BUILT TO LAST
N&F INSIGHT 2027

A (MOSTLY) TRUE HISTORY OF MEDIGAP

THE MEDICARE SUPPLEMENT THAT REFUSED TO DIE

THE CAT THAT USED UP NINE LIVES — AND WENT BACK FOR MORE.

AGENT EDITION ·MEDIGAP 2026 · A FIELD GUIDE FOR AGENTS

Founder Profile

TED SIMS

I am a 25-year senior market veteran with extensive experience in building Medicare and ancillary insurance distribution. My expertise includes developing IMO partnerships, strengthening carrier relationships, and recruiting and training agents.

Having worked at all industry levels, I bring a comprehensive perspective to growth initiatives. My strategies have led to sustained 20%+ year-over-year growth, engaged thousands of agents through impactful training, and significantly increased Medicare and ancillary contract volume nationally.

The Premise

THE MEDICARE SUPPLEMENT ON ITS 14TH FAREWELL TOUR

Every few years, someone declares Medicare Supplements officially dead. New products arrive. Headlines write the obituary. Committees nod gravely.

And Medigap? It quietly straightens its tie, sells another million policies, and says four polite words:

“We appreciate your concern.”

— Medigap, to every death prediction since 1990

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No sheriff in town

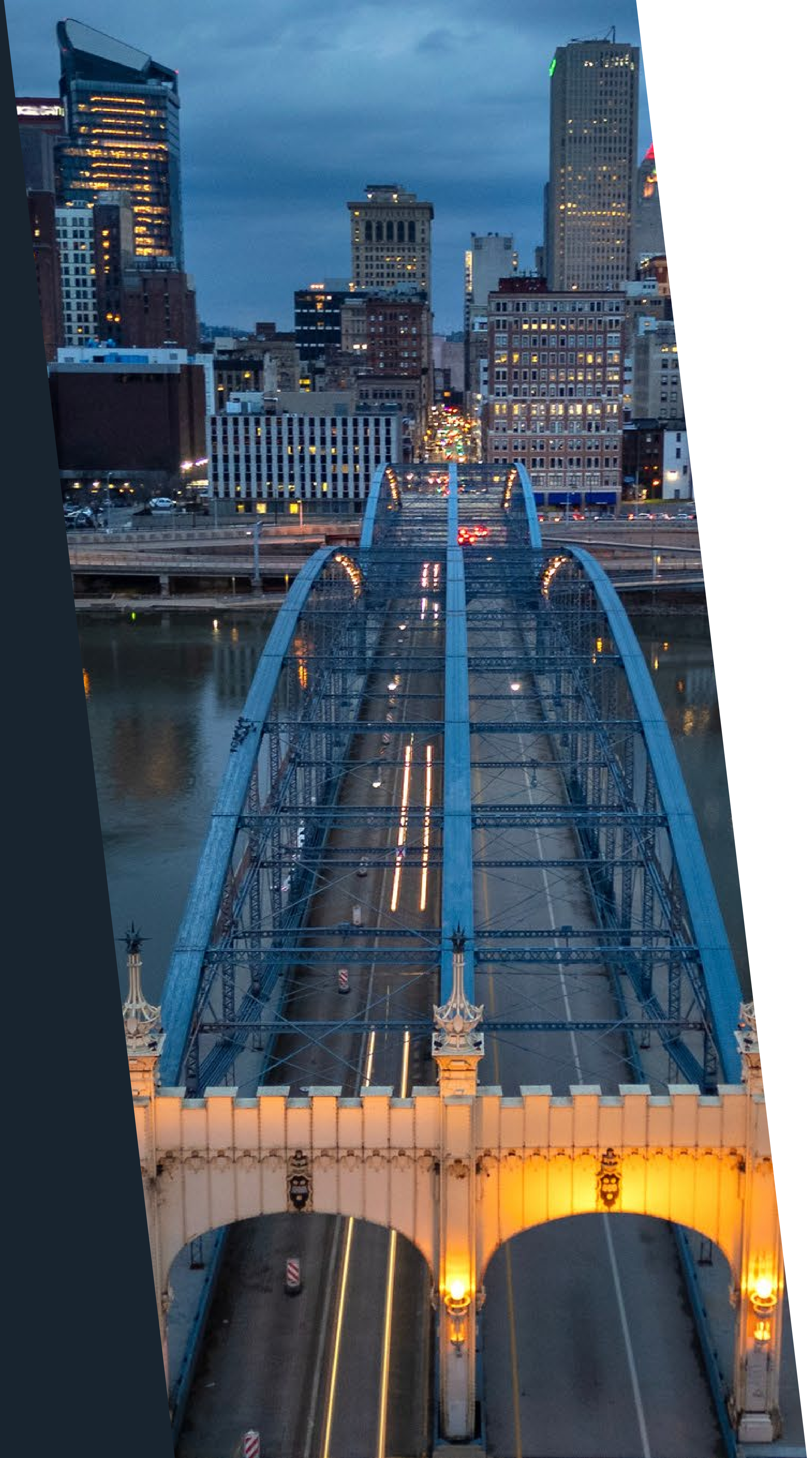
Zero standards. Every carrier made up its own rules.

Every outfit, its own law

“Plan” meant whatever that brochure decided that day.

Read at your own risk

Comparing two policies meant comparing two languages.



Chapter 1 · Before the Rules

THE WILD WEST OF MEDIGAP

Before standardization, buying a Medicare Supplement was the Wild West: no sheriff, no rules, and no real idea what you'd just bought. Every carrier rode into town with its own plan, its own names, and its own fine print.

***It was the Wild West —
and the fine print was loaded.***

THERE'S A NEW SHERIFF IN TOWN — AND HE BROUGHT A RULEBOOK

OBRA '90 pinned on the badge and cleaned up the territory. Medigap got standardized into lettered plans with identical benefits across every carrier. Plan G is Plan G whether you buy it in Georgia or Oregon — no more outlaw fine print.

Same letter, same benefits

Carriers could no longer hide behind custom fine print.

Law & order arrives

The only variables left: what you pay and how they treat you.

Buyers could finally shop

Apples to apples — a radical idea in insurance.

Chapter 3 · The GOAT Era

PLAN F: THE GOAT ERA

For years, Plan F was the answer before the client finished the question. It covered essentially everything — the Michael Jordan, Tiger Woods and Elvis of Medicare Supplements, all in one plan.

It was so dominant that recommending anything else felt like ordering a side salad at a steakhouse.

PLAN F

*Greatest Of All Time**

**Champions eventually get challenged. See next slides.*

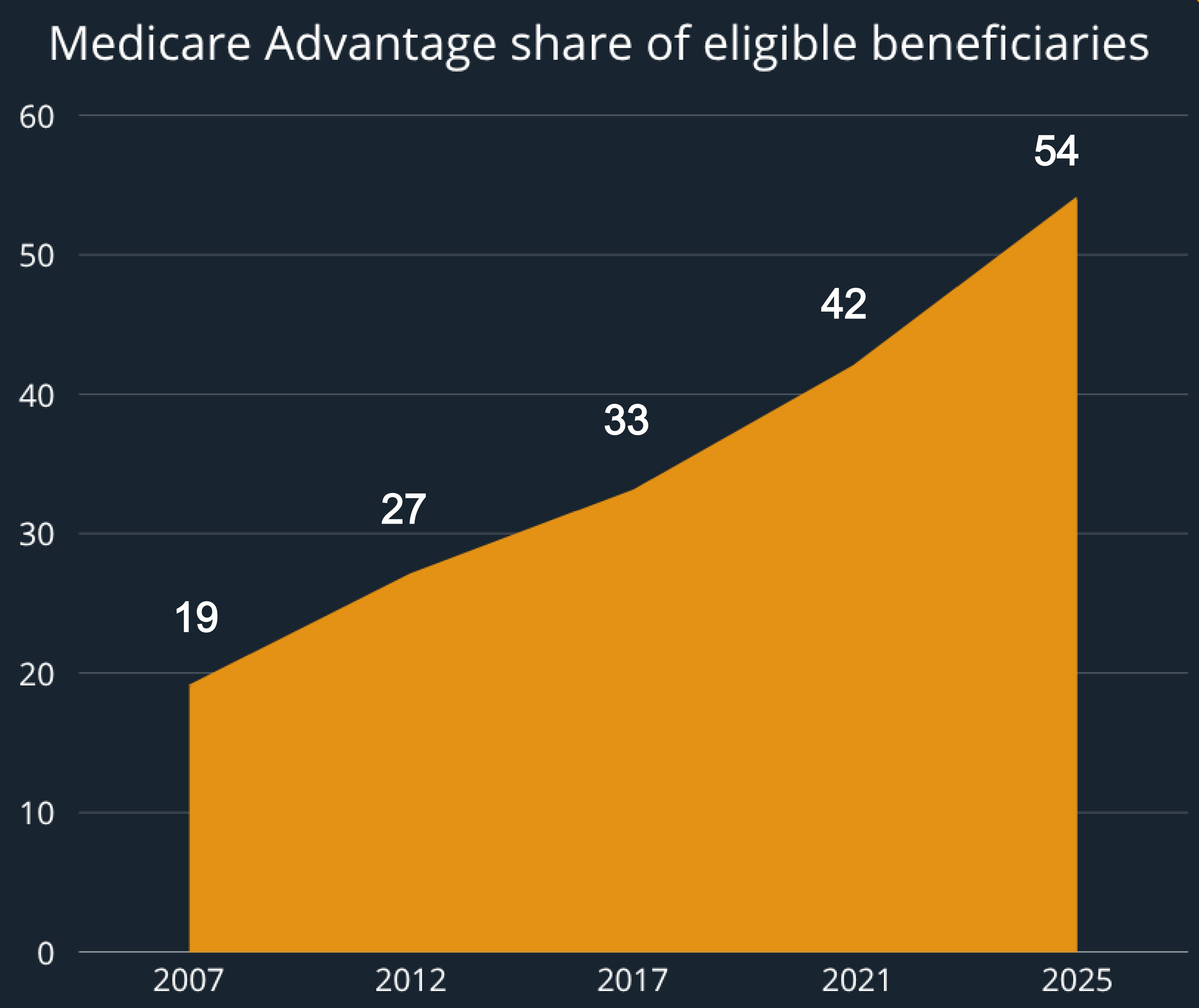
Chapter 4 · The Spoiled Younger Sibling

ENTER MEDICARE ADVANTAGE

Medigap came to the family reunion with two gifts: Peace of Mind and Freedom of Choice. Then the spoiled younger sibling showed up — dental, vision, gym membership, grocery card, OTC allowance, and (really) pest control, pet food, even an air purifier. We're one plan year from complimentary golf clubs.

Timeline check: MA isn't new— it launched in 1997 (as Medicare+Choice), took its current name in 2003, and just kept growing. It was on the scene long before the math nerds arrived.

Fun perks are real. So are the trade -offs.



Source: KFF, "Medicare Advantage in 2026: Enrollment Update" 54% of eligible beneficiaries (34.1M) enrolled in 2025.

THE REBEL MATH

The extra premium you'd pay for Plan F.

is MORE than

the Part B deductible Plan G leaves you to pay yourself.

Verdict: Plan G quietly wins on value.

REVENGE OF THE MATH NERDS (~2012)

A few agents did something dangerous: math. They noticed the premium gap between Plan F and Plan G was bigger than the Part B deductible that G doesn't cover. Clients came out ahead by picking G.

This was years before Plan F closed to newly-eligible in 2020. The spreadsheet crowd just saw the value first, as they usually do.

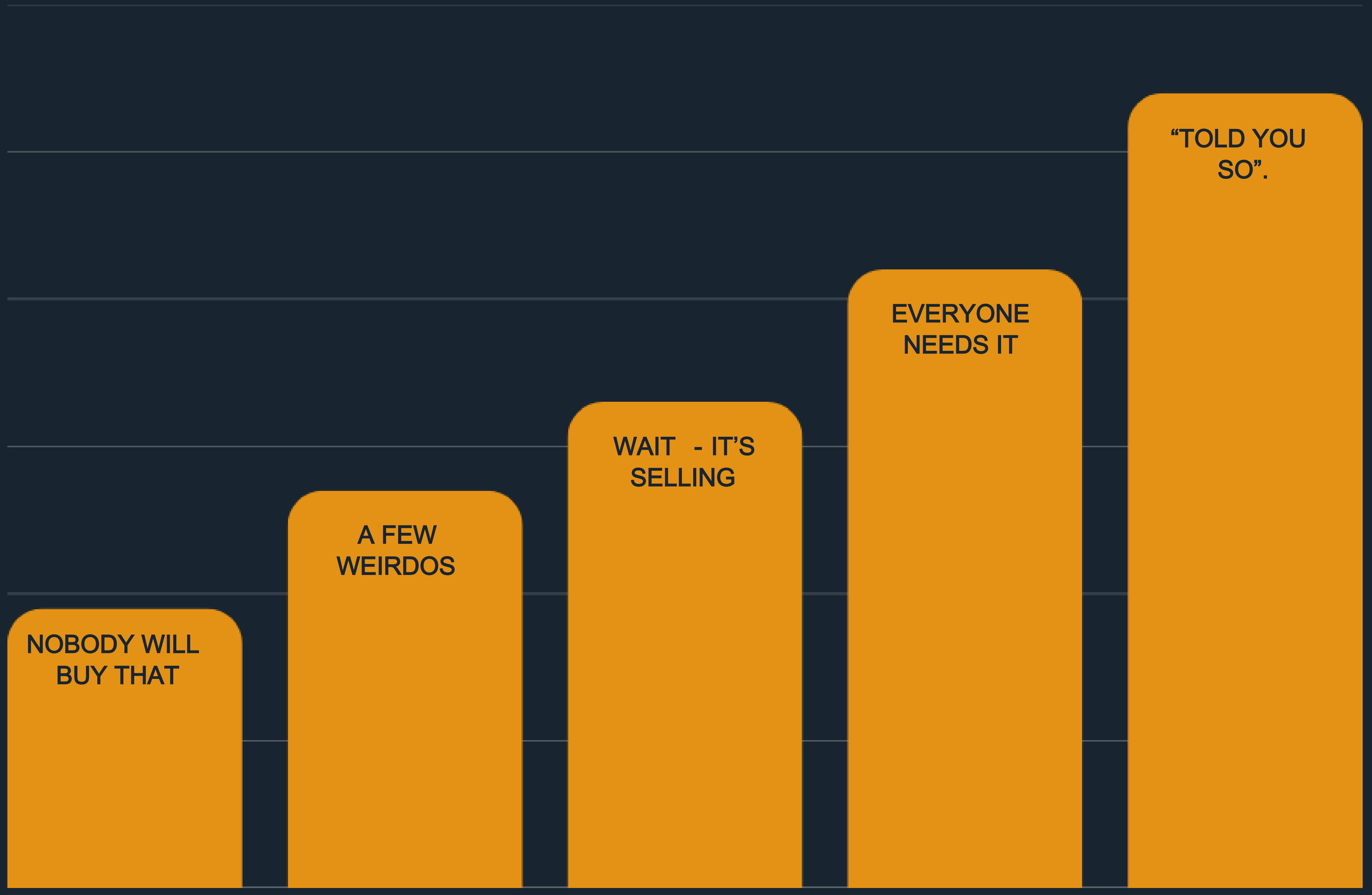
Sidebar · The Bet Nobody Takes

"I'LL PAY YOUR DEDUCTIBLE…"

Here's a wager I made a hundred times. The Part B deductible was $120. The extra premium for Plan F? $300 a year or more. So, I'd tell folks: "Tell you what — I'll happily pay your $120 deductible. You just *stroke me a check for the $300* you're overpaying." Funny thing…nobody ever took the bet.

Turns out everyone's a math genius when it's my money.

THE FIVE STAGES OF EVERY SUCCESSFUL MED SUPP PLAN



Sidebar · Medigap's Annual Funeral

THE OBITUARIES KEEP GETTING IT WRONG

Every era brings a fresh prediction that Medigap is finished. Every era, it politely declines. Meanwhile the enrollment numbers keep climbing.

- "Part D will kill it." (2006)
- "Advantage will kill it." (ongoing)
- "Plan F closing will kill it." (2020)
- "This time for sure." (every year)

14M+

Americans covered — and still climbing

6 straight years of enrollment growth

"We appreciate your concern."

"But what if I get sick and want to switch back?"

Real question, real client, two weeks ago. Honest answer: yes — switching back could mean underwriting hurdles. But here's the math I gave him: I'm saving you **$1,080 a year**. What illness sends you to the doctor **54 times in one year** — each visit a $20 copay — before those savings disappear? (Spoiler: there isn't one.)

~$1,080
saved per year

54
visits before copays catch up

Chapter 6 · The Comeback Kid

HOW PLAN N BECAME COOL

Plan N really caught fire right after the post-COVID rate increases. Premiums on G jumped, and the math nerds went back to their spreadsheets — this time comparing long-term rate trends. N was positioned to stay lower-cost over time, and clients who could handle small copays came out ahead.

Plan N in 2026 is right where Plan G was around 2012 — the smart money's already moving. And High-Deductible G is next on the calculator crowd's radar.

Chapter 7 · The New Challenger

HIGH -DEDUCTIBLE G RUNS THE SAME PLAY

The newest star follows the identical script: lower premiums, higher deductible, and a wave of “who would ever want that?” — right up until the calculator crowd shows up again.

Introduced

“Too niche to matter.”

Calculated

Low premium fits budget-minded, healthier clients.

Adopted

Sales climb quietly.

Established

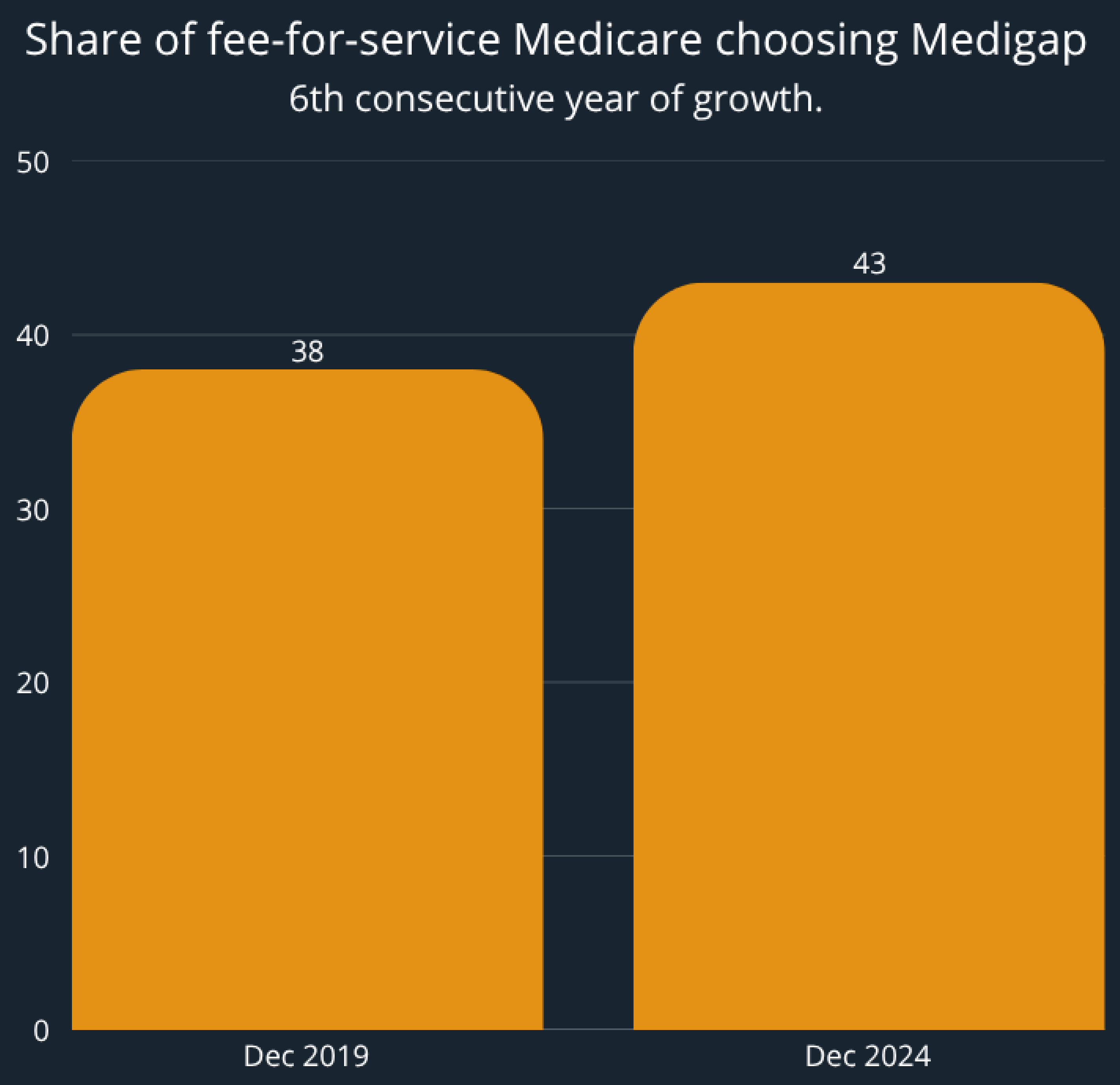
“Of course it makes sense.”

Chapter 8 · The Gold Rush

EVERYONE CHASED ADVANTAGE. MEDIGAP JUST KEPT GROWING.

The last few years were a Medicare Advantage gold rush. New agents poured in, the marketing dollars followed, and MA became the whole conversation — climbing to 54% of eligible beneficiaries.

And yet — while everyone was looking the other way — Medicare Supplement quietly added members for the sixth straight year. Share of fee-for-service Medicare rose from 38% to 43%.



Sources: KFF (MA 54% of eligible, 2025); AHIP (Medigap FFS share 38–43%, Dec 2019–Dec 2024, +1.3% in 2024).

Chapter 9 · The Crystal Ball

SO… IS IT FINALLY DYING THIS TIME?

2020 closed Plan F to newly eligible. 2025 saw Medicare Advantage cross 54% of all eligible beneficiaries. Surely NOW the obituary sticks?

Medigap, adjusting its tie: “We appreciate your concern.” It keeps evolving — F to G to N to HDG — because the underlying need never goes away.

THE UNKILLABLE TIMELINE

1965	Medicare is born
1992	Plans standardized
2006	Part D arrives — ‘the end’
2020	Plan F closes — ‘the end’
2025	MA tops 54% — ‘the end’
Today	**14M+ still enrolled**

Source: KFF, “Medicare Advantage in 2026: Enrollment Update” – 54% of eligible beneficiaries (34.1M) enrolled in 2025.

WHY SELL A PREMIUM PLAN WHEN MAPD IS $0?

Because the premium buys something real.

The honest answer

A Med Supp premium buys two things you can't get back once you're sick: **peace of mind**, and the **freedom to pick the best doctor** to treat what ails you.

A fair trade-off

Medicare Advantage is a strong, affordable fit for many clients — it caps the premium. A Med Supp caps the **exposure**: predictable costs and no surprise networks, even when a hospitalization or serious diagnosis hits. (MA's in-network out-of-pocket max can reach **$9,250**.)

You pay a premium for a premium product — peace of mind and freedom of choice are premium benefits.

Source: KFF, "Medicare Advantage in 2026" — federal in-network out-of-pocket max $9,250 (Part D separate).

IT WAS NEVER ABOUT ONE PLAN. IT'S A STORY ABOUT VALUE.

Every generation defines value differently — but every generation wants confidence.

Silent Generation	Early Boomers	Today's Consumers	Every Generation
valued simplicity	*valued comprehensive coverage*	*value efficiency*	*wants confidence*

It isn't a gym membership. It isn't a grocery card. It isn't a rebate program.

It's health insurance — and people care about it most exactly when they need it most.

Which may explain why Medicare Supplements keep surviving.

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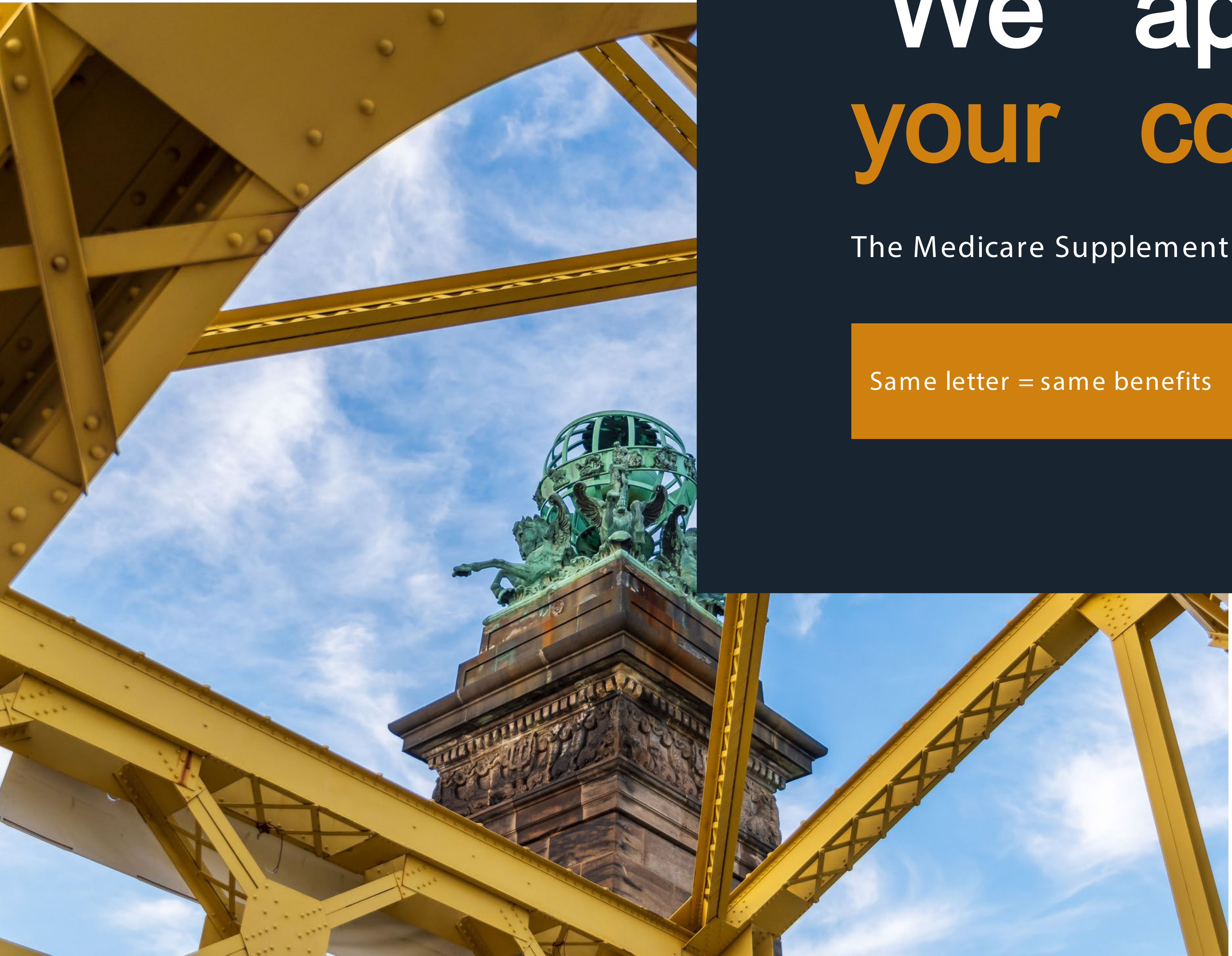

“We appreciate your concern.”

The Medicare Supplement That Refused to Die — and probably will again next year.

- Same letter = same benefits
- Sell value, not the letter
- The calculator crowd is usually right

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Appendix

SOURCES & DATA NOTES

1. Medicare Advantage enrollment (54% of eligible; 34.1M, 2025) - KFF - Medicare Advantage in 2026: Enrollment Update and Key Trends. kff.org
2. MA out-of-pocket max ($9,250 in-network, 2026; Part D $2,100 separate) - KFF - Medicare Advantage in 2026: Premiums, Out-of-Pocket Limits, Supplemental Benefits. kff.org
3. Medigap enrollment (14M+; FFS share 38-43%, Dec 2019-Dec 2024; 6th straight year of growth) - AHIP - State of Medicare Supplement Coverage / New AHIP Report. ahip.org
4. Medigap grew +1.3% in 2024; Plan G 43% and Plan F 33% of Medigap enrollees - Becker's Payer - Medicare supplement enrollment increased in 2024: AHIP. beckerspayer.com
5. Unusual MA supplemental benefits (pest control, pet food, air purifiers, groceries, OTC) -NCoA / MedPAC - Special Supplemental Benefits for the Chronically Ill (SSBCI).
6. Plan F closed to newly-eligible on Jan 1, 2020; MA share ~19% (2007) to 54% (2025) -CMS / MACRA of 2015; KFF / CMS historical MA enrollment data.

Figures reflect the most recent CMS/KFF/AHIP data available as of July 2026 and should be verified before publication.