

Should I Get Medigap If I Am Healthy?

Description

If you are approaching Medicare eligibility or already enrolled you've probably heard about [Medigap plans](#) (also called *Medicare Supplement Insurance*). One of the most common questions I hear is:

"I'm healthy now. Do I really need Medigap?"

It's a fair question. After all, paying monthly premiums for coverage you might rarely use can feel like an unnecessary expense especially if you've been fortunate enough to stay healthy for years. But the decision to get Medigap is more about **long-term protection, cost predictability, and peace of mind** than about how often you see a doctor today.

In this article, I'll walk you through what Medigap is, why your current health status may not be the most important factor, and the financial and practical considerations you should weigh before making your decision.

The screenshot shows a comparison tool for Medigap plans. It lists several plans from different insurance companies, including Aetna, New Era Life, Sentinel Security, and CSI Life. Each plan entry includes the monthly premium, the policy fee, and other details like the parent company and AM Best rating. A large watermark 'default watermark' is overlaid on the image. Overlaid text includes 'Compare Medigap Plans', 'When To Do It?', 'Why To Do It?', 'How To Do It?', 'Comparing Medigap Plans is Not as Difficult as Some People Make It', and '65 Medicare.org'.

Company	Monthly Premium	Policy Fee	AM Best Rating	Rate Type
Aetna Health And Life Insurance Company	\$93.46 /mo	\$20.00	A (Outlook Stable)	Attained age
New Era Life Insurance Company Of The Midwest	\$94.43 /mo	\$20.00	B	Attained age
Sentinel Security Life Insurance Company	\$95.76 /mo	\$25.00	B+ (Outlook)	Attained age
CSI Life Insurance Company	\$98.33 /mo	\$25.00	n/a	Attained age

Understanding What Medigap Does

Medicare Parts A and B (often called "Original Medicare") cover a large portion of your hospital and medical expenses but not all of them. You are responsible for **deductibles, copayments, and**

coinsurance, and there's no out-of-pocket maximum under Original Medicare.

Here's what that means:

- **Part A (Hospital) Costs:** In 2025, the [Part A deductible](#) is **\$1,632** per benefit period. If you're hospitalized multiple times in a year, you could pay that deductible more than once. Extended hospital stays also come with daily coinsurance charges after a certain point.
- **Part B (Medical) Costs:** You pay the first **\$257** each year (the Part B deductible for 2025), and then 20% of all Medicare-approved charges for doctor visits, outpatient surgery, lab tests, durable medical equipment, and more without a cap.

A single serious illness or accident could leave you with **tens of thousands of dollars** (or more) in out-of-pocket costs. Medigap fills in most or all of these gaps, depending on which plan you choose.

The Trap of Thinking "I'm Healthy, I Don't Need It"

It's natural to think that good health today means low medical costs tomorrow. But Medicare planning is not about *today*—it's about **protecting yourself against the unpredictable**.

Here are three important realities:

1. Health Can Change Overnight

Even if you've been healthy for decades, a fall, accident, or sudden diagnosis can occur without warning. Heart attacks, strokes, and cancers are often diagnosed in people who felt perfectly fine the week before.

2. Medical Inflation Is Real

Healthcare costs tend to rise faster than general inflation. A surgery that costs \$20,000 today could be \$25,000 or more in just a few years. Without a Medigap plan, your 20% share under Part B can grow quickly.

3. Getting Medigap Later Can Be Difficult

In most states, you have a **six-month [Medigap open enrollment period](#)** when you first start Medicare Part B. During this time, you can buy any plan with no health questions or underwriting. Once that period ends, you can be denied coverage or charged more based on your health. If you wait until you get sick to buy Medigap, you may no longer qualify or you might face much higher premiums.

How Medigap Protects Healthy People

One of the most misunderstood aspects of Medigap is that it's not just insurance for sick people. Even healthy people can benefit from it, and here's why:

- **Predictable Costs:** Instead of wondering whether you'll get hit with a \$4,000 outpatient bill or \$10,000 inpatient bill, you'll know your costs up front: your Medigap premium plus, in many cases, very little else.

- **Access to Care:** Medigap plans work anywhere in the U.S. that accepts Medicare. You don't have to worry about provider networks, referrals, or surprise bills. This is especially valuable if you travel or split your time between states.
 - **No Surprise Bills for Major Services:** If you suddenly need knee replacement surgery, cancer treatment, or a hospital stay, Medigap can cover nearly all the costs Medicare doesn't pay.
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Comparing the Cost of Medigap vs. Paying as You Go

Let's walk through a real-world comparison.

- **Scenario 1: No Medigap**
 - You have a knee replacement costing \$40,000 in Medicare-approved charges.
 - Part B covers 80%, leaving you with 20% (\$8,000).
 - You also owe the Part B deductible and any related physical therapy costs at 20%.
 - Total: easily **\$9,000–\$10,000** out of pocket for that one year.
- **Scenario 2: With a Popular [Medigap Plan G](#)**
 - You pay your monthly premium (let's say \$120–\$150 per month, depending on your age and state).
 - You pay the \$257 Part B deductible.
 - Everything else is covered at 100%.
 - Total: around **\$1,700–\$2,100** for the year, including premiums.

When you're healthy, Scenario 2 can feel like "overpaying" for coverage you don't use. But the moment a significant medical event happens, the difference is clear and the savings can be substantial.

The Risk of Waiting Until Later

Some people take the gamble: they skip Medigap when they're healthy, figuring they'll add it later if their health changes. The problem is, **you only get one "open enrollment" window** when you first join Medicare Part B. After that, you must pass medical underwriting to get a plan.



Underwriting can ask about:

- Chronic illnesses
- Recent hospitalizations
- Upcoming surgeries
- Height/weight ratios
- Prescription drug use

Even relatively common issues like diabetes, heart conditions, or recent joint replacements can trigger a denial. By the time you decide you need Medigap, you may no longer be able to get it.

Factors to Consider When Deciding

If you're healthy now and trying to decide whether to get Medigap, here are the main things to think about:

1. **Your Financial Cushion**

Do you have the savings to comfortably handle a \$10,000–\$20,000 medical bill without affecting your retirement security? If not, Medigap provides a safety net.

2. **Your Risk Tolerance**

Some people prefer to self-insure, accepting the possibility of large bills in exchange for lower ongoing costs. Others value the peace of mind of knowing their exposure is minimal.

3. **Your Ability to Get Coverage Later**

Remember: your best chance to get any Medigap plan at the lowest price is when you first enroll in Medicare Part B. Waiting may mean losing that option.

4. Your Travel and Lifestyle

If you travel frequently or live in more than one state, Medigap offers unmatched nationwide access to providers who accept Medicare.

Alternatives to Medigap

If you decide not to get a Medigap plan, you'll still need to manage your out-of-pocket risk. The most common alternative is **Medicare Advantage** (Part C).

- **Pros:** Lower (or zero) monthly premiums than Medigap, includes extra benefits like dental/vision/hearing, annual out-of-pocket maximums.
- **Cons:** Limited provider networks, need for referrals in some cases, potential for higher costs if you need frequent care or see out-of-network providers.

Medicare Advantage can work well for people who are healthy and comfortable with a managed-care structure, but it's not the same as having the open access and cost predictability of Medigap.

The Bottom Line

If you are healthy, it can be tempting to skip Medigap and save on monthly premiums. But Medicare is not just about covering your current needs—it's about protecting your future self from unpredictable and potentially catastrophic costs.

The decision ultimately comes down to **risk management**:

- If you can absorb large medical bills and are comfortable with the uncertainty, you might choose to wait.
- If you value cost predictability, broad access to providers, and the assurance that a sudden illness won't derail your retirement finances, Medigap is worth serious consideration **even if you never step foot in a doctor's office today**.

My advice, after years of helping thousands of people navigate this decision, is simple: **Don't base your Medicare coverage on the health you have today. Base it on the fact that you don't know what tomorrow will bring.**



[65Medicare.org](https://65medicare.org) is a leading, independent Medicare insurance agency for people turning 65 and going on Medicare. If you have any questions about this information, you can [contact us online](#) or call us at 877.506.3378.

- [Medicare's Hidden Costs \(2026\): The Bill You Never Saw Coming](#)
- [Pennsylvania Medigap Plans: A Complete Guide to Medicare Supplement Coverage in PA](#)
- [Wisconsin Plan G: Why Doesn't It Exist?](#)
- [The Issue-Age Medigap Myth: Why Age Doesn't Matter? • Isn't the Whole Story](#)
- [Medigap Premium Increase Letter: How to Understand It and What To Do Next](#)

Category

1. Medigap Plans

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