Summarizing the medigap program

Health & Medicine



Check Point: Write a 250-300 word summary reflecting on the Medigap program address the following in your summary: What are the core benefits in the Medigap insurance program? How well does the program meet coverage needs of its consumers? Is the cost of each plan fair considering the benefits and limits offered by each plan? Explain your opinion and provide examples What are the implications of having a private company associated with a government insurance program?

Medigap is a supplementalhealthinsurance policy, designed to cover what Medicare doesn't cover. In order to be eligible for the Medigap program individuals must have either Medicare Part A or B and will be required to pay the premiums. There are 12 supplemental insurance policies that will pay for health services that Medicare does not cover in their original policy. All 12 plans are required to have certain basic health services.

The core benefits for participants in Medicare Part A are daily coinsurance for 61 to 90 days of hospitalization daily coinsurance for each of Medicare's lifetime inpatient hospital days and 100 percent of covered hospital charges for 365 days after all Medicare hospital benefits have been used. Medicare Part B the core charges are coinsurance amount after the deductible and the first 3 pints of blood for the year. Each plane extends a different benefit targeted at filling the gaps in Medicare coverage. Private health insurance companies sell Medigap insurance but they must follow federal and state laws.

Medigap will cover deductibles, coinsurance and other services not covered by Medicare. Medigap plans are for the individual and what they personally want so to keep premiums down shop around and compare, there might be discounts for women, nonsmokers, medical underwriting, and deductibles. Medigap offers a variety of plans that are available to choose from and give the consumer a package that will fit their health needs. The health plans are fair compared to other insurance companies. It just depends on what the individual wants to cover and their current health needs at that time.