

The Ultimate Glossary of Medicare Supplement Terms

Having a clear and practical understanding of Medicare starts with learning the language. Many people researching their Medicare options or searching online for the best Medicare supplement programs are first trying to make sense of unfamiliar terms that appear in Medicare publications, enrollment materials, and plan descriptions.

This glossary defines commonly used **Medicare supplement terms** and Medigap-related language. It does not compare programs, evaluate options, or recommend specific products.

Medicare-Only Terminology Disclaimer

Important clarification for readers:

The terms defined in this glossary are **Medicare and Medigap insurance terms** used by the federal Medicare program and private insurance carriers. These terms apply **only to Medicare-related programs** and **do not apply to healthcare sharing ministries or Sharing Programs**.

Healthcare sharing ministries, including programs administered by UHSM™, are **not insurance**, do not offer coverage, do not charge premiums or deductibles, and do not coordinate benefits with Medicare or any other payer. Healthcare sharing uses its own distinct terminology, processes, and Membership Guidelines.

This glossary is provided solely for **educational purposes** to help readers better understand Medicare materials from official and third-party sources.

A-Z Glossary of Key Medicare Supplement Terms

Deductible

In Medicare, a deductible is an amount an individual is responsible for paying for certain Medicare services before Medicare begins paying according to its rules. Original Medicare has separate deductibles for Part A and Part B, and these amounts are established by Medicare and may change annually.

Enrollment periods

Medicare enrollment periods are designated timeframes when an individual may enroll in, change, or disenroll from Medicare-related options. Common enrollment periods include the Initial Enrollment Period, General Enrollment Period, and Annual Enrollment Period. Timing can affect availability, costs, and potential late enrollment penalties.

Guaranteed issue rights

Guaranteed issue rights, sometimes referred to as Medigap protections, are situations defined by federal or state rules in which an individual has the right to purchase certain Medigap policies outside standard enrollment windows. When these rights apply, insurers must offer a policy regardless of health history.

Initial Enrollment Period (IEP)

The Initial Enrollment Period is the first window during which most individuals may enroll in Medicare. It generally begins three months before the month a person turns 65, includes the birthday month, and ends three months afterward. Enrollment outside this period may be delayed in some situations.

Medigap

Medigap is a commonly used name for Medicare Supplement Insurance. These standardized policies are designed to address certain costs that may remain after Original Medicare processes a service. Standardization varies slightly in Massachusetts, Minnesota, and Wisconsin.

Medicare Advantage

Medicare Advantage, also known as Medicare Part C, refers to Medicare-approved arrangements offered by private companies that deliver Part A and Part B services through a single structure. Some Medicare Advantage options also include prescription drug services.

Medicare assignment

Medicare assignment refers to a healthcare provider's agreement to accept the Medicare-approved amount as full payment for Medicare services. Providers who accept assignment generally limit additional charges to the individual receiving care.

Medicare SELECT

Medicare SELECT is a type of Medigap policy that requires individuals to use specific hospitals, and in some cases specific providers, to receive full benefits under the policy. These policies follow Medigap standardization rules but may differ in cost due to network requirements.

Medicare Supplement Insurance

Medicare Supplement Insurance refers to standardized Medigap policies that are designed to work alongside Original Medicare. These policies may help address certain expenses that are not fully paid under Original Medicare rules.

Monthly premium

A monthly premium is a recurring amount required by Medicare or a Medicare-related insurance policy to maintain enrollment. Premium amounts vary based on program type, enrollment choices, income-related adjustments, and other factors established by Medicare or insurers.

Original Medicare

Original Medicare is the federally administered Medicare program consisting of:

- **Part A**, which addresses hospital-related services
- **Part B**, which addresses medical and outpatient services

Original Medicare allows individuals to receive services from providers who participate in Medicare.

Out-of-pocket costs

Out-of-pocket costs refer to expenses an individual pays directly when receiving healthcare services under Medicare rules. These may include deductibles, cost-sharing amounts, and charges for services not fully paid under Medicare guidelines.

Part A

Part A is the hospital services component of Original Medicare. It generally relates to inpatient hospital care, skilled nursing facility services, hospice services, and certain home health services.

Part B

Part B is the medical services component of Original Medicare. It generally includes physician services, outpatient care, preventive services, and certain medically necessary supplies.

Part B excess charges

Part B excess charges are amounts a provider may bill above the Medicare-approved amount when the provider does not accept Medicare assignment. Some Medigap policies address these charges, while others do not.

Part C

Part C is another term used to describe Medicare Advantage. It refers to Medicare-approved arrangements offered by private companies that deliver Part A and Part B services.

Part D

Part D refers to Medicare-approved prescription drug services offered through private companies. These may be added to Original Medicare or included within certain Medicare Advantage arrangements.

Plan G

Plan G is a standardized Medigap plan letter frequently referenced when evaluating Medicare Supplement Insurance options. In general, it addresses many cost-sharing amounts that may remain after Original Medicare processes services, except for the Part B deductible.

Plan K

Plan K is a standardized Medigap plan letter that typically addresses a percentage of certain Medicare-approved cost-sharing amounts rather than the full amount. Plans K and L include an annual out-of-pocket limit.

Plan L

Plan L is similar to Plan K but generally addresses a higher percentage of certain Medicare-approved cost-sharing amounts. Once the annual out-of-pocket limit is reached and required Medicare amounts are satisfied, the policy addresses remaining Medicare-approved services for the rest of the calendar year.

Plan N

Plan N is a standardized Medigap plan letter that may involve limited cost-sharing amounts in exchange for different pricing structures. Plan N does not address Part B excess charges.

Medigap Open Enrollment Period

The Medigap Open Enrollment Period is a one-time, six-month period that begins when an individual is both age 65 or older and enrolled in Medicare Part B. During this period, insurers must offer Medigap policies without medical underwriting.

Medicare and Healthcare Sharing: Educational Context

Some individuals enrolled in Medicare also seek to understand healthcare sharing as a separate, faith-based approach to managing medical expenses. Healthcare sharing programs operate independently from Medicare and are governed by their own Membership Guidelines.

WeShare® Legacy is a healthcare sharing program administered by UHSM™ for individuals who are enrolled in Medicare. Participation in WeShare Legacy does not replace Medicare, does not coordinate benefits, and does not involve insurance. Eligible medical needs are reviewed according to program guidelines, and sharing is voluntary and facilitated among Members.

Learn more about how WeShare Legacy works.

Why Understanding Medicare Supplement Terms Matters

Medicare information often includes detailed and technical language. Understanding Medicare supplement terms can help readers better interpret official resources, ask informed questions, and navigate Medicare materials with greater confidence.

This glossary is provided for educational purposes only and does not offer medical, legal, or financial advice.