Medicare Supplement Fact Sheet

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What is a Medicare Supplement?

Medicare Supplement Insurance, or Medigap, is extra private heath insurance that helps pay your share of out-of-pocket costs in Original Medicare. You can only buy a Medicare Supplement if you have Original Medicare meaning you have to sign up for Part A and Part B before you can buy a policy.

What do Supplements Cover?

All Medicare Supplements are standardized, meaning policies with the same letter offer the same benefits no matter which insurance company you buy the policy from. Medicare Supplements pay your share of cost (deductibles, co-pays, and coinsurance) after Part A or Part B pays first. Supplements do not provide prescription drug coverage. A separate Part D plan may be needed for drug coverage. There are 10 standardized Medigap policies in Nebraska, each offering a different level of coverage. These plans are shown on the back of this resource.

How much do Supplements Cost?

Medicare Supplement premiums can vary depending on the plan, the insurance company, and where you live. Additionally your age, gender, and tobacco status are factors. Each insurance company is able to set the premium for the policies they offer. There are three different ways a policy can be priced or "rated." They are:

- Attained Age—The premium is based on your current age, generally increasing as you get older.
- Issue Age—The premium is based on the age you are when you buy the policy. The premium cannot increase due to your age but can increase due to inflation or other factors.
- Community Rated—Generally, the premium is the same for everyone regardless of age or gender. The premium can increase due to inflation or other factors.

It's important to ask how an insurance company prices its policies. In Nebraska, the majority of the plans are rated as Attained Age. Additionally, insurance companies may offer discounts or a high deductible option. For example, in Nebraska, a Plan G policy at age 65 ranges from $135 - $766 per month while a high deductible Plan G at age 65 ranges from $38 - $75 per month, in 2026.

When and where can I get a Supplement?

Everyone gets a six-month Medigap Open Enrollment period, which starts the first month you have Part B at age 65 or older. During this time, you can purchase any Medigap policy and cannot be denied due to your health. Additionally, in Nebraska, people who qualify for Medicare due to disability also have the same Medigap Open Enrollment available when their Medicare Part B begins, but insurance companies may not offer every Plan option. If you apply for a policy after your six-month Medigap Open Enrollment, companies may refuse coverage because of health reasons. When you are ready to purchase a Medigap policy you can contact the company directly or work with a local agent or broker to apply.

For personalized information, contact the Nebraska SHIP & SMP at 1-800-234-7119.

2026 Medicare Supplement Options

✓ = the plan covers 100% of the benefit % = the plan covers that percentage of the benefit and you're responsible for the rest

Benefits	Plan A	Plan B	Plan D	Plan G*	Plan K	Plan L	Plan M	Plan N	Plan C	Plan F*
Part A Hospital Coinsurance, days 61-90 ($434 per day)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital Lifetime Reserve, days 91-150 ($868 per day)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
365 More Hospital Days-100%	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A and B Blood	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part B Medical Coinsurance (20%)	✓	✓	✓	✓	50%	75%	✓	✓**	✓	✓
Part A Hospice Coinsurance	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled Nursing Facility Coinsurance, days 21-100 ($217 each day)			✓	✓	50%	75%	✓	✓	✓	✓
Part A Hospital Deductible ($1,736)		✓	✓	✓	50%	75%	50%	✓	✓	✓
Part B Medical Deductible ($283)									✓	✓
Part B Excess Charges (15%)				✓						✓
Foreign Travel Emergency			✓	✓			✓	✓	✓	✓
Out-of-Pocket Limit***					$8,000	$4,000				

Plan C and Plan F are only available to individuals eligible for Medicare prior to 1/1/2020.

* Plan G and Plan F offer a high deductible option. High deductible policies offer the same coverage as a Plan G or Plan F policy once an annual deductible has been met, $2,950 in 2026. Prior to meeting the deductible, you are responsible for 100% of the costs for approved services.

** Plan N pays 100% of the Part B coinsurance, except for a copay up to $20 for some office visits and up to $50 for ER visits.

*** Plans K & L show how much they pay for approved services and have a yearly out-of-pocket limit. After you meet the limit, the plan will pay 100% of your costs for approved services.

1-800-234-7119 - www.doi.nebraska.gov/ship-smp

NEBRASKA SHIP Navigating Medicare

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Neither the SHIP nor the Nebraska Department of Insurance endorses any specific agent, company, product or plan of insurance.