
Medicare Supplement (Medigap) Policy Information

Medicare Supplement or Medigap policies are a type of guaranteed renewable insurance that can be purchased by Medicare beneficiaries enrolled in Original Medicare to help offset the out-of-pocket costs they may have in Medicare Part A and B. This document includes the following information regarding Medicare Supplement (Medigap) policies in Wisconsin.

- Medicare Supplement Policy Purchase Protections
- Medicare Supplement Policy Types and Riders
- Medicare Supplement Policy Overview Chart

The Medigap Helpline and Medigap Prescription Drug Helpline are a part of the Wisconsin State Health Insurance Assistance Program (SHIP), and our phone number can be found on the back of the Wisconsin Medicare and You Book.

Medicare Supplement Policy Purchase Protections

There are Medicare Supplement policy purchase protections available to qualifying beneficiaries in Wisconsin. The protections below grant qualifying beneficiaries the right to purchase any available Medicare Supplement policy without health underwriting at the policy's preferred rate.

Medicare Supplement Open Enrollment Period:

The Medigap Open Enrollment Period lasts for 6 months following a beneficiary's enrollment date in Medicare Part B. During this period, insurance companies may not deny or condition the purchase of a Medicare Supplement policy based on a beneficiary's health status, claims experience, receipt of healthcare, or medical condition and may not charge them an additional premium because of their use of tobacco. The policy may still have waiting periods before preexisting health conditions are covered if the beneficiary did not have previous creditable coverage for at least six months.

If a beneficiary is under age 65 and enrolled in Medicare, they are entitled to another six-month open enrollment period upon reaching age 65. [*\[Wis. Ins 3.39\(3r\)\]*](#)

Medicare Supplement Guaranteed Issue:

In addition to the open enrollment period, in some situations, Medicare beneficiaries have the right to purchase a Medicare Supplement policy without health underwriting at the policies preferred rate outside of their open enrollment period. These periods are referred to as Medicare Supplement guaranteed issue periods.

A guaranteed issue period may be triggered by one of the following events:

- The Medicare Advantage plan a beneficiary is enrolled in terminates in the enrollee's plan area (County).
- A beneficiary is eligible for Medicare Parts A and B and covered under a Wisconsin Medical Assistance (Medicaid) program and loses eligibility for Medical Assistance.
- A beneficiary relocates outside of the service area of a Medicare Advantage plan, causing the plan to terminate.
- A beneficiary's employer group health plan ends some or all of its medical coverage.
- A beneficiary's employer group plan increases premium costs from one 12-month period the next by more than 25% and the new premium payment for coverage is greater than a premium charged under a Medicare Supplement policy that is being applied for.

Note: There are more Guaranteed Issue periods than are listed above. Specific requirements need to be met to qualify for a Guaranteed Issue period, refer to Wisconsin Administrative Code for more information [Wis. Ins 3.39(34)].

Medicare Supplement Policy Types and Riders

Wisconsin is a 'waiver' state regarding the Federal standardization of Medicare Supplement (Medigap) policies. This means Wisconsin does not assign our Medicare Supplement policies to the A through J labels that may be included in the Medicare and You book or other Medicare publications available in most other states. In Wisconsin, we have different types of Supplement policies, the most common being the Traditional Medicare Supplement policy.

Traditional Medicare Supplement Policy Riders

Traditional Medicare Supplement policies provide coverage for the out-of-pocket costs beneficiaries encounter in Medicare Parts A and B. The following riders may be attached, if eligible, to a Traditional Medicare supplement policy to modify what that policy will cover, typically adding coverage. These riders must be added at the time of purchase to avoid potential health underwriting. All riders are optional.

Part A Deductible Rider: This rider requires a Medicare Supplement policy to cover the Medicare Part A deductible in full. Medicare Part A has a deductible for each benefit period; without this rider a beneficiary is required to pay this deductible for each benefit period before Medicare starts to pay.

Part B Deductible Rider (Not Available After 1/1/2020): This rider requires the Supplement policy to pay the Part B deductible (annual deductible). It is available to any person eligible to start Medicare prior to 1/1/2020 even if Medicare enrollment was delayed.

Part B Excess Charges Rider: Providers that accept Medicare but do not accept Medicare assignment may charge up to 15% more than the Medicare-approved amount for services. The Part B excess charges rider requires the Supplement policy to cover the difference between the excess charge and what Medicare has approved as the full payment amount.

Additional Home Health Care Rider: This rider extends the Wisconsin Supplement policy coverage of 40 home health care visits up to 365 home health care visits per year (in addition to those covered by Medicare).

Foreign Travel Emergency Rider: Adds up to \$50,000 per lifetime for Medicare-eligible expenses incurred outside the United States. This rider pays at least 80% of the billed charges for medically necessary emergency care. Emergency care must begin during the first 60 consecutive days outside the United States.

Note: the following two riders may decrease the policy premium but may also increase out-of-pocket cost-sharing requirements if selected.

Part A 50% Deductible Rider: This rider provides coverage of 50% of the Medicare Part A deductible per benefit period.

Part B Copayment/Coinsurance Rider: This rider requires the policyholder to cover the Medicare Part B deductible, 20% copays (up to a maximum of \$20) per doctor's office visit, and 20% copays (up to \$50 maximum) per emergency room visit (copay is waived if the emergency room visit results in hospitalization).

Other Types of Wisconsin Medicare Supplement Policies

The other types of Medicare Supplement policies offered in Wisconsin, outside of Traditional policies, include cost-sharing and high-deductible policies. These policies will typically have lower monthly premiums in exchange for higher out-of-pocket costs. These policies have the same purchase protections (Open Enrollment and Guaranteed Issue) as a traditional policy.

Cost Sharing Medicare Supplement Policy (50% or 75%): These policies include full Medicare Supplement benefit coverage after the annual Medicare Part B deductible and out-of-pocket limit have been met. Out-of-pocket costs that count towards the limit are determined based on the 20% Original Medicare does not cover being shared between the policyholder and insurer. This cost sharing is either 50% insurer and 50% policyholder or 75% insurer and 25% policyholder. Out-of-pocket limits change each year.

Note: Cost-sharing policies do not include all of the above Traditional policy riders.

High-Deductible Medicare Supplement Policy: These policies require policyholders to pay all costs after Medicare on Medicare-approved services (typically 20%) until the deductible is met. Once the policy deductible is met, the supplement policy will cover the costs after Medicare pays for covered services. The policyholder is responsible for the Medicare Part A deductible and the Part B deductible until their policy deductible is met. The deductible amount can change each year.

Note: High-deductible policies include all of the above Traditional policy riders (other than cost sharing) once the deductible is met.

The following page includes a chart that provides an overview of Wisconsin Medigap Policy coverage. If you find that our agency can be of any service to you, please do not hesitate to contact us again at either of the numbers below.

Medigap Helpline: (800) 242-1060

Medigap Prescription Drug Helpline: (855) 677-2783

| 2026 Wisconsin Medigap Coverage Chart: Comprehensive | | | | | |
|---|---|-----------------|------------------|-------------------|-----------------|
| Type of Medigap policy | | High deductible | 25% cost sharing | 50% cost sharing | Basic |
| High deductible amount | | \$2,950 | N/A | N/A | N/A |
| Out-of-pocket limit | | N/A | \$4,000 | \$8,000 | N/A |
| Basic benefits | Kidney disease | ✓ | ✓ | ✓ | ✓ |
| | Diabetes care | ✓ | ✓ | ✓ | ✓ |
| | Chiropractic care | ✓ | ✓ | ✓ | ✓ |
| | Three pints of blood | ✓ | ✓ | ✓ | ✓ |
| | Anesthesia for dental | ✓ | ✓ | ✓ | ✓ |
| | Breast reconstruction | ✓ | ✓ | ✓ | ✓ |
| | Colorectal cancer screening | ✓ | ✓ | ✓ | ✓ |
| | Cancer clinical trials | ✓ | ✓ | ✓ | ✓ |
| Part A | Deductible: \$1,736 | ✓ | 25% | 50% | R (50%/100%) |
| | Inpatient copays: ≥\$434/day | ✓ | ✓ | ✓ | ✓ |
| | Skilled nursing facility (SNF) copay: \$217/day | ✓ | ✓ | ✓ | ✓ |
| | Inpatient mental health stay: 175 days/lifetime | ✓ | ✓ | ✓ | ✓ |
| | Hospice copay/coinsurance | ✓ | 25% | 50% | ✓ |
| A/B | Home health: 40 extra visits | ✓ | ✓ | ✓ | ✓ |
| | Home health: 365 visits total | ✓ | R | R | R |
| Part B | Deductible: \$283* | ✓* | | | R* |
| | Coinsurance: 20% | ✓ | 5% up to \$4,000 | 10% up to \$8,000 | R |
| | Excess charges: 15% | ✓ | | | R |
| Other | Non-Medicare SNF: 30 days | ✓ | ✓ | ✓ | ✓ |
| | Foreign travel emergency (limits apply) | ✓ | | | R |
| ✓ = Always covered; R = Optional rider * Medigap coverage of the Part B deductible is not available to people who are eligible for Medicare (not necessarily enrolled) on or after Jan. 1, 2020. | | | | | |
| References: OCI's Guide to Health Insurance for People with Medicare in Wisconsin ; Medicare.gov ; CMS.gov Deductible Announcements ; CMS.gov Out-of-Pocket Limits Announcements ; NCOA | | | | | |