

Weekly Insight November 24, 2025

Clearly Explained: Medicare Supplements For Kansans

This Week's Focus

Medicare Supplements (also known as Medigap plans) are extra insurance that help pay some of the costs that Original Medicare does not cover, such as deductibles, copayments, and coinsurance. Medigap plans are sold by private companies and are meant to make health care bills more steady and easier to plan for.

In Kansas, Medigap prices can change based on your age, ZIP code, gender, tobacco use, and the plan letter you choose.

The best time to buy a Medigap plan is a one-time, six-month window that starts when you are 65 or older and have Medicare Part B.

This edition of SFL Weekly Insights explains what Medigap does, how costs work for Kansans, and how to look at popular Plan G and Plan N using clear and simple language.

Content Overview







Differences between Plan G and Plan N



How to compare Medigap rates in Kansas



Medicare Supplement Basics:

What They Are And How They Can Differ



What Exactly Is A Medicare Supplement (Medigap) Plan

A Medicare Supplement, also called a Medigap plan, is extra insurance you can buy from a private company. It is designed to help pay part of the costs that Original Medicare does not cover, such as deductibles and the share of the bill you pay when you see a doctor or go to the hospital. When people in Kansas talk about "Medicare Supplement plans," they are talking about these Medigap policies. They only work with Original Medicare; they do not work with Medicare Advantage plans.

How Medicare Supplement Plans Work With Original Medicare

To have a Medicare Supplement plan, you must be enrolled in Original Medicare Parts A and B. Medicare pays its share of the approved bill first. Then your Medicare Supplement plan pays its share, based on the plan you chose. You still pay a monthly premium for Medicare Part B, and you also pay a separate monthly premium for your Medicare Supplement plan. These plans do not include prescription drug coverage, so many people also join a Part D drug plan.

How Medicare Supplements Can Differ In Kansas

Medicare Supplement plans are labeled with letters, such as A through N. Each letter stands for a different "package" of help. For example, one plan letter may cover more of your share of the hospital bill, while another may leave you with a little more to pay when you visit the doctor but has a lower monthly premium. Federal rules standardize these lettered plans so that the basic medical benefits for a Plan G are the same from one company to another, and the same idea applies to Plan N and other letters.

Even with that standardization, Medicare Supplement plans can still differ in ways that matter to your wallet. In Kansas, companies can charge different premiums based on your age, where you live, your gender, tobacco use, and the plan letter you select. Companies also choose different ways to set prices over time. Some use a method where people in the same area pay about the same base rate. Others may start lower when you are younger and then raise premiums as you get older. This is why two people in Kansas can have the same plan letter but pay very different monthly premiums.

When Can You Buy A Medicare Supplement

The best time to buy a Medicare Supplement plan is during your Medigap Open Enrollment Period. This is a one-time six-month window that starts when you are 65 or older and have Medicare Part B. During this period, you can buy any Medicare Supplement plan sold in your state, and companies generally cannot turn you down or charge you more because of your health. After that window, you may have to answer health questions, and approval or pricing may depend on your medical history, unless a special guaranteed-issue rule applies. Kansas supports shoppers with a Medicare Supplement Insurance Shopper's Guide and an online comparison tool that lets you see estimated premiums by age, location, gender, and tobacco use.

In the next pages, we will look more closely at two of the most common Medicare Supplement choices today, Plan G and Plan N.





Clearly Explained: Medicare Supplements Plan G and Plan N



How a Medicare Supplement Plan G Works

Plan G is a Medicare Supplement plan that is designed to keep most of your medical costs very steady once you meet one key amount each year. To use Plan G, you must have Original Medicare Parts A and B. Medicare pays its part of the approved bill first. After that, Plan G helps pay many of the gaps that are left.

With Plan G, you are responsible for the Medicare Part B yearly deductible. Once you have paid that deductible, Plan G usually covers the rest of the Part B coinsurance for doctor visits and many other services for the rest of the year. It also helps with many hospital costs under Part A, including your share of long hospital stays. In many cases, you will not owe a separate copay each time you visit a doctor after the deductible is met.

Because Plan G covers many types of costs, its monthly premium is often higher than some other plans, such as Plan N. Many people who choose Plan G like the feeling of paying a little more each month so they are less likely to face surprise bills later in the year. In Kansas, the basic medical benefits of a Plan G are the same from one company to another. The main differences are price, service, and how each company sets rates over time.

Plan G may be a good fit for Kansans who:

- Want very steady, easy-to-plan medical costs each year.
- See doctors often and prefer fewer copays at the time of service.
- Worry about large hospital or specialist bills in the future.
- Prefer to pay more each month in exchange for fewer surprises later.

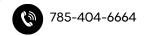
How a Medicare Supplement Plan N Works

Plan N is another popular Medicare Supplement choice in Kansas. Like Plan G, it works only with Original Medicare. Medicare pays its share of the approved bill first, then Plan N helps with many of the remaining gaps. You still pay the Medicare Part B yearly deductible yourself. After you have met that deductible, Plan N helps with many hospital and doctor costs, but you may pay small copays when you visit the doctor or go to the emergency room if you are not admitted. Because you agree to pay these smaller amounts when you use care, the monthly premium for Plan N is often lower than the monthly premium for Plan G. This can help lower your regular monthly bill while still giving you strong protection against bigger medical costs.

Plan N does not usually cover certain extra charges if a doctor bills more than the Medicare-approved amount, so it is important to talk with your advisor about how often that is likely to happen in your situation. As with Plan G, the medical benefits of a Plan N are standardized across companies in Kansas. The differences you will see are mainly in price and how each company adjusts premiums as you age.

Plan N may be a good fit for Kansans who:

- Want a lower monthly premium and can handle small copays.
- Do not visit doctors very often during a typical year.
- Are comfortable paying a bit more when they use care.
- Prefer to save on monthly costs while still protecting against large bills.







Plan G and Plan N Side-By-Side



	Plan G	Plan N	
Monthly premium	Usually higher monthly premium because it covers more types of costs.	Usually lower monthly premium because you agree to pay small fees when you use care.	
What you pay before the plan steps-in	You pay the Medicare Part B yearly deductible yourself. After the deductible, most covered doctor visits have no extra copay. After the deductible, you may pay a small copay for some doctor visits.		
Doctor visits after deductible			
Emergency room visits (not admitted)	After the deductible, you usually do not pay an extra ER copay for approved services.	After the deductible, you may pay a larger copay for ER visits if you are not admitted.	
Hospital costs	Helps pay nearly all of your share of covered hospital costs after Medicare pays its part.	d Also helps pay nearly all of your share of covered hospital costs after Medicare pays its part.	
Part B "extra charges" (above Medicare's amount)	Covers Part B excess charges in states and situations where they apply.	Does not cover Part B excess charges; you may owe the extra amount if billed. "Pay less each month, pay more when you use care." Monthly bill is smaller, but visit-by-visit costs can vary.	
Costs rationalized (Premiums + Care)	"Pay more each month, pay less when you use care." Predictable bills once the deductible is met.		
Signals that this plan is a good fit for you	You see doctors often, dislike surprise bills, and want to limit most copays after the deductible. You are willing to pay a higher monthly premium for peace of mind.	You do not see doctors very often, want to keep your monthly premium as low as possible, and are comfortable paying small copays when you do get care.	
		CLICA	

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Mistake 5: Skipping Medigap

Reflection Prompt:

Write down how Medigap could reduce your financial burden and any factors that might influence your decision.

Instructions: Fill in the monthly premium for different Medigap plans and compare them with your estimated out-of-pocket costs without Medigap coverage.

Medigap Plan	Monthly Premium	Potential Savings (with Medigap)	Out-of-Pocket Costs (without Medigap)
Plan G			
Plan N			

Notes:			

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