

BRIDGING THE MEDICARE GAP



Chronic
Disease
Coalition

Why do we need Medigap?

Medicare is the federally funded health insurance program eligible to most people age 65 and older and those younger than 65 who are disabled or have certain serious, debilitating conditions (e.g., End Stage Renal Disease and Amyotrophic Lateral Sclerosis (ALS)).

Because there is no out-of-pocket maximum for Medicare, Medigap is supplemental insurance coverage that helps cover those costs.

States have an important role to play

Although the federal government does not guarantee Medigap coverage for Medicare patients under 65, individual states can step in - and many of them are. Ensuring access to Medigap coverage has multiple benefits including:

- **Financial stability.** With no out-of-pocket maximum for Medicare, that can be thousands of dollars of medical bills for people least able to manage them.
- **Access to kidney transplantation.** Most transplant centers will not place ESRD patients on the waitlist without secondary insurance coverage. Kidney recipients are dramatically healthier, but they still have ongoing medical costs. Medigap makes it possible to have the transplant and ongoing care.
- **Keeps patients off Medicaid.** In some states, Medicaid can be the secondary insurer. Families are often forced to “spend down” everything they have first, essentially forcing them into poverty.
- **Little or no increase to Medicare premiums.** Studies from Health Management Associates and KFF indicate that because there are so few people under 65 who qualify for Medigap, there is little to no increase in premiums.



“Without access to Medigap plans, end stage renal disease Medicare beneficiaries under 65 cannot access kidney transplantation; that is the best treatment option for people with kidney failure because it increases their chances for a longer life.” - Jim Myers, kidney recipient

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