INSURANCE MATTERS

A Newsletter for Delawareans **October 2026**

DON'T BE SCARED OF OPEN ENROLLMENT



Delaware Medicare Assistance Bureau "DMAB" Is Here To Help!

Medicare Open Enrollment runs from October 15 through December 7 each year, giving Medicare beneficiaries an opportunity to review their current coverage and make changes for the upcoming year. During this period, you can switch between Original Medicare and Medicare Advantage, change Medicare Advantage plans, or join, change, or drop a Medicare Part D prescription drug plan.

The Delaware Medicare Assistance Bureau (DMAB) encourages beneficiaries to review their current plan each year, even if they are satisfied with their coverage. Premiums, deductibles, prescription drug costs, provider networks, and covered medications can change annually. Taking time to compare your options can help ensure your plan continues to meet your health care needs and budget.

DMAB offers free, unbiased Medicare counseling to Delaware residents who need help understanding their options. In this newsletter we'll help you understand some more facts about Open Enrollment.

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Trinidad Navarro
Insurance Commissioner
Delaware Department of Insurance
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OPEN ENROLLMENT

IMPORTANT REMINDERS



- Know that enrolling in a Medicare Advantage plan means it becomes your primary coverage. Original Medicare will no longer pay for services. You will receive a new ID card from the new plan and should store your Original Medicare card in a safe place.
- When moving from Original Medicare to a Medicare Advantage plan, be prepared to pay both a monthly Medicare Advantage premium and a monthly Medicare Part B premium.
- Medicare Advantage plans do not automatically give you "more money in your Social Security check every month." To qualify, you must be eligible for the Medicare Savings Program by having an income below Medicaid limits.
- Check that additional benefits, like dental, vision, hearing, fitness, or over-the-counter medications are actually accessible if offered. Some network providers of these services may be farther away than anticipated, including in neighboring states, so only factor them into your decision if you feel they are usable.
- Know that premium costs aren't the only out-of-pocket costs you may face. Medicare Advantage plans may have co-pays or cost-sharing that differ from Original Medicare.
- Call your preferred healthcare providers and facilities to understand if your prospective plan contracts with them. You may experience additional out-of-pocket expenses, service denial, or referral requirements if providers are considered out of network.
- Check if the plan provides Prescription Drug (Part D) coverage that meets your needs.
- Be aware that in most cases, enrollment locks a person into a plan for the full upcoming calendar year.

MEDICARE OPEN ENROLLMENT EVENTS

The Delaware Department of Insurance (DOI) hosts Medicare events by appointment only:
October 20- November 20

New Castle Co.: 503 Carr Road Ste. 303, Wilmington, DE 19809

Appointments available on:
October 21 & 29
November 4, 12, & 18

Kent Co.: 1351 W North Street Ste. 101, Dover, DE 19904

Appointments available on:
October 20 & 27
November 2, 9, & 17

Sussex Co.: 28 The Circle Ste. 1, Georgetown, DE 19947

Appointments available on:
October 22 & 29
November 2, 12, & 19



1-800-366-9500 | 302-674-7364 insurance.delaware.gov

The "Birthday Rule" Special Enrollment Period

Beginning January 1, 2026, existing Medicare Supplement (Medigap) policyholders in Delaware have the right to a Special Enrollment Period (SEP) annually.

- Medigap policyholders can switch to a plan with equal or lesser benefits without medical underwriting during a special enrollment period that begins 30 days before their birthday and ends 30 days after. Insurance carriers must notify policyholders of this opportunity.
- Medicare Advantage enrollees can return to Original Medicare and apply for a Medigap plan during designated enrollment periods: October 15–December 7 or January 1–March 31. Medigap insurers may consider medical history and impose waiting periods for pre-existing conditions.

Happy Retirement Dee!







The Delaware Department of Insurance congratulates Victoria "Dee" Jones on her retirement after 30 years of dedicated service to the State of Delaware.

Dee began her state career in 1996 under then-Governor Tom Carper, serving two years before joining the office of newly elected State Treasurer Jack Markell. After 10 years with the Treasurer's Office, she followed Markell to the Governor's Office, where she served for another eight years. Her career eventually brought her to the Delaware Department of Insurance, where she completed her remarkable 30-year journey in state government.

Reflecting on her career, Dee described it as "a very charmed career," expressing gratitude for the opportunity to work alongside some of the finest people in state government, especially her colleagues at the Department of Insurance.

The Department thanks Dee for her years of service and dedication. We will miss you dearly! We hope for all the best on your continued journey.

THE DOI CORNER

DOI Goes Pink For Breast Cancer Awareness





During October, the Delaware Department of Insurance proudly participated in Go Pink Day in recognition of Breast Cancer Awareness Month. Staff members showed their support by wearing pink and helping raise awareness about the importance of breast cancer education, early detection, and regular screenings.

Go Pink Day serves as a reminder that breast cancer awareness is about more than wearing a color, it is about supporting those affected by breast cancer, encouraging preventive care, and spreading awareness throughout our Delaware communities. The Department is proud to stand together in support of this important cause.

ASK THE COMMISSIONER

What is Considered a Pre-Existing Condition Under my Health Insurance Policy?

A pre-existing condition is a health issue or medical condition that existed before your new health insurance coverage began. Examples include asthma, diabetes, heart disease, cancer, and other ongoing or previously diagnosed conditions.

Fortunately, under the Affordable Care Act, most health insurance plans, including Marketplace and employer-sponsored plans, cannot deny you coverage, charge you more, or refuse to cover essential health benefits because of a pre-existing condition. Pregnancy is also protected under these rules. However, certain older, grandfathered plans may have different requirements.



Trinidad Navarro
Delaware Insurance Commissioner

Before enrolling in a health insurance plan, review your policy to understand its benefits, limitations, and exclusions. If you have questions about your rights or need assistance understanding your coverage, the Delaware Department of Insurance is here to help.

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The consumer comes first.

Our office is here to help if you have questions about or problems with your insurance coverage or insurance company.

Questions about insurance or complaints about an insurance company or insurance agent can be made to the Consumer Services Division by phone, by fax, by letter, by email or with an online complaint form.

Phone: 302-674-7300

Fax: 302-739-6278

consumer@delaware.gov

Our Mission

Protecting Delawareans through regulation and education while providing oversight of the insurance industry to best serve the public.