GUIDE

When a parent's Medicare Advantage plan closes, protect the Medigap right first.

For a plan ending December 31, the right to buy Medigap without medical underwriting ends around March 4. The way out of the replacement plan stays open until March 31.

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The letter says your mother's Medicare Advantage plan will not be offered in 2027. It names a replacement plan and gives a number to call, and the call can be over in a few minutes. Before that call, find one date in the letter: the day her current coverage ends.

Medicare Advantage closures for 2027 reach 193 counties

Medicare Advantage closures for 2027 reach further than last year's. KFF's analysis of federal data, as NPR reported it on October 24, 2026, found 193 counties where no Medicare Advantage plan will be offered at all, most of them rural. NPR put last year's figure at about 120 counties.

An enrollee whose plan is closing gets a special enrollment period through February 28, 2027, according to the same report. The report also describes what happens to someone who does nothing: the insurance company may assign them to another Medicare Advantage plan, or the government will enroll them in traditional Medicare without a supplemental or drug plan. Neither default includes a Medigap policy.

In the 193 counties with no Medicare Advantage plan left, a parent lands in Original Medicare either way. The open question there is whether Original Medicare stands alone or comes with a Medigap policy and a drug plan. For a parent with a health history, the federal window that opens with the closure is the route to that Medigap policy.

A Medicare Advantage closure opens a short federal Medigap right

Medigap is usually hard to buy late. Medicare.gov (checked October 27, 2026) says the six-month Medigap Open Enrollment Period starts the first month a person has Part B and is 65 or older. After that period, an insurer can deny a policy to someone who does not meet its medical underwriting requirements. For a parent with a long health history, that rule may have kept Medigap out of reach for years.

A Medicare Advantage plan that leaves Medicare or stops serving the area is one of the exceptions. Medicare.gov calls these guaranteed issue rights, or Medigap protections: situations where an insurer cannot deny the policy. Under the federal rule, the person can apply as early as 60 days before the Medicare Advantage coverage ends and no later than 63 days after it ends. The Medigap coverage cannot start until the Medicare Advantage coverage ends.

The federal list for this situation is Medigap Plan A, B, C, D, F, G, K, or L. Medicare.gov notes that Plans C and F are sold only to people who were eligible for Medicare before January 1, 2020. A parent who became eligible later is choosing among A, B, D, G, K, and L.

The right carries one condition. Medicare.gov says it applies if the person switches to Original Medicare rather than joining another Medicare Advantage plan. Medicare.gov also says these are federal rights only, and it sends families to their State Insurance Department to learn what state law adds.

A parent under 65 who has Medicare because of a disability starts from a different place. Medicare.gov says federal law does not require insurers to sell Medigap to people under 65, and that some states do. For that parent, the first question is whether the state sells Medigap to them at all.

The replacement plan's deadlines run past the Medigap window

The replacement plan named in an insurer's closure letter is another Medicare Advantage plan. Medicare.gov ties the federal Medigap right to the opposite choice: switching to Original Medicare rather than joining another Medicare Advantage plan.

The Medigap window counts from the day the old coverage ends and closes 63 days later. For a plan that ends December 31, that is around March 4. A parent in the replacement plan can still leave it for Original Medicare through the Medicare Advantage Open Enrollment Period,

which runs to March 31. The door to Original Medicare stays open four weeks longer than the guarantee that made walking through it worthwhile.

That gap is how the right lapses without anyone refusing anything. A family that settles into the replacement plan, has a hard winter, and decides in mid-March to leave can still reach Original Medicare. It can no longer buy Medigap without medical underwriting.

Medicare.gov's wording leaves one question open: whether a parent who joins the replacement plan, or is assigned to it, and then leaves inside the 63 days still holds the right. Either answer leads to the same order of operations. If the right does not survive joining, taking the replacement plan ends it at once. If it does survive, it still ends on day 63, weeks before the replacement plan's exit closes. Taken first, the replacement plan puts the right on a clock nobody in the family is watching.

The strongest case against protecting the Medigap right first

The case against putting the Medigap right first has three real parts. First, the Medicare Advantage Open Enrollment Period, January 1 to March 31, lets someone in a Medicare Advantage plan move to Original Medicare. A family could take the replacement plan now and leave in January, inside the 63 days. Second, Medigap costs money: a separate premium, plus a separate drug plan. Medicare.gov describes three ways insurers price Medigap, community rating, issue-age rating, and attained-age rating, and under attained-age rating the premium rises as the parent gets older. For some parents, Medicare Advantage is simply the better buy. Third, state law can go further than the federal rule. In a state that sells Medigap without underwriting outside this window, the urgency shrinks.

The January exit is the part that would undo this argument, and Medicare.gov does not support it. Its condition is switching rather than joining, and nothing in it says a later exit restores the right. Even on the most generous reading, the route ends around March 4 for a plan that ends December 31, not March 31. A family counting on January is resting the right on an untested reading, with less time than the published deadline suggests. One call to a counselor before January 1 settles it.

Cost and state law are real, and neither argues for taking the replacement plan first. Both argue for pricing the choice while the window is open. We will not name a state that goes further until we have checked it; the State Insurance Department can say in one call whether the parent's state is one. A family that confirms the right, gets quotes, checks its state, and then picks Medicare Advantage has lost nothing. A family that picks first learns the price of Medigap only after an insurer is allowed to refuse it.

Medicare Advantage enrollment comes around every fall. For a parent with a health history, a Medigap policy that an insurer cannot refuse may not come around again. When one option returns every year and the other may never return, check the one that may never return first.

What a family does first when a parent's Medicare Advantage plan closes

Find the date coverage ends in the closing Medicare Advantage plan's letter, and write two more dates beside it. Sixty days before that date is the earliest a Medigap application can go in under the federal rule. For a December 31 end date, that is about November 1, 2026. Sixty-three days after is the last day, around March 4, 2027. That is arithmetic, not a ruling, so count from the date in the letter. Applying near the front of the window lets a policy be lined up to start when the old coverage ends.

Drug coverage is a second enrollment, not part of Medigap. Original Medicare carries no drug plan, and NPR reports that a parent who does nothing lands in traditional Medicare without one. The special enrollment period that comes with the closure runs through February 28, 2027. Choose the drug plan in the same sitting as the Medigap application, before the old coverage ends, so both are in place on the first day.

Before accepting any plan, call the State Health Insurance Assistance Program, known as SHIP. Every state has one, and its number is listed in the Medicare & You handbook and on the national SHIP locator. NPR notes that SHIP staff and volunteers are required to give unbiased information on all available options.

Bring four questions. Does the federal guaranteed issue right apply to this closure? If our parent joins or is assigned to the replacement plan, does the right survive a switch to Original Medicare inside the 63 days? What does our state add, including for a parent under 65? Which drug plans cover our parent's current prescriptions, and what enrollment date has that coverage start when the old plan ends?

Write each answer down with the counselor's name and the date. If a question goes unanswered, mark it unknown and note where to ask next. Unknown is not the same as no: a state protection nobody has confirmed has not been ruled out.

Only then compare the replacement plan with Original Medicare plus Medigap and a drug plan, while the Medigap window is still open.

> Medicare Advantage enrollment comes around every fall; a Medigap policy an insurer cannot refuse may not come around again.

Two deadlines are easy to find this fall: February 28, when the special enrollment period ends, and March 31, when the Medicare Advantage Open Enrollment Period ends. The Medigap date is in neither place. It falls 63 days after the old plan ends, and it is the first one to write down.

Further reading

1. NPR, report on 2027 Medicare Advantage plan closures, counties with no plans, the special enrollment period, and the do-nothing default npr.org/2026/10/24/nx-s1-6014612
2. Medicare.gov, the federal page on when you can buy Medigap, including the right when a Medicare Advantage plan leaves and the 63-day window medicare.gov/health-drug-plans/medigap/ready-to-buy/when
3. Medicare.gov, the federal page on the Medigap Open Enrollment Period, medical underwriting, and guaranteed issue rights medicare.gov/health-drug-plans/medigap/ready-to-buy
4. Administration for Community Living, the federal description of the State Health Insurance Assistance Program (SHIP) acl.gov/programs/connecting-people-services/state-health-insurance-assistance-program-ship

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Most families never find out what they qualify for. Answer a few questions and get a personalized list of the programs, benefits and services available where you live. Free, about 5 minutes.