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Stop Overpaying for Medigap: A Step-by-Step Guide to Lowering Your Premium

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KEY POINTS

- Medigap plans with the same letter (for example, Plan G) cover the exact same benefits regardless of which insurance company sells them – so switching carriers can cut your monthly premium by \$50 to \$170 without touching your coverage.
- The **aging block effect** is why your premium keeps climbing: as your policy's risk pool gets older together, the insurer raises rates to cover rising claims costs.
- Sixteen states now have a birthday rule that gives you a short annual window to switch Medigap plans without medical underwriting.
- Connecticut and New York allow Medigap switches year-round with no health questions required.

If your Medigap premium has gone up – again – and you feel stuck, you're not alone. Millions of Medicare beneficiaries are paying more each year for the same coverage, and most of them don't know they have real options. The system isn't designed to make this obvious. But knowing how to lower your Medigap premium is possible without sacrificing a dollar of benefits.

The good news is that Medigap (also called Medicare Supplement insurance) is one of the few areas of healthcare where the rules actually work in your favor – if you know how to use them. Because [what Medigap covers](#) is standardized by federal law, every Plan G in the country offers identical benefits regardless of the insurer. That single fact unlocks every strategy in this guide. A Solace advocate can help you sort through your specific options, check your state's rules, and handle the paperwork – so you're not guessing your way through a decision that directly affects your healthcare costs. This article walks through each strategy step by step, so you know exactly what to do and what to watch out for.

[See if you're covered and find your advocate.](#)

Why Medigap Premiums Keep Rising – and Why You're Not Stuck

Medigap premiums don't rise because your benefits changed. They rise because of how insurance pools age. When a large group of people all enrolled around the same time, they age together – and as the pool gets older, claims get more expensive, and the insurer raises rates to keep up. Meanwhile, newer policyholders in younger pools enjoy lower rates for the same exact coverage.

Most people assume that once they're locked into a Medigap plan, they're stuck – that switching would require a medical review they might fail, or that it would mean losing the coverage they need. Neither of those things has to be true. Medigap benefits are standardized by federal law. A Plan G from one company is legally required to cover the same things as a Plan G from any other company. The only thing that varies is the monthly price. That's the insight that makes every strategy in this guide possible. The rest is a matter of knowing which options are available to you, and using them in the right order.

Step 1: Understand What You're Actually Paying For

Medigap Benefits Are Standardized – Prices Are Not

When you buy a Medigap plan, you're choosing a standardized benefit package identified by a letter. Plan G from Aetna covers exactly the same services as Plan G from Mutual of Omaha or any other licensed insurer. The benefits don't vary. The premiums do –

sometimes dramatically. According to Medicare.gov, there can be significant differences in

sometimes dramatically. According to [medicare.gov](https://www.medicare.gov), there can be significant differences in what different insurance companies charge for the same plan letter in the same ZIP code.

This is the foundational insight that makes shopping for Medigap worthwhile. You are not trading coverage when you compare prices. You are simply finding a lower price for an identical product. For a deeper look at what each plan covers and how they compare, see [Medicare Plan G vs. Plan F](#).

The "Aging Block" Effect: Why Your Premium Climbs Over Time

Insurance companies use different methods to set Medigap premiums. The most common is **attained-age rating**, where your premium rises as you get older. But even within that system, an additional force is at work: the aging block effect.

Here's how it works. When you enrolled in your current plan, you joined a risk pool with everyone else who enrolled around the same time. As that group ages together, the pool's average claims costs increase. The insurer raises premiums to cover those costs. Newer entrants to the Medigap market — who join younger risk pools — pay lower rates for the exact same coverage. This is why beneficiaries who enrolled five or ten years ago often find that switching to a newer carrier's plan can save \$50 to \$170 per month, even though nothing about their benefits changes. You're not getting less coverage. You're paying the price of a younger pool.

The [Medicare premiums in 2026](#) context matters here too: Part B premiums have risen in recent years, which puts additional pressure on fixed-income households. Medigap premium savings can make a meaningful difference.

Step 2: Shop the Same Plan With a Different Carrier

This is the single highest-value action for most people looking to reduce Medigap costs. Because plans are standardized, switching from one carrier's Plan G to another carrier's Plan G changes nothing about your coverage — only the monthly bill.

To shop effectively:

1. Use [Medicare.gov's](#) Medigap plan finder or work with an independent (non-captive) broker who can pull quotes from multiple companies.
2. Get quotes from at least three to five carriers in your ZIP code — prices vary more than most people expect.
3. Confirm the new policy is approved and active before canceling your old one. Never let coverage lapse.
4. Note that Medigap can be shopped year-round, not just during a specific enrollment window. Outside your initial open enrollment period or a guaranteed issue window, the carrier may require medical underwriting — but many people pass underwriting and don't know it until they apply.

One of the most common mistakes people make is assuming they have to wait for a specific enrollment window. The October through December Annual Enrollment Period applies to Medicare Advantage and Part D drug plans only. It has nothing to do with Medigap. You can apply to switch Medigap carriers at any point in the year, subject to underwriting in most states.

The average Plan G premium is around \$220 per month for a 65-year-old, but prices can vary by hundreds of dollars annually between carriers in the same area. That gap widens with age, making shopping even more valuable for beneficiaries who have been in the same plan for several years.

Step 3: Consider Downgrading to a Lower-Benefit Plan

If shopping the same plan letter doesn't produce enough savings, the next option is switching to a plan that offers slightly less coverage at a meaningfully lower premium. The most common move here is Plan G to Plan N.

[Medicare Plan G vs. Plan N](#) is a comparison worth understanding in detail. Plan N carries lower monthly premiums — typically \$20 to \$50 less per month than Plan G, or roughly \$240 to \$600 less per year. The trade-offs are specific:

Plan G vs. Plan N — 2026 premium & coverage comparison

	Plan G	Plan N <small>Lower cost</small>
Avg. monthly premium (age 65)	~\$220	~\$171

Part B excess charges	Covered	Not covered
Doctor's office copay	None	Up to \$20
ER copay (no admission)	None	Up to \$50
Potential annual savings vs. Plan G	—	\$240-\$600/yr

Who this works for: Healthy beneficiaries who see doctors infrequently, whose providers all accept Medicare assignment (meaning they don't charge excess fees), and who want to reduce fixed monthly costs.

Who it doesn't work for: People who use healthcare frequently, who see providers in states with high excess charge rates, or who value complete cost predictability.

A simple break-even check: if your estimated annual copays under Plan N would be lower than the premium savings, Plan N comes out ahead financially. For most healthy beneficiaries who see two to four doctors a year, it often does. Note that downgrading from Plan G to Plan N is generally easier to pass through underwriting than upgrading to a more comprehensive plan, because you're taking on more risk, not the insurer.

Step 4: Use Your State's Birthday Rule or Guaranteed Issue Rights

This step is the most underused lever available to Medigap policyholders — and one that most competitor resources either miss entirely or explain poorly.

Federal Guaranteed Issue Rights

Federal law protects you in seven specific situations, allowing you to switch Medigap plans without medical underwriting at all. These include:

- Losing employer-sponsored health coverage.
- Leaving a Medicare Advantage plan within its first 12 months of enrollment.
- Your current plan going out of business.
- Moving out of your plan's service area.
- Your plan misleading you or committing fraud.

In each of these situations, you have 63 days from the triggering event to apply for a new Medigap plan with guaranteed issue rights. The insurer cannot deny you or charge more based on your health.

The Birthday Rule — 16 States as of 2026

Sixteen states have enacted a birthday rule that gives you an annual window — typically 30 to 63 days around your birthday — to switch Medigap plans without medical underwriting. You must already have an active Medigap plan to use this rule. Most states limit you to a plan with equal or lesser benefits than your current coverage.

States with a birthday rule as of June 2026:

California (60 days from birth month, any carrier), Oregon (30 days from birth month, any carrier), Maryland (30 days after birthday), Idaho (63 days from birthday), Illinois (ages 65–75), Nevada (60 days from birth month, any carrier), Louisiana (63 days, same carrier or affiliate), Oklahoma (60 days from birthday), Kentucky (60 days after birthday, same plan type, any carrier), Indiana (effective January 1, 2026), Virginia (60 days from birthday, same plan type, any carrier), Wyoming (63 days after birthday), Delaware (effective January 1, 2026, 30 days before and after birthday), West Virginia (effective June 11, 2026, 60-day window from birthday month, same or affiliated carrier), Utah, and Rhode Island.

Year-round guaranteed issue states: Connecticut and New York allow Medigap switches at any time, with no underwriting required. Vermont also offers year-round guaranteed issue rights. If you live in one of these three states, you already have stronger protections than any birthday rule provides.

Massachusetts operates on a different schedule: an annual open enrollment window runs from February 1 through March 31.

Missouri uses an anniversary rule tied to the date you first enrolled in your current plan, rather than your birthday — with a 63-day window and equal or lesser benefits allowed from any carrier.

The most common mistake here: People assume the October through December Medicare Open Enrollment Period applies to Medigap. It does not. Medigap has no federal annual enrollment period. The birthday rule is entirely separate from the federal Medicare enrollment calendar.

Step 5: Check If Medical Underwriting Actually Blocks You

Many people avoid shopping for a new Medigap plan because they assume a health condition will automatically disqualify them. This assumption keeps many people overpaying for years.

Medigap underwriting is typically a written health questionnaire — no labs, no physicals. The conditions that most commonly lead to denial or higher rates are a narrow set of serious diagnoses: end-stage renal disease (ESRD — meaning kidney failure requiring dialysis or a transplant), certain cancers currently in active treatment, or recent major cardiac events such as a heart attack or stroke.

Conditions that frequently do not disqualify applicants include well-managed hypertension, controlled type 2 diabetes, and arthritis. Many other chronic conditions are evaluated on a case-by-case basis.

If you are in reasonably stable health, the best time to apply is before conditions worsen. Underwriting decisions are made at the time of application.

The 30-day free-look period: Federal law gives you 30 days to try a new Medigap policy. If you cancel within those 30 days and request to return to your old plan, your prior coverage is reinstated. This federal protection removes virtually all the risk from applying. The [Medicare deductible explained](#) article has additional context on how Medigap value connects to Part A and Part B cost-sharing.

Step 6: Explore Whether Medicare Advantage Makes More Sense

If Medigap premiums are genuinely unaffordable and none of the steps above produce enough savings, Medicare Advantage (Part C) is worth evaluating — but the trade-offs are real and must be understood before switching.

Medicare Advantage plans often have \$0 or very low monthly premiums. In exchange, they typically come with provider networks (you may need referrals to see specialists), prior authorization requirements for certain procedures, and annual plan changes that can alter your costs or coverage from year to year. For a full look at timing and enrollment, see [Medicare Advantage annual enrollment](#).

The Medigap trap is a serious risk. If you leave Medigap for a Medicare Advantage plan and later want to return, you will face medical underwriting in most states — and if your health has changed significantly, you may not be able to get Medigap coverage at any price. Most states do not offer guaranteed issue rights to people returning from Medicare Advantage after the 12-month trial period ends. This is a one-way door for many people. Switching to Medicare Advantage to save money now can mean losing access to Medigap permanently if your health declines later. This decision deserves careful thought.

Step 7: Work With an Advocate to Find Savings You'd Miss Alone

Check at [find.solace.health](#). It only takes a minute.

Most people researching Medigap savings are doing it alone — looking up rules for a dozen states, comparing quotes across carriers, trying to figure out whether a health condition would disqualify them from underwriting. That is exactly the kind of work a Solace advocate handles.

Solace advocates are experienced healthcare professionals — nurses, social workers, clinical researchers — who know the Medicare system from the inside. They don't hand you a list of steps and wish you luck. They pull quotes from carriers in your ZIP code, check whether you qualify for a birthday rule or guaranteed issue window this year, review your health history to give you a realistic sense of your underwriting position before you apply, and coordinate the policy switch so you never have a gap in coverage.

Studies show that 92% of patients see better health outcomes when working with an advocate, and 98% feel more in control of their care (CHCAO). One advocate. One person who stays with you through the whole process. No bouncing around.

Patients pay \$0 or very little per month for Solace advocacy — and the savings on Medigap premiums alone often far exceed any cost.

Frequently Asked Questions

Can I switch Medigap plans without losing coverage?

Yes. Because Medigap benefits are standardized by federal law, switching from one carrier's Plan G to another carrier's Plan G does not change your coverage at all. To avoid any lapse, confirm that your new policy is active before canceling your old one.

Does switching Medigap carriers change my benefits?

No. Every Plan G (or any other plan letter) is legally required to cover the same services regardless of which insurance company sells it. The only difference between carriers offering the same plan letter is the monthly premium, their financial stability, and their customer service record.

What is the Medigap birthday rule and does it apply in my state?

The birthday rule is a state law that gives Medigap policyholders a short window each year — typically 30 to 63 days around their birthday — to switch to a plan with equal or lesser coverage without medical underwriting. As of June 2026, 16 states have enacted some version of this rule: California, Oregon, Maryland, Idaho, Illinois, Nevada, Louisiana, Oklahoma, Kentucky, Indiana, Virginia, Wyoming, Delaware, West Virginia, Utah, and Rhode Island. Connecticut, New York, and Vermont offer even stronger protections with year-round guaranteed issue rights.

Can I lower my Medigap premium if I have a pre-existing condition?

It depends on the condition. Medigap underwriting is typically a written questionnaire, not a physical or lab panel. Conditions like well-managed hypertension, controlled diabetes, and arthritis frequently do not disqualify applicants. Serious conditions like end-stage renal disease, certain active cancers, or recent major cardiac events often do. If your state has a birthday rule or you qualify for a federal guaranteed issue right, those health questions are waived entirely — making this question irrelevant for people in those situations.

What is the difference between Plan G and Plan N premiums?

Plan G averages around \$220 per month for a 65-year-old nationally. Plan N averages around \$171 per month for the same age group — roughly \$49 less per month, or nearly \$600 less per year. Plan N's lower premium comes with trade-offs: copays of up to \$20 for doctor's office visits, up to \$50 for ER visits that don't result in admission, and no coverage for Part B excess charges.

When can I switch Medigap plans without medical underwriting?

You can switch without underwriting during your initial six-month Medigap open enrollment period (which begins when you turn 65 and enroll in Part B), during one of the seven federal guaranteed issue situations, or during your state's birthday rule window if your state has one. Connecticut, New York, and Vermont offer year-round guaranteed issue rights, meaning residents of those states can switch at any time.

What is the Medigap 30-day free-look period?

Federal law gives you 30 days to evaluate a new Medigap policy after it takes effect. If you decide to cancel within those 30 days and request reinstatement of your prior policy, your old coverage is restored. This protection applies as long as you did not cancel your original policy before the free-look window expired. It removes most of the practical risk from trying a new plan.

Will switching to Medicare Advantage save me money on premiums?

Possibly in the short term. Many Medicare Advantage plans carry \$0 or very low monthly premiums, compared to Medigap premiums that average \$189 per month or more. However, Medicare Advantage plans come with network restrictions, prior authorization requirements, and annual plan changes that can affect your costs and access. The more serious risk: if you leave Medigap for Medicare Advantage and later want to return, you will likely face medical underwriting in most states — and if your health has changed, you may not qualify for Medigap at any price.

What is the aging block effect and why does it raise my premium?

The aging block effect happens because everyone who enrolled in your Medigap plan around the same time ages together as a group. As the pool gets older, average healthcare costs rise, and the insurer increases premiums to cover those rising claims. Newer risk pools — made up of people who enrolled more recently and are therefore younger on average — carry lower claims costs and charge lower premiums for identical coverage. Switching to a carrier with a newer risk pool can save \$50 to \$170 per month without changing your benefits at all.

How do I find the lowest Medigap premium in my area?

Use the Medigap plan finder at [Medicare.gov](https://www.medicare.gov) to compare prices for your specific plan letter, ZIP code, and age. Work with an independent broker (one who isn't tied to a single carrier) to get quotes from multiple companies simultaneously. Because benefits are standardized, you can compare Plan G from different companies side by side and choose purely on price, carrier financial strength, and service reputation.

You Don't Have to Figure This Out Alone

If your Medigap premium has been climbing and you're not sure where to start, that's not a personal failure — it's what the system does. It is confusing, the rules vary by state, and the insurance companies don't exactly advertise the fact that you can often pay less for the exact same coverage.

A Solace advocate is a real person — a nurse, social worker, or clinical researcher who has worked inside this system and knows it well. They make the calls, pull the quotes, check your state's rules, review your health history against underwriting standards before you apply, and coordinate the switch so there's never a gap in your coverage. You work with one advocate throughout. No bouncing between departments, no repeating your story.

For most patients, Solace advocacy is covered by insurance. The savings on Medigap premiums alone — often hundreds of dollars a year — can far exceed any cost. If you're ready to stop overpaying, a Solace advocate is ready to help.

[Talk to a Solace advocate today.](#)

REFERENCES 

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Solace puts an advocate in your corner—someone who's spent years in healthcare, knows the system, and takes on the toughest parts of your care. Don't do this alone.



Eligibility varies by plan. Advocates do not provide medical or legal advice or services.

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