



Medicare Supplemental Insurance for the Medicare beneficiary under Age 65

Medicare Supplemental Insurance federal regulations do not guarantee eligibility to individuals under age 65 who are eligible for Medicare due to disability. However, thirty-three states have adopted state legislation extending guarantee issue to that group of individuals. North Carolina is one of the states that legislatively mandates eligibility to individuals eligible for Medicare due to disability. North Carolina G.S. 58-54-45 guarantees that individuals under the age of 65 who qualify for Medicare are eligible to purchase a Medigap policy A, D, and G effective January 1, 2020. This change took place due to changes in federal legislation regarding Medigap Plans A, C, and F.

https://www.ncleg.gov/enactedlegislation/statutes/pdf/bysection/chapter_58/gs_58-54-45.pdf

What is the Open Enrollment Period?

The open enrollment period is six months from the date a beneficiary is enrolled in Medicare Part B. During the open enrollment period, a person under 65 and on Medicare disability is only able to purchase Medicare supplement insurance Plans A, D or G. This is a special North Carolina law.

During the open enrollment period, the applicant is guaranteed to be issued a policy. Premiums may be higher for Medicare disability beneficiaries than for Medicare beneficiaries 65 or older. The insurance company may impose a pre-existing condition waiting period, but it cannot be longer than six months. This would include any health condition diagnosed or treated six months prior to the Medicare supplement application. If a person has prior creditable coverage, the waiting period must be waived. Creditable coverage is when the beneficiary has been covered by insurance or Medicaid for six months prior to the effective date of the Medicare supplement insurance policy. When a Medicare disabled beneficiary turns 65 years old, he or she will have a new six-month open enrollment period and be able to purchase any of the standardized Medicare supplement insurance.

For those persons that are retroactively enrolled in Medicare Part B due to a retroactive eligibility decision made by the Social Security Administration, the application must be submitted within a six-month period beginning with the month in which the person receives notification of the retroactive eligibility decision.

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