

# Clarifying Eligibility Requirements for Medicare Supplement Insurance (Medigap)

HOUMA, LA, UNITED STATES, April 23, 2025 /EINPresswire.com/ -- Medicare Supplement Insurance, commonly known as Medigap, plays a key role in bridging the out-of-pocket costs not covered by Original Medicare. While the value of Medigap coverage is widely acknowledged, confusion often surrounds who is eligible to purchase a policy and when enrollment is permitted. Understanding eligibility rules is critical for individuals approaching retirement or reviewing their Medicare options.

[Eric Yeates](#), owner of [ADDvantage Insurance](#) in Houma, Louisiana, emphasizes the importance of timing and qualification criteria when exploring Medigap options. “Medigap

plans are standardized, but the ability to enroll without restriction depends on meeting specific eligibility guidelines set by federal law and the state’s insurance regulations,” said Yeates.

To be eligible for a Medigap policy, an individual must first be enrolled in both Medicare Part A and Part B. Medigap is not a standalone plan; it supplements the benefits provided by Original Medicare. Individuals enrolled in a Medicare Advantage Plan (Part C) are not eligible to purchase a Medigap plan unless they are disenrolled from the Advantage Plan and return to Original Medicare.

The ideal time to enroll in a Medigap policy is during the Medigap Open Enrollment Period. This six-month window begins on the first day of the month in which a person is both 65 years old and enrolled in Medicare Part B. During this period, applicants are guaranteed the right to purchase any Medigap plan offered in their state, regardless of health status or preexisting conditions. Insurance companies cannot deny coverage, charge higher premiums, or delay benefits based on medical history during this window.



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*Eric Yeates*

After the open enrollment period ends, individuals may still apply for a Medigap policy, but insurance companies are allowed to use medical underwriting in most cases. This means applicants may be subject to health screenings, and acceptance into a plan may be denied or delayed depending on health conditions and medications. In states that allow it, insurers may also charge higher premiums based on health risks if enrollment occurs outside the guaranteed issue period.

Certain situations provide additional guaranteed issue

rights. For example, if an individual loses other health coverage through no fault of their own—such as a Medicare Advantage Plan leaving the service area or ceasing operation—they may be entitled to purchase specific Medigap plans without medical underwriting. These protections also apply in cases of involuntary loss of employer group coverage or if a Medigap policyholder exercises a trial right to return to Original Medicare after first enrolling in a Medicare Advantage Plan.

In Louisiana, individuals under age 65 who qualify for Medicare due to disability may not have the same rights as those 65 and older. While some insurers offer Medigap plans to individuals under 65, availability and premium rates vary by carrier. These individuals may wish to enroll in a plan during their initial eligibility period but are advised to reevaluate their options upon turning 65, when the standard Medigap Open Enrollment Period begins.

Another point of confusion involves delayed Medicare Part B enrollment. Individuals who delay enrolling in Part B because they are covered by an employer group health plan may trigger their Medigap Open Enrollment Period later than age 65. In such cases, the six-month window begins once Medicare Part B coverage becomes effective. It is important to track this timing to avoid missing the guaranteed enrollment opportunity.

It is also critical to understand that Medigap policies cover only one individual. Spouses must purchase separate Medigap plans if both require supplemental coverage. Additionally, not all Medigap plans are available in all areas. While the plans are federally standardized (Plans A through N), availability can vary by state and insurer.

Medigap policies do not include prescription drug coverage. Individuals seeking help with medication costs typically enroll in a standalone Medicare Part D plan. It is important to coordinate Part D enrollment to avoid late enrollment penalties and ensure comprehensive coverage.

Applicants must also consider premium structure. Some insurance companies use community-rated pricing, where everyone pays the same premium regardless of age. Others use issue-age-

rated or attained-age-rated pricing, where premiums vary based on the age at enrollment or current age, respectively. These pricing models influence long-term affordability and should be evaluated during the selection process.

Enrollment eligibility for Medigap requires awareness of timing, Medicare Parts A and B enrollment, and whether any guaranteed issue rights apply based on life events or plan changes. Individuals reviewing their Medicare options are encouraged to gather information early and evaluate eligibility windows before making a decision.

ADDvantage Insurance in Houma works with individuals throughout Louisiana to help them understand the requirements, timing, and options for enrolling in Medigap coverage. Knowledge of eligibility rules ensures that those who wish to enhance their Medicare coverage do so with clarity and confidence.

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