medicare Parts A and B. These plans are part of the Original Medicare Insurance. Medicare Part A (Hospital) covers any Medicare received at a hospital, a skilled nursing facility, hospice care, or at home. One is eligible for Part A if:

- You are over sixty-five
- You have worked for 49 quarters (automatic enrollment in Medicare Part A)
- If you are disabled and live with disability benefits
- You are retired and receiving retirement benefits
- You are suffering from certain diseases, such as end-stage renal disease(ESRD)and amyotrophic

lateral sclerosis (ALS)

Moreover, if you have lived in the US for more than five years, you are definitely eligible for Medicare Part A.

The enrollment for Medicare Plan A usually begins on January 1st and ends on March 31st. You will receive your Medicare card three months before the coverage begins. Medicare Part A coverage.

There are a lot of benefits in Medicare part A Insurance. It will cover things critical for your health. This includes services that are part of your inpatient treatment. Some of them include medications, nursing services, and meals. However, it does not cover private room services, unless they are medically necessary.

There are services and supplies offered by the Medicare Part A insurance, such as:

- Mental health care
- Long terms care services
- Participation in a clinical research study
- Inpatient rehabilitation services
- Critical access to hospitals

Medicare Part B

Medicare Part B is also part of the Original medical coverage. It is used to cover medical supplies and

services necessary for treating your health condition.

If you have enrolled for Medicare Part A, then you are automatically eligible for Medicare Part B. This

means that the same requirements for Part A are needed for Part B.

Medicare Part B coverage.

Medicare Part B usually covers:

- Outpatient services
- Preventive services, such as the flu, hepatitis shots, cardiovascular screenings, cancer and

diabetes screenings

- Ambulance services
- Medical equipment

When to enroll for Medicare Part B

Medicare Part B is not necessary. About 10% of beneficiaries of Medicare opt not to take Medicare part B. It usually comes in a monthly premium.

It is good to note that, if you delay enrolling in Part B, then your premium will rise. This will especially occur when you were eligible for Part B and did not sign up. Then your premium could be 10% higher for a 12 month period.

Part B premium is usually deducted from year to year, and, depending on the amount you have enrolled

for. However, if you receive Social Security benefits, it will be deducted automatically. But, if you do not, then you will be sent a bill every three months.

Plans C, D, F, G, K, L, and N are used to pay for nursing facility care. On the other hand, only C, D, F, G, and M are ones that are able to help pay for medical emergencies outside the US. In addition, if there is an excess of payments in Plans F and G, they can be rolled over to Medigap Plan B.

Plan F covers the most comprehensive array of benefits, though it is the most expensive Plan. The prices are standardized according to the carrier. On the other hand, Plan C covers what Plan F covers, but minus the charges.