

FAQ: WHAT'S NEW FOR MEDICARE ELIGIBLE INDIVIDUALS UNDER AGE 65?

Virginia law requires insurers, health services plans or health maintenance organizations issuing Medicare Supplement (a/k/a Medigap) plans in Virginia to offer individuals the option of buying at least one of its Medigap plans if they are:

- Under the age of 65 and living in Virginia;
- Medicare eligible by reason of disability, amended by the General Assembly in 2024 to include end-stage renal disease (ESRD); and
- Either enrolled in or will be enrolled in Medicare Parts A and B by the effective date of coverage.

When does the new Medigap enrollment period begin?

Effective **January 1, 2024**, Virginia law establishes a new and separate six-month open enrollment period for individuals under the age of 65 and Medicare eligible by reason of disability due to **ESRD**. Under this open enrollment period:

- Individuals who became eligible prior to January 1, 2024, will have a six-month period to apply beginning January 1, 2024;
- In the case of a retroactive eligibility decision, individuals will have a six-month period beginning January 1, 2024, or the month the person receives the retroactive eligibility decision, whichever is later; or
- At the individual's request, a 63-day period following voluntary or involuntary termination of coverage under a group health plan, or a six-month period beginning January 1, 2024, whichever period provides the later date to enroll.

NOTE: The new and separate open enrollment period established for ESRD does not impact the open enrollment period previously established on January 1, 2021, for individuals qualifying for disability as defined by 42 U.S.C. §426(b). Under that open enrollment period:

- Individuals eligible on or after January 1, 2021, by reason of disability have six months to apply beginning with the first month they are Medicare eligible by reason of disability;
- In the case of a retroactive eligibility decision, individuals have six months from the month the person receives the retroactive eligibility decision; or
- At the individual's request, a 63-day period following voluntary or involuntary termination of coverage under a group health plan.

Are these Medigap plans guaranteed issue?

Yes, these Medigap plans are guaranteed issue when the individual meets the eligibility requirements of Virginia Code [§38.2-3610 A](#). This means the carrier must issue and continue the policy or certificate at the option of the individual or group if premiums are paid.

What is considered creditable coverage?

Creditable coverage includes Medicaid, Medicare Parts A and B, and group and individual health insurance coverage. Refer to Virginia Code [§38.2-3431](#) for a complete definition.

Is there a trial right period?

There are no trial rights for a Medigap plan like the trial right period for a Medicare Advantage plan. Under the free-look period, an individual has the right to return a Medigap policy within thirty days for a full premium refund if not satisfied with the policy.

Will underwriting be required?

Underwriting occurs outside of open enrollment and when switching Medigap plans. Premiums may vary based on underwriting, such as age, gender, and tobacco use. Coverage under the Medigap plan offered must be provided if you pay your premium and meet eligibility requirements

Can an insurance company impose a pre-existing condition waiting period?

Carriers cannot exclude benefits based on pre-existing conditions if there is at least a six-month period of continuous creditable coverage. If the individual does not have a full six months of creditable coverage, the pre-existing waiting period will be reduced by the amount of creditable coverage the individual had. For example, if the individual has 4 months of creditable coverage, the pre-existing waiting period is reduced to 2 months.

Does Medicare coverage establish creditable coverage?

Medicare is considered creditable coverage.

Will an individual be eligible to get a Medigap plan during the six-month period if currently enrolled in a Medicare Advantage plan?

Individuals enrolled in a Medicare Advantage plan must disenroll and return to Original Medicare before obtaining a Medigap plan.

Visit [Medicare.gov](https://www.medicare.gov) to learn when you can join, switch, or drop a Medicare Advantage Plan.

Are Medigap insurers in Virginia allowed to charge disabled Medicare-eligible individuals under age 65 different premiums from the senior Medicare-eligible?

For coverage obtained during the open enrollment period or renewed after January 1, 2024, the premium rate charged to Medicare-eligible individuals under 65 may not be higher than the premium rate charged for the same plan to Medicare-eligible individuals aged 65.

Where can I find a list of insurance companies that sell Medigap policies to disabled Medicare-eligible individuals under age 65 and a list of their premiums?

Use the [Medigap Premium Finder](#) to help you shop companies offering Medigap coverage and compare premiums.[1] The tool also allows you to compare benefits for each plan type.

When I turn 65, will I receive a new six-month open enrollment period?

Yes, you will have a new six-month open enrollment period and be able to purchase any of the standardized Medigap plans. At that time, you may have a wider choice of Medigap plans.

[1] You must contact the company to confirm premiums for your situation. Premiums are based on several factors, and those displayed in the tool are not guaranteed. You may select the company name in the tool to be redirected to the company's website.