GIARDINI MEDICARE · YOUR TRANSITION TO MEDICARE TEAM

The HDG Combo FAQ

Every question we get, answered in one place.

48 answers about the HDG Combo, plus the videos that walk through it.

GET YOUR PRICE IN ABOUT 20 SECONDS

Step 1: Price it yourself. Go to HDGcombo.com and tap **Build Your Combo** (upper right corner). Enter your age, gender, ZIP code, and tobacco use, and you will see Plan G, Plan N, and the HDG Combo priced side by side in about 20 seconds. No phone number or email needed to see your prices.

Step 2: Tell us what you want. Like what you see? Submit a request for the plan and the pieces you want, right from the site.

Step 3: We take it from there. If we're licensed in your state, we set up an appointment with you to build it and answer every question. If we're not, we hand you to our partner agency. They're fabulous to work with.

Build Your Combo at HDGcombo.com

THE 20-SECOND VERSION

- High-Deductible Plan G has the same benefits as Plan G, for a much lower premium, after a $2,950 deductible (2026).
- You don't pay $2,950 up front. Medicare still pays its share of every bill from day one.
- Small cash policies pay **you** if cancer, a heart attack or stroke, or a hospital stay hits.
- HDG increases have averaged lower, and they only touch the small HDG slice of what you pay.

WHAT'S INSIDE

The basics

What the combo is, in plain English.

1. What is the HDG Combo?

It's two things working together.

- **High-Deductible Plan G (HDG):** a Medicare Supplement with the same benefits as Plan G, for a much lower premium, in exchange for a yearly deductible.
- **A few small cash policies for the big stuff:** cancer, heart attack or stroke, and a hospital stay.

You take part of what you save on premium and use it to cover the events that can wreck a retirement budget. The goal: a Medigap plan you can afford at 65 that still fits you well at age 85.

2. Why do you call it a "combo"?

Because it's one Medigap plan plus the cash policies you pick. "HDG Combo" is our name for it. You won't find it on a Medicare chart, because it's a strategy, not a plan letter.

3. Is High-Deductible Plan G really the same as Plan G?

Same letter, and the same benefits once you meet the deductible. The difference is you cover a yearly deductible first ($2,950 in 2026). You keep all the freedom: any doctor or hospital in the country that accepts Medicare. No networks. No referrals. No prior authorizations.

But it's not the same plan. Until you reach the deductible, you pay your share of the bills. And adding the cash policies doesn't "create" a Plan G. They pay you cash for the big events, but they don't cover everything a Plan G would.

4. Do I have to buy every piece?

No. You pick the pieces. Some people take all three cash policies, some take one, and some take none. At HDGcombo.com you choose which cash policies go into your combo and see the total, then keep only what feels worth it to you.

5. Why doesn't everybody talk about this?

For years, Plan G premiums rose slowly and it was the easy answer. That changed. Plan G increases have averaged about 9% a year lately, and every one of those increases hits your whole premium. Once that math changed, the combo started making a lot of sense to a lot of people.

Want to see what those increases do over 10, 20, or 25 years? Plug your own premiums into our long-term cost calculator at Medigapmath.com.

💵 The deductible and the cost sharing

The part everybody asks about. Here's exactly how it works.

6. Do I have to pay $2,950 before anything is covered?

Nope. This is the number one myth. Original Medicare still pays its share from day one.

Think of HDG as Original Medicare with a spending cap. You pay your normal Medicare share of each bill until your share adds up to $2,950 for the year. After that, your plan pays 100% of Medicare-covered costs for the rest of the calendar year.

Watch us walk through it: how the cost sharing really works.

7. So what exactly is "my share"?

Here's the cost sharing, line by line:

Your share of the bill	2026 amount	Counts toward your $2,950?
Part B deductible (doctor visits, tests, outpatient care)	The first $283 of the year	Yes
Part B coinsurance	20% of the Medicare-approved amount	Yes
Part A hospital deductible	$1,736 per benefit period, if you are admitted	Yes
Other Medicare cost sharing (long hospital stays, skilled nursing coinsurance)	Varies	Yes
Preventive care (annual wellness visit, most screenings)	$0 when your doctor accepts Medicare	Nothing to count
Once your share reaches $2,950	$0 for Medicare-covered care	Done for the rest of the year

Medicare sets these amounts and updates them every year. Figures shown are for 2026.

Quick comparison: regular Plan G pays the Part A hospital deductible for you. With HDG, you pay it, and it counts toward your $2,950.

8. Can you walk me through a real year?

A quiet year. Your annual wellness visit is $0. Say the rest of your doctor visits and tests come to $2,000 in Medicare-approved charges. You pay the $283 Part B deductible, then 20% of the remaining $1,717, which is $343.40. **Your total for the year: $626.40.** Medicare pays the rest.

A big year. Say you're admitted to the hospital. You pay the $1,736 Part A deductible plus your share of the doctor bills. The moment your total reaches $2,950, you're done paying for Medicare-covered care for the year. Meanwhile, your cash policies pay *you*. In the HDGcombo.com example, hospital indemnity pays $350 a day, so a 4-day stay puts $1,400 in your pocket. If it was a heart attack, a stroke, or a cancer diagnosis, a $10,000 example benefit is more than 3x the entire deductible.

Round numbers for illustration only. Your real costs depend on the care you get and the policies you choose.

9. Isn't that a gamble?

Think of your premium as money you're holding. With regular Plan G, you send a bigger premium to the insurance company every month. With HDG, you send a much smaller one and keep the difference. Quiet year? That money stayed with you. Big year? The cash policies are there to catch it. You're really deciding who holds your money: the insurance company, or you.

One of our followers, Frank, has been on a high-deductible Medigap plan for 12 years and has never paid more than $800 in a year. That doesn't mean a bigger year can't happen. It just shows how rarely the full deductible comes into play.

10. How often do people hit the full deductible?

Most people spend about $600 in a typical year. The full $2,950 usually comes with a big event, and the big events are exactly what the cash policies are built for.

11. Does the deductible go up?

A little each year, and it's predictable. By law, the deductible is tied to the CPI-U, the government's main measure of consumer inflation. Medicare (CMS) adjusts it once a year to match, so it rises gradually with prices instead of jumping around. It was $2,870 in 2025 and is $2,950 in 2026. It resets every January 1.

The deductible over the last 10 years: 2016 $2,180 · 2017 $2,200 · 2018 $2,240 · 2019 $2,300 · 2020 $2,340 · 2021 $2,370 · 2022 $2,490 · 2023 $2,700 · 2024 $2,800 · 2025 $2,870 · 2026 $2,950. That's $770 over 10 years, roughly 3% a year.

A common myth: the insurance company can raise your deductible to $10,000 whenever it wants. It can't. Medicare sets the deductible, not the insurance company, and it's the same amount on every High-Deductible G plan in the country. Watch our quick take on the deductible myth.

12. Should I skip the doctor so I don't spend toward the deductible?

Please don't. Your preventive care is $0 anyway, and the whole point of the combo is that you can use your coverage without flinching. Get the care.

The cash policies

Cancer, heart attack or stroke, and hospital indemnity.

13. What do the cash policies pay?

- **Cancer:** a lump sum of cash when you're diagnosed with a covered cancer (for example, $10,000 or $20,000, you choose).
- **Heart attack or stroke:** a lump sum of cash after a covered event (for example, $10,000 or $20,000, you choose).
- **Hospital indemnity:** cash when you're admitted to the hospital (for example, $350 a day for up to 6 days, or a $2,000 lump sum, you choose).

You choose the benefit amounts. A bigger benefit means a bigger premium.

14. Who gets the money?

You do. It's paid directly to you, on top of whatever Medicare and your Medigap plan pay. Not to the hospital. Not to the doctor. To you.

15. What can I spend it on?

Anything. The deductible, the mortgage, groceries, gas to see a specialist, help around the house while you recover. No receipts to turn in.

16. Is the money taxable?

These are generally paid as non-taxable indemnity benefits, so they're generally not counted as income and don't push up your IRMAA. We're licensed insurance agents, not tax advisors, so check your own situation with your tax pro.

17. But $10,000 isn't enough to cover a cancer diagnosis!

It's not meant to. You already have medical coverage that pays for your body's care. This is added cash on top of that, to use for anything you need, related to the diagnosis or completely unrelated. The deductible, a second opinion, the mortgage, or literally a vacation. And if you want a bigger cushion, you can choose a bigger benefit.

18. Wait. Are you saying my Plan G doesn't cover cancer?

No one is saying that. Your Plan G (or HDG) does a beautiful job with your actual medical care. This cash is there for you to do whatever you need, because a cancer diagnosis can bring a lot of costs to a family. Think about:

- Wigs
- New clothes after losing weight
- Housekeeping help because you're exhausted
- Travel to and from treatment
- Flying a family member in to be with you, if you'd like

So many things can be expensive and are not covered by your Plan G or any other Medigap plan. That's what the cash is for.

19. Are these Medicare plans?

No. They're separate, limited-benefit insurance policies. They're **not** Medicare, **not** a Medicare Supplement, **not** major medical, and **not** long-term care insurance. They don't replace your coverage. They pay you cash on top of it.

20. What if the hospital keeps me under "observation" and never admits me?

Many hospital indemnity plans still pay for observation stays, but the rules are carrier specific. Some pay after a set number of hours, and some pay a reduced amount.

21. Is hospital indemnity one and done?

No. It resets. Once you have been out of the hospital for a set number of days (often 60, written in your policy), a new stay can pay again.

And it's not limited to 5 days a year. How many days it pays for each stay depends on the plan you pick, commonly up to 20. More days means a higher premium, and alongside a Medigap plan you may not need that many.

22. Can a cancer or heart attack/stroke policy pay more than once?

Only if you choose the version with a recurrence benefit, and you have to pick it when you apply. It's not about which cancer you get. It's about how long you have gone without treatment (or since your last heart attack or stroke). Without it, the policy pays once.

23. Is every cancer covered? What about skin cancer?

Most cancers are covered, but not every one. Most plans exclude skin cancer other than malignant melanoma. Some plans let you add a skin cancer rider that pays a smaller amount.

24. Does the heart attack or stroke payout depend on how serious it was?

No. How serious it was doesn't change the payout. But some events can be excluded, like a TIA (a "mini-stroke") or a cardiac arrest that was not caused by a heart attack. It depends on the plan, so check the exclusions in your policy.

25. Is there a waiting period? What about pre-existing conditions?

The cancer and heart attack and stroke policies have a 30-day waiting period before benefits start. Hospital indemnity generally doesn't cover a condition you were treated for shortly before your start date until the policy has been in force a while. The exact windows are carrier specific.

26. Will I have to answer health questions?

Yes, a short set. These are simplified issue: a quick yes or no application and a prescription check. No exam. Some health histories won't qualify, which is one more reason to set them up while you're healthy. Some hospital indemnity plans are even guaranteed issue (no health questions) for certain ages in certain states.

27. Can I raise my benefit later?

Not on the same policy. You would buy a second policy, answer the health questions again, and pay the price for your age at that time. If there is any chance you will want more, buy it the first time.

28. I already have HDG. Can I add the cash policies later?

Yes. The cash policies are not tied to Medicare enrollment periods, so you can typically add them any time. You will answer health questions, and pre-existing conditions can affect whether you qualify.

29. Can I add short-term care?

In many states, yes. Short-term care helps pay for recovery care Medicare doesn't cover, like help at home or a stay in assisted living. It works well alongside hospital indemnity: hospital indemnity pays while you're in the hospital, and short-term care helps with the care after. It's not available in every state. For more on short-term care, including pricing, visit IWantSTC.com.

📈 Price and rate increases

What it costs today, and why the long game matters more.

30. What does the combo cost?

Your price depends on your age, ZIP code, gender, and tobacco use. Here are the age-65 examples from HDGcombo.com:

Age 65 example	HDG Combo	Plan G	Plan N
Michigan (ZIP 48154)	**$120/mo** $43 HDG + $77 cash policies	$138/mo	$105/mo
Florida (ZIP 32789)	**$135/mo** $65 HDG + $70 cash policies	$208/mo	$152/mo
Colorado (ZIP 80137)	**$111/mo** $48 HDG + $63 cash policies	$151/mo	$108/mo

Examples only, not a quote. See your own numbers in about 20 seconds at HDGcombo.com.

31. Wait. In some states the combo costs more than Plan N?

Sometimes, on day one, yes. Look at Michigan and Colorado above. Two things to weigh: the combo includes cash benefits Plan N doesn't, and the combo is built to rise more slowly. Plan N has also averaged about 7.5% a year in increases lately, on the whole premium. Put the numbers side by side and decide what matters most to you.

32. Why does the combo hold its price better over time?

- **HDG has risen more slowly.** Lately, High-Deductible G has averaged about 4% a year in increases, compared with about 9% for Plan G and 7.5% for Plan N.
- **The increase only hits the small HDG slice.** The cash policies are issue-age rated, which means they're priced on your age when you buy, not your age today.

In the Michigan example, a 9% increase on a $138 Plan G is +$12.42 a month. A 4% increase on the $43 HDG is +$1.72.

A real Michigan example: one company's Plan G went up 12%, then 40%, and it has filed another 35% for October 1, 2026. Its High-Deductible G over the same years: 6%, 6%, 6%. Past increases never promise future ones, but that's the pattern we keep seeing.

33. What if HDG ends up rising as fast as Plan G?

You would still see smaller increases, because you start from a smaller premium. 9% of $43 is $3.87 a month. 9% of $138 is $12.42.

34. Do the cash policies ever go up?

They can, but it's less common. They're guaranteed renewable, and the company can't raise your rate because you had a birthday or filed a claim. Any increase has to apply to everyone with your policy type in your state, with written notice first. Nobody can promise a rate will never change.

35. Is there an income surcharge (IRMAA) on High-Deductible Plan G?

No. IRMAA, the income-related surcharge, only applies to Medicare Part B and Part D premiums. It doesn't apply to Medigap premiums.

36. When is the best time to buy?

Earlier. The cash policies cost less the younger you buy them, and you have to qualify on your health, which can change. If you're new to Medicare, your Medigap open enrollment window is the one time you can get HDG with no health questions.

🔄 Switching and timing

Turning 65, already on a plan, or not on Medicare yet.

37. I'm turning 65. What is my timing?

Your 6-month Medigap Open Enrollment Period starts the month your Part B starts. During those 6 months, a Medigap company can't turn you down or charge you more because of your health. It's the ideal time to set up the combo. (The cash policies still ask their short set of health questions.)

38. Can I keep contributing to my HSA with High-Deductible Plan G?

No. Despite the name, High-Deductible Plan G isn't an HSA plan. You can't contribute to an HSA once you're enrolled in any part of Medicare, including Part A. Money already in your HSA can still be used for qualified medical costs, so check the details with your tax pro.

39. I already have Plan G or Plan N. Can I switch to the combo?

Often, yes. Outside your open enrollment window, the HDG usually requires health questions, and it can be declined. Some states have birthday or anniversary rules that let you move to a plan with equal or lesser benefits, like HDG, without health questions during a window each year. Michigan doesn't.

When you're switching, we go through the health questions with you first. Then we submit the Medigap first and add the cash policies after it's approved, so you never pay for gap coverage on a plan you didn't get.

40. Can I switch from HDG to regular Plan G later?

Usually only by answering health questions, and you can be declined. If being able to change later matters a lot to you, tell us. Innovative Plan G (where available), regular Plan G, or Plan N might be a better fit for you.

And birthday rules don't help here. Even in states that have them, they generally don't let you move up from HDG to regular Plan G.

41. I have a Medicare Advantage plan. Can I do the combo?

Yes, if you pass medical underwriting. Moving from Medicare Advantage to a Medigap plan usually means answering health questions and being approved. The exceptions: you qualify for a special guaranteed-issue right, or you live in a state like New York that lets you change plans freely.

If you can't pass, or you'd rather stay on your Advantage plan, we absolutely encourage adding the cash policies to it. Go to advantagecombo.com to see the gaps in your plan, price the cash coverage that fills them, and get your plans.

42. I'm not 65 yet. Can I start now?

The cash policies, yes. They can be bought well before Medicare, and buying younger usually means a lower price while you're healthy enough to qualify. The HDG piece starts when your Medicare does. One state rule to know: in California, you have to buy these cash policies before you turn 65.

🤝 Working with us

What happens after you hit submit.

43. What happens after I submit my request?

If we're licensed in your state, a licensed agent on our team reaches out to set up your appointment. On that call we confirm what you entered, go over the health questions, build the combo with you, and take the applications. When everything is approved, we walk you through every policy you own, what each one does, and who to call.

If we're not licensed in your state, we hand you to our partner agency. They're fabulous to work with.

44. Does it cost extra to work with you?

No. You pay no fee for our help. We're paid a commission by the insurance company you enroll with.

45. What states are you licensed in?

> **28 states:** Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

Not on the list? Submit your request anyway. We will connect you with our partner agency. Plan and product availability varies by state.

46. Do I still need a drug plan?

Yes. The combo covers your medical costs, but you still need a standalone Part D plan. We help you pick one based on your medications and your pharmacy.

47. Who helps me when I need to file a claim?

We do. Call us at 248-871-7756. We pull the right form, tell you exactly what the insurance company needs, and stay with it until it's settled. (Filing a claim isn't a guarantee of payment. Benefits follow the terms of your policy.)

48. Is the combo right for everyone?

No. Here's a quick gut check:

Often a great fit if you...

- Want any doctor that takes Medicare, with no networks
- Are in relatively good health in a typical year
- Could handle the $2,950 deductible if a big year came
- Want cash in hand if something big happens
- Care what your premium looks like at 75 and 85, not just at 65
- Like running your own numbers before you decide

Maybe not, if you...

- Want $0 or close to it out of pocket on everything
- Have frequent procedures or heavy medical use every year
- Would lose sleep over any deductible at all
- Strongly prefer one single policy that does it all
- Have little savings to cover the deductible if needed

Watch it

Would rather watch than read? These are ours, made specifically about the combo. Tap any title.

The full explanations

- HDG Combo Strategy explained
  Start here. The whole strategy, start to finish.
- Plan G Rates Going UP? The Strategy That Could Save You Thousands
  Our full HDG Combo walkthrough: how it works, who it fits, and how it compares.
- Worried about the high-deductible G? Here's why most people never hit it.
  The deductible, demystified.
- Beyond Plan G: How to Build the Perfect Medicare Supplement Stack
  How the pieces fit together.
- The Medicare "Gaps" Nobody Warns You About (And How Cash Plans Help)
  Where the cash policies come in.
- Medigap Math: Plan G vs Plan N vs HDG (2021 vs 2026 Rates)
  What five years of rate increases did.
- HDG vs. Medicare Advantage: More Similar Than You Think
  If you are weighing the two.

Quick hits (Shorts)

- Myth: HDG means you pay $2,950 right out of the gate
- "Aren't you right back to paying Plan G prices?"
- We built the scenario to make High Deductible G lose
- You still pay the Part A deductible on HDG
- Can I switch from HDG to regular Plan G later?
- You don't have to buy the full combo
- Frank's 12 years on a high-deductible plan

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Your turn.

See your own number in about 20 seconds. No phone number or email needed to see your prices.

Go to HDGcombo.com and tap Build Your Combo

Would rather talk it through first? Call **248-871-7756** or email info@gmedicareteam.com.