MyInsuranceGuy
THE SOURCE FOR ALL YOUR INSURANCE NEEDS

2026 CLIENT EDUCATION

MEDICARE SUPPLEMENT PLAN G

Broad protection. Nationwide freedom. Predictable medical costs.

G

MEDIGAP

MIKE'S POINT OF VIEW

WHY I RECOMMEND PLAN G

For most people who are new to Medicare and choose Original Medicare, Plan G is the first Medicare Supplement option I recommend. It combines broad standardized protection with simple nationwide use. It is often called the gold standard of Medigap because, after the annual Part B deductible, it covers nearly all of the major Medicare cost-sharing gaps for Medicare-approved services.

BROAD PROTECTION

Pays the Part A hospital deductible, Part A and Part B coinsurance, skilled-nursing coinsurance, and Part B excess charges.

FREEDOM TO CHOOSE

Use any doctor or hospital in the United States that accepts Medicare. Standard Plan G has no provider network and usually no referrals.

SIMPLE COST SHARING

For Medicare-approved services, your main routine medical responsibility is the annual Part B deductible: $283 in 2026.

STANDARDIZED BENEFITS

The core Plan G medical benefits are the same from company to company. Price, underwriting, service, discounts, and extras may differ.

A LOCAL GUIDE TO A NATIONAL MEDICARE CHOICE

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Plan G is not an official government 'gold standard' designation and is not the best fit for every person.
This guide explains why it is Mike's usual starting recommendation and how he compares carriers for each client.

ORIGINAL MEDICARE + SUPPLEMENT + DRUG COVERAGE

THE FOUR-PIECE MEDICARE FOUNDATION

Plan G does not replace Medicare. It works behind Original Medicare Parts A and B, while outpatient prescriptions are handled separately through Part D.

PART A	PART B	PLAN G	PART D
HOSPITAL	**MEDICAL**	**SUPPLEMENT**	**PRESCRIPTIONS**
Inpatient hospital, skilled nursing, hospice, and limited home health services.	Doctors, outpatient care, preventive services, durable medical equipment, and more.	Pays its standardized share of eligible deductibles, copays, and coinsurance after Medicare.	A separate private drug plan for outpatient prescriptions. It is not included in Plan G.

HOW A COVERED CLAIM MOVES

1 MEDICARE DECIDES

The provider sends the claim to Medicare. Medicare decides whether the service is covered and what the approved amount is.

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2 PLAN G FOLLOWS

Medicare sends the claim information to the supplement. Plan G pays the benefits assigned to Plan G under the policy.

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3 YOU PAY THE REST

Usually the Part B deductible, premiums, and any service or amount that Medicare and the policy do not cover.

THE MOST IMPORTANT SAFEGUARD

Plan G does not create coverage. Medicare must first approve the service or item under its rules. If Original Medicare does not cover a service, Plan G generally does not pay it either, except for the policy's limited foreign-travel emergency benefit.

That is why the accurate promise is broad protection from Medicare cost sharing, not '100% of every health care expense.'

NATIONWIDE DOES NOT MEAN EVERY PROVIDER

You may use any doctor or hospital in the United States that accepts Medicare. Always confirm that a provider accepts Medicare, especially before non-emergency care. Providers who opt out of Medicare can use private contracts, and Medicare and Plan G generally will not pay those services.

STANDARD PLAN G | 2026 MEDICARE AMOUNTS

WHAT PLAN G PAYS

The amounts below show how standard Plan G works for Medicare-approved services in 2026. Medicare's deductibles and coinsurance amounts can change each year.

MEDICARE GAP	WHAT PLAN G PAYS	WHAT YOU PAY
Part A hospital deductible	The full $1,736 deductible for each Medicare benefit period.	$0 for this covered gap.
Hospital coinsurance	$434 per day for days 61-90 and $868 per lifetime reserve day for days 91-150; then up to 365 additional lifetime days of eligible hospital expenses.	$0 for covered days; all costs after the additional 365 days are exhausted.
Skilled nursing coinsurance	Up to $217 per day for days 21-100 when Medicare's skilled-nursing requirements are met.	$0 for days 21-100; all costs after day 100.
Part B coinsurance	Generally the 20% that Medicare does not pay for approved doctor, outpatient, therapy, and durable-medical-equipment charges after the deductible.	The annual Part B deductible first.
Part B excess charges	100% of allowed excess charges when a provider does not accept Medicare assignment but is permitted to charge more.	$0 for the covered excess charge.
Blood and hospice	The first three pints of blood and Medicare hospice copayments or coinsurance covered by Plan G.	$0 for these covered gaps.
Foreign travel emergency	80% of eligible emergency charges during the first 60 days of each trip, up to a $50,000 lifetime maximum.	A $250 calendar-year deductible, then 20%, plus costs over the lifetime maximum.

YOUR NORMAL 2026 MEDICAL STARTING POINT

For Medicare-approved Part B services, you first satisfy the $283 annual Part B deductible. After that, Original Medicare and Plan G generally cover their assigned shares of approved charges. You continue paying your Part B premium and Plan G premium.

BROAD COVERAGE WITH CLEAR LIMITS

WHY PLAN G EARNS THE NICKNAME

'Gold standard' is an industry description, not an official Medicare designation. It reflects Plan G's unusual combination of broad standardized benefits, simple use, and national portability.

WHY CLIENTS CHOOSE IT

- One of the broadest Medigap benefit packages available to people newly eligible for Medicare.
- No standard Plan G provider network and usually no specialist referrals.
- Predictable cost sharing after the Part B deductible for Medicare-approved services.
- Protection from Part B excess charges.
- Guaranteed renewable as long as the policy stays in force and premiums are paid.
- The Plan G letter makes core benefits easy to compare across carriers.

WHAT IT DOES NOT PAY

- The annual Medicare Part B deductible ($283 in 2026).
- Your Part B premium, Plan G premium, or separate Part D premium.
- Outpatient prescription drugs. A separate Part D plan is needed.
- Routine dental, routine vision, glasses, hearing aids, or long-term custodial care unless a separate product or clearly described extra applies.
- Private-duty nursing or services Original Medicare does not approve, except the limited foreign-travel emergency benefit.
- Unlimited foreign care: deductibles, 20% cost sharing, time limits, and a lifetime maximum apply.

YOUR BEST BUYING WINDOW MATTERS

Your one-time federal 6-month Medigap Open Enrollment Period begins the first month you are age 65 or older and enrolled in Part B. During that period, a company cannot deny you a policy it sells or charge more because of health problems. Outside that window, medical underwriting may apply unless you have a guaranteed-issue right or another state protection.

Do not cancel an existing supplement until the replacement is approved, received, and reviewed.

STANDARD PLAN G OR HIGH-DEDUCTIBLE PLAN G?

Standard Plan G begins paying its assigned benefits without a separate plan deductible; you still pay the Part B deductible. High-Deductible Plan G generally has a lower premium, but in 2026 you must first pay $2,950 of Medicare-covered deductibles, copayments, and coinsurance before the policy pays. The foreign-travel deductible is separate.

High-Deductible Plan G can be useful for someone comfortable taking more initial risk. It is a different financial strategy, not simply a cheaper version of standard Plan G.

SAME CORE PLAN G BENEFITS | DIFFERENT COMPANY DETAILS

THREE CARRIERS I REGULARLY COMPARE

I primarily work with these three carrier families for Medicare Supplement clients. The right company depends on the client's state, price, eligibility, discount, underwriting path, service preferences, and current product availability.

HEALTH CARE SERVICE CORPORATION

Customer-owned HCSC platform

- **BCBS OF ILLINOIS** — Illinois division / product platform
- **HEALTHSPRING** — HCSC's national Medicare brand

MUTUAL OF OMAHA

A separate national carrier family

Blue Cross and Blue Shield of Illinois

A DIVISION OF HCSC; CURRENT ILLINOIS MEDICARE SUPPLEMENT MATERIALS IDENTIFY HCSC INSURANCE SERVICES COMPANY

WHY I INCLUDE IT

It is a familiar Illinois choice with a deep local presence and several Plan G paths. I can compare standard Plan G, Plan G Plus, and, where appropriate, lower-premium Medicare Select versions.

WATCH FOR: Plan G Plus adds nonstandard benefits. Medicare Select uses contracting hospitals for certain non-emergency admissions. Discounts and product blocks have separate rules.

HealthSpring

HCSC'S NATIONAL MEDICARE BRAND; ILLINOIS COVERAGE IS INSURED BY HEALTHSPRING NATIONAL HEALTH INSURANCE COMPANY

WHY I INCLUDE IT

HealthSpring gives me another HCSC-backed Medicare Supplement option with broad geographic reach, multiple Illinois rate classes, household-discount opportunities, electronic claims handling, and member-service programs.

WATCH FOR: Availability, legal underwriting company, rate class, discounts, and extras vary by state and can change. The standardized Plan G benefits remain the comparison anchor.

Mutual of Omaha

A SEPARATE CARRIER FAMILY FOUNDED IN 1909; CURRENT ILLINOIS PLAN G IS UNDERWRITTEN BY OMAHA INSURANCE COMPANY

WHY I INCLUDE IT

I include Mutual of Omaha for its long insurance history, national Medicare Supplement experience, recognizable service platform, potential household discount, and a competitive alternative to the two HCSC-related choices.

WATCH FOR: The exact underwriting company can differ by state or product block. Price, discount eligibility, and underwriting must be verified for the requested effective date.

A PERSONAL RECOMMENDATION, NOT A ONE-SIZE-FITS-ALL SALE

HOW I SHOP PLAN G FOR YOU

Plan G benefits are standardized. My job is to help you choose the right company and timing, then stay available when you need service.

1

CONFIRM THE MEDICARE PATH

We make sure Original Medicare plus a supplement fits your preferences and that your Part A, Part B, and effective dates line up.

2

VERIFY YOUR QUOTE FACTS

State, ZIP, age, sex used by the carrier, tobacco status, Medicare eligibility date, household facts, and enrollment or underwriting rights all matter.

3

COMPARE CURRENT CARRIERS

I check current rates and rules for BCBSIL, HealthSpring, Mutual of Omaha, and other available choices when appropriate.

4

LOOK BEYOND THE FIRST PRICE

We compare premium, discount eligibility, rating method, rate history, underwriting, service, product block, and any clearly labeled extras.

5

EXPLAIN MY RECOMMENDATION

I show you why one choice may fit better and what could change. You make the final decision; I help with the selected application and service.

LET'S TALK THROUGH YOUR PLAN G OPTIONS

I recommend Plan G to most new-to-Medicare clients, but I will not assume it is right for you. We will compare your priorities, doctors, travel, budget, timing, and current carrier choices.

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SCAN TO BOOK

Sources: Medicare.gov Plan Comparison and Choosing a Medigap Policy; CMS 2026 Parts A and B costs; current 2026 BCBSIL, HealthSpring, and Omaha Insurance Company Illinois outlines; official HCSC, BCBSIL, Mutual of Omaha, and MyInsuranceGuy pages. Clickable source links are embedded throughout this PDF.
General education only. Not a policy, quote, contract, or complete description of benefits. Availability, premiums, underwriting, discounts, legal company, and extras vary and can change. The issued policy controls. MyInsuranceGuy and its brokers are not connected with or endorsed by the U.S. Government or the federal Medicare program.