# Medigap Birthday Rule

## (Medicare Supplement Insurance)

## Quick Facts About the California Birthday Rule

- ✓ Change Medigap plans annually around your birthday
- ✓ No health questions considered for eligibility
- ✓ Can switch to a plan with the same or lesser benefits
- ✓ Available even during ongoing medical treatment
- ✓ Does not change your prescription drug plan
- ✓ Contact HICAP for free assistance

## I got my Medigap a while ago. Remind me how it works.


You have Original Medicare (also called "fee-for-service" Medicare) so you have Medicare Parts A and B covering your medical insurance needs. Original Medicare pays many health care costs, but you are still responsible for some expenses, such as deductibles, copays, and coinsurance. You probably arranged for a Supplement policy to cover these gaps (thus the term Medigap) when you were first eligible for Medicare or your Advantage Plan left the area/raised its prices. That was a 'Guarantee-Issue' period where current and previous health issues could not be considered.

## Can I change policies if my Plan raises its prices?

Medigap plans do not have a Fall Annual Open Enrollment period. You can switch plans anytime if you pass the medical underwriting questions. If not, the plan can legally deny you coverage for a new plan. But, there is the California **Birthday Rule** which gives current Medigap policyholders a yearly 'Guaranteed-Issue' opportunity.

**Key facts for the Birthday Rule:**

- Starts on your birthday and lasts 59 days after
- No medical underwriting (Health questions cannot be considered)
- Available even if you are receiving ongoing treatment
- You can switch to the same plan type with another company or a plan with equal or lesser benefits.

**Important:** This rule applies only to people who already have a Medigap policy. It does not apply to someone wishing to change from their Medicare Advantage Plan.

## Remind me of the differences between Plan types.

Medigap policies are standardized and identified by letters A through N. A plan with the same letter has the same medical benefits no matter which company sells it. For example, every Plan G has the same benefits. The main differences between companies are the monthly premium, discounts, and any nominal extra benefits they may offer such as gym membership.

Plan F is available only if you became eligible for Medicare before January 1, 2020. Plan F pays the yearly Part B deductible of $283 (2026). Plan G gives the most coverage for people who cannot get Plan F, but you must pay the yearly Part B deductible first. Plan N usually costs less each month, but you pay the Part B deductible and some copays: $20 for office visits and $50 for emergency room care.

Some companies offer high-deductible Plans F and G. These plans usually have much lower monthly premiums, but you must pay the first $2,950 in co-pays (2026) before the plan begins paying. Medicare still pays its share first, so they cover most of the bill. After you meet the $2,950 deductible, the high-deductible plan pays the remaining coinsurance costs for the rest of the year. These plans cost less each month because you agree to pay more out of pocket before the plan starts paying. Here is a summary:

| Plan | Comments | Part B Deductible | Other Costs |
|---|---|---|---|
| F | Must be Medicare-eligible before 1/1/2020 | Covered in full | None |
| G | Most comprehensive option for newer beneficiaries | You pay deductible | None after deductible |
| N | Lower premium | You pay deductible | Office and ER copays |
| G(HD) | Lowest premium | You pay full Medicare deductible and then plan deductible | Higher out of pocket costs before insurance pays |

## My plan is becoming expensive. Are there other options?

Shown below is a table comparing annual costs in Contra Costa at age 75 for four Medigap plans under low and high use scenarios. Annual costs include the lowest cost premium for the plan type, medical co-pays, and drug plan premium and co-pays. The appendix gives detailed instructions for finding monthly Medigap premium rates for your specific age.

# Cost Comparison Age 75

**Low Use Scenario**

- No regular medications
- 1 Preventive visit, 2 other PCP visits
- 2 Lab Draws
- 1 Specialist Visit

**High Use Scenario**

Same as Low but Additionally:

- 5 common generic medications
- 7 additional Specialist visits (8 total)
- MRI and a CT Scan
- Then a round of Chemo for lymphoma.

| Cost Item (Annually) As of 8/1/26 | Plan F Medigap | | Plan G Medigap | | Plan N Medigap | | Plan F (HD) Medigap | |
|---|---|---|---|---|---|---|---|---|
| | Low Use | High Use | Low Use | High Use | Low Use | High Use | Low Use | High Use |
| Premium at age 75 | $5,052 | $5,052 | $3,000 | $3,000 | $2,244 | $2,244 | $936 | $936 |
| Medical Co-Pays | $0 | $0 | $283 | $283 | $303 | $643 | $315 | $2,950 |
| Drug Plan + Co-Pays | $0 | $550 | $0 | $550 | $0 | $550 | $0 | $550 |
| **Total Annual** | **$5,052** | **$5,602** | **$3,283** | **$3,833** | **$2,547** | **$3,437** | **$1,251** | **$4,436** |

## What does the figure on the prior page show?

The figure shows that Medigap premiums can make a big difference in your total yearly costs. A high-deductible Plan F can still cost much less overall than a regular Plan F, even if you reach the out-of-pocket maximum each year. And most years that will not happen. Plan N may also cost less than Plan G overall, even when you use a lot of medical services, because its monthly premium is lower.

## What are the steps I should take to change plans?

Firstly, you decide if you want to change to same plan or a plan with lesser benefits. Then HICAP suggests contacting several companies or a broker for current quotes on two or three lower-cost plans of the type you want. Ask for a quote based on your age, available discounts, and any extra benefits such as gym memberships or vision discounts. Then choose the plan that gives you the best overall value.

Once you have decided on which Plan you want, complete the application as outlined by the agent. Once approved and you have confirmation, you will need to cancel your current plan and ask for refund for that month. You will need to advise all your ongoing providers that your supplemental insurance has changed. Be aware that if you change to a plan with lesser benefits, you will not be able to switch back to a higher benefit plan without medical underwriting.

## Why won't the broker sell me the policy I want?

There may be a few reasons. Not all brokers represent all insurance companies. Some insurance brokers may not be aware of California's Birthday Rule. Ask the broker to check with a supervisor or contact HICAP for help. Some companies will not sell Plan G to people who became eligible for Medicare (turning 65) before January 1, 2020. If this happens, you may need to choose Plan F, high-deductible Plan F, or Plan N with that company instead.

## Can I also change my drug coverage during my birthday?

No. The Birthday Rule applies only to Medigap policies. A Medigap plan may help pay for certain injected or infused medicines, such as osteoporosis shots or chemotherapy. Most prescriptions are covered by a separate Part D drug plan. You can change your Part D plan each fall, from October 15 to December 7, for coverage starting January 1. Ask HICAP for help comparing drug plans.

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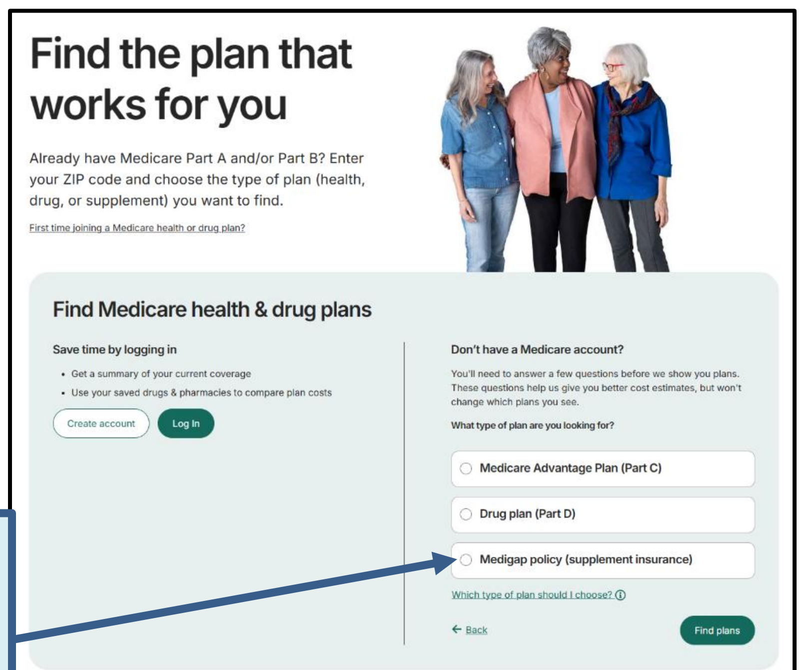
## Appendix - Pricing for your exact age and discounts

The steps below explain how to use Medicare's database to find Medigap pricing in your area based on your exact age and available discounts.

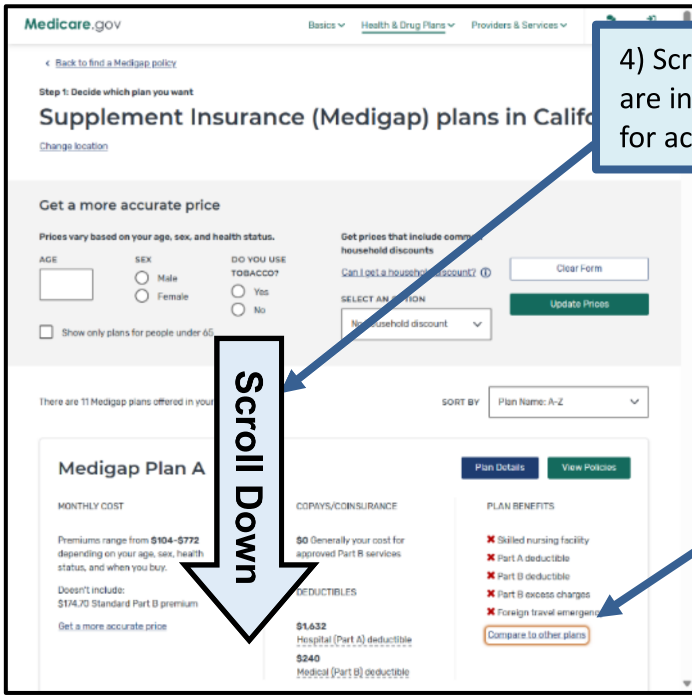

1) From any internet browser, use medicare.GOV (not COM) to get to Medicare. They often change the picture.

2) An option to find plans is always available. Click on "Find health and drug plans."



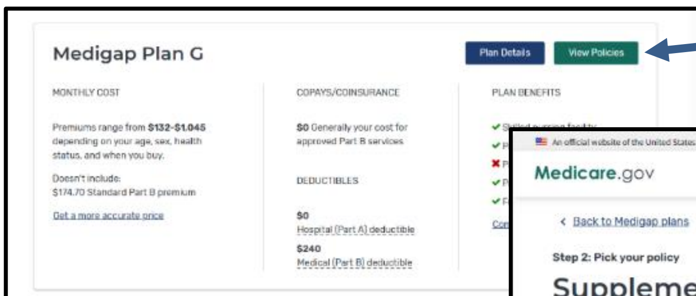

3) Enter Zip Code and then "Continue". The screen will change to give you the option to select "Medigap policy". Finally, click "Find Plans". No need to log in or establish an account.

# Appendix – Pricing for … (Continued)

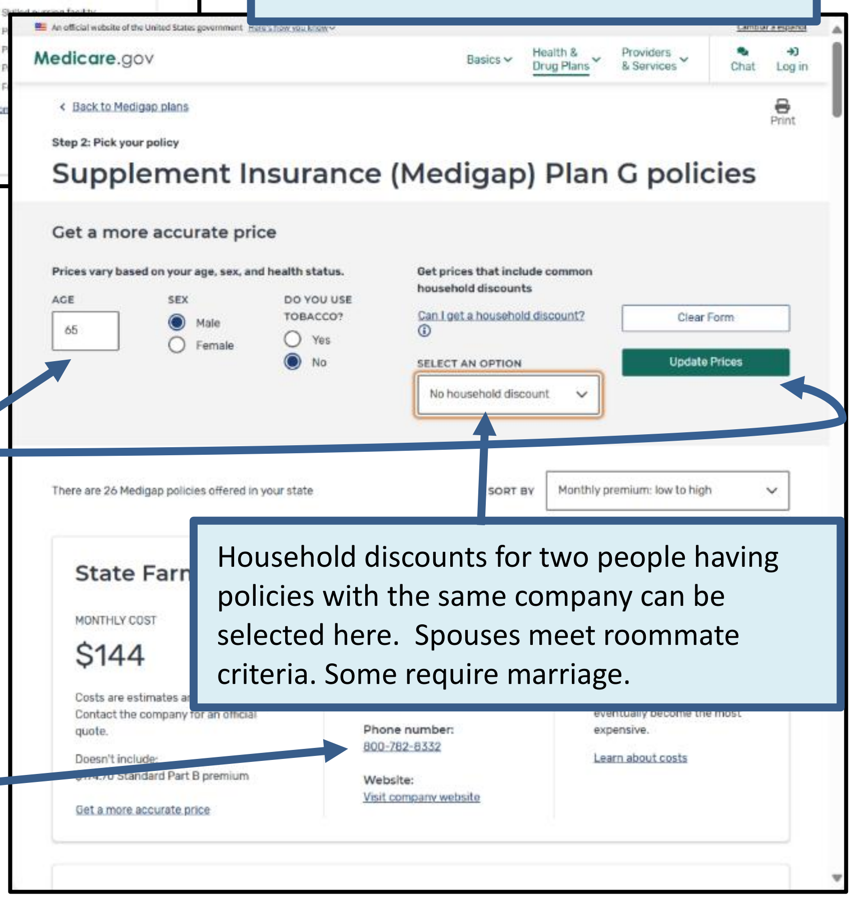



4) Scroll down to the Plan type you are interested in. There is no need for accurate price at this point

5) You can click this link to see what is covered for all the standardized benefits for 10 Plan types offered in California.




6) Recall that most choose a G Plan. From that Plan, click "View Policies".




7) Enter your age, sex and tobacco use to get more exact pricing. Click on "Update Prices"

Household discounts for two people having policies with the same company can be selected here. Spouses meet roommate criteria. Some require marriage.

In addition to pricing for your age and zip code, there is contact information for calling directly to the Plan to enroll