



# Medicare Advantage Trends



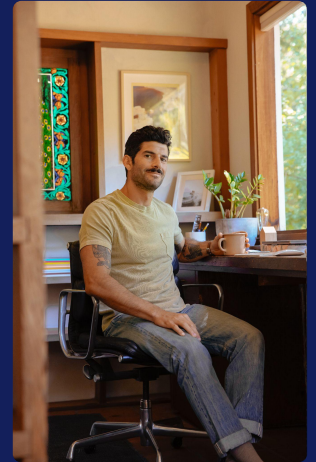
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# Agenda

01 Projected Future Enrollments

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02 2026 changes

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03 D-SNP and C-SNP

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04 Managing Change

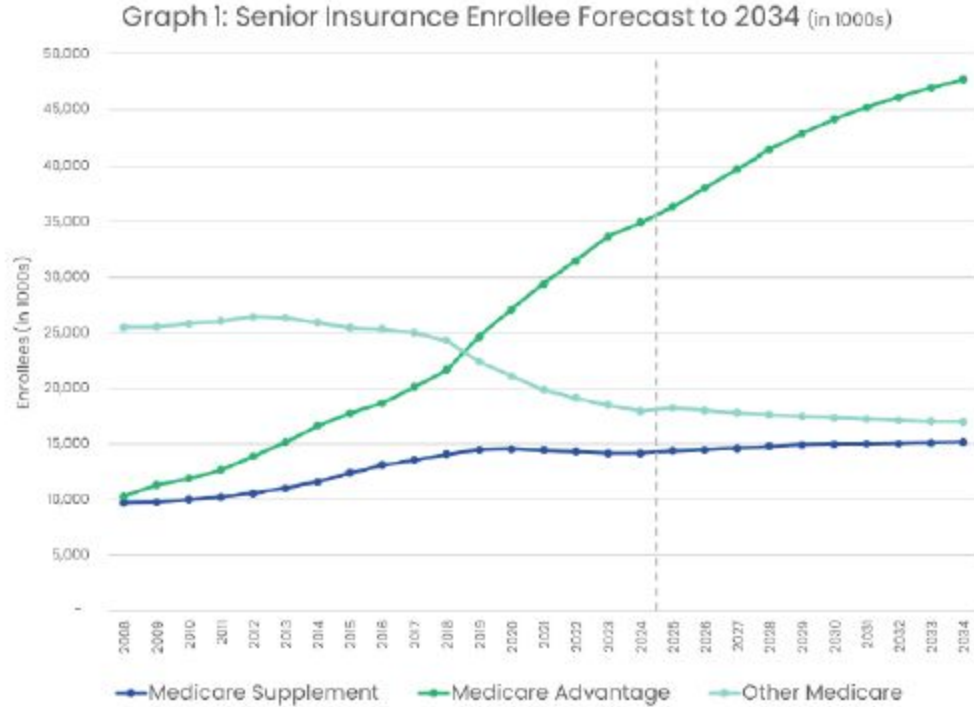
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05 Know your 2026 Plans

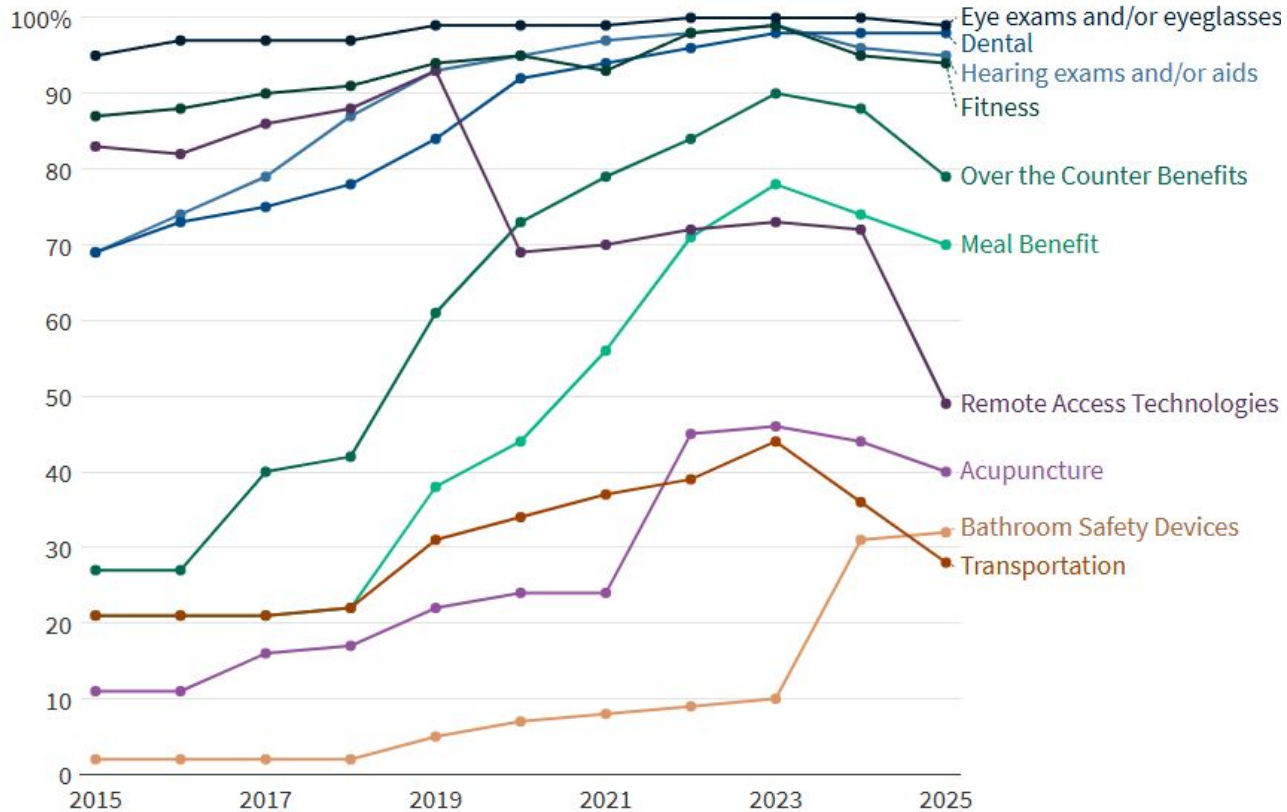
# ♦ Projected Enrollment

## Sources

1. 2025 Medicare Trustees Report
2. NAIC Medicare Supplement Experience Exhibits
3. CMS.gov
4. Other Public Company Sources
5. Tclos Actuarial Projections



# ◆ Select Extra Benefit Changes





# Some changes in 2026

## SSBCI Limits

Special Supplemental Benefits for the Chronically Ill (SSBCI) list of services allowed is changing. (Must have a reasonable expectation of improving or maintaining health).

## End of VBID

CMS ending Value Based Insurance Design (VBID) model. Plans will use the SSBCI program to offer these benefits on a D-SNP Plan. (qualifying condition)

## Part D

Liability for Part D costs shifting to the Carriers  
Part D OOP cap \$2,100  
Part D Payment Program

## MMP Plans

Most Medicare-Medicaid Plans (MMP), which were a pilot in 11 states, are ending in 2026 and will be replaced with an Integrated D-SNP. Plans may crosswalk members or require new plan selection



# Plans

## Medical Loss Ratios →

Carriers continue to face higher Medical Loss Ratios

- Utilization increased by almost 20% between 2018-2023
- 6% increase in 2024

## Terminations/Exits →

Expect continued plan terminations and service area reductions

- e.g. eliminate PPO in market where offer PPO and HMO
- Consolidate products and offer fewer options in a given market

## Benefits →

Expect benefit degradations to balance out rate and utilization changes

- Core benefits
- Supplemental benefits
- Premium/co-pays
- Drug tiers/copays

## Profitability →

Carriers are prioritizing profitability over growth to stay in market long term

- Limited growth goals
- Some expecting membership losses
- Broker compensation changes



# Predicted Disruptions

	Disruption	Enrollment Impact	Area	Current membership
Aetna(MA/MAPD)	Changing MAPD footprint(dropping plans/counties)	(300,000)	Nationwide	4,000,000+
Humana (MA/MAPD)	Exiting & downsizing plans. Loss of Star ratings in major plans	(500,000)	Nationwide	6,200,000+
Molina (MA/MAPD)	Exiting non D-SNP in all states except CA	Not Public Yet	NA	243,00+
WellCare (MA/MAPD)	Plan/State Exits due to large membership losses	Not Public Yet	NA	1,000,000+



# Predicted Disruptions

	Disruption	Enrollment Impact	Area	Current membership
UHC(MA/MAPD)	Some plan consolidation(less-managed/ PPO Offerings)	(600,000)	Nationwide	9,500,000+
Devoted (MA/MAPD)	Continuing growth in 2026	180,000+ (estimate)	Counties in Existing States	300,000+
Elevance (MA/MAPD)	MA growth continues, but offset by dropping certain plans and optimizing product offerings	(150,000)	Nationwide	2,000,000+



# Dual/LIS SEP Change

MMP's (Medicare-Medicaid Demonstration Plans) Sunsetting in 2026:

- Approx 235,000 Beneficiaries will need to find a new plan or will be crosswalked to a new plan with the same carrier.
- States affected: IL, MA, MI, OH, RI, SC, TX, NY, KY, IN, WI.
- Carriers: Major players include Molina, Centene, UnitedHealthcare, Humana, Aetna, Commonwealth Care Alliance, Fallon, and regional nonprofits like Neighborhood Health Plan of RI or CareSource



# Dual/LIS SEP Change

Continuing in 2025:

- Full dual-eligible beneficiaries will have access to a monthly SEP, which allows enrollment in highly or fully integrated Dual Special Needs Plans (HIDE/FIDE SNPs).
- Any beneficiary qualified for LIS or Medicaid will be eligible for a monthly SEP to disenroll from their Medicare Advantage plan, return to Original Medicare, and enroll in a PDP one time per year.

# ◆ Impacted States & Orgs.

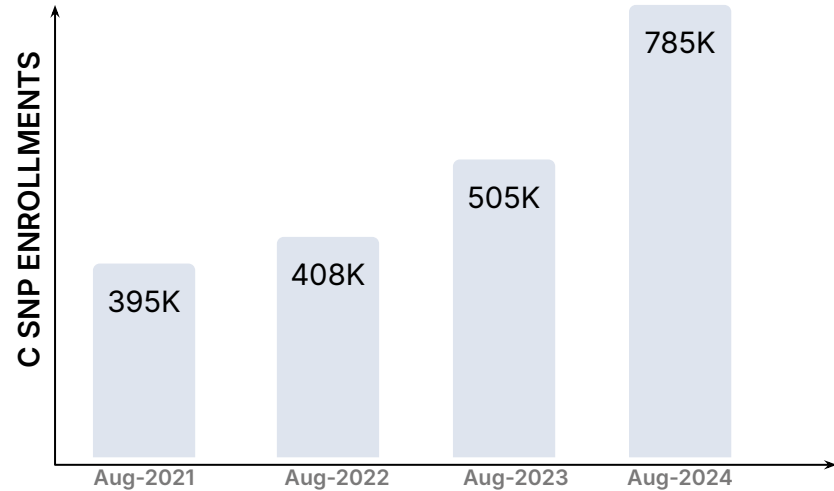
State	MMP Enrollment	Total Indiv. MA Enrollment	% of Total
Illinois	75,500	773,055	10%
Ohio	52,432	1,163,925	5%
Massachusetts	39,385	477,408	8%
Michigan	31,364	915,594	3%
Texas	14,064	2,116,678	1%
Rhode Island	11,740	137,732	9%
South Carolina	7,557	505,926	1%
New York	1,687	1,768,374	0%
Kentucky	51	382,702	0%
Indiana	40	577,653	0%
Wisconsin	20	591,236	0%
New Hampshire	11	92,276	0%
Total	233,851	9,502,559	2%

Organization	MMP Enrollment	Total Indiv. MA Enrollment*	% of Total
Molina	45,780	76,081	60%
CareSource	41,863	66,243	63%
Centene	33,521	487,951	7%
CVS	32,830	960,423	3%
HCSC	18,267	383,819	5%
Humana	14,078	1,531,696	1%
UnitedHealth Grp	13,930	2,782,384	1%
Neighborhood HP of RI	11,769	11,769	100%
Point32Health	6,861	123,327	6%
Independence Health Grp	5,652	5,810	97%
DLP Marquette Gen.	4,026	4,026	100%
Henry Ford Health	3,587	65,167	6%
PHSI	1,687	1,687	100%
Total	233,851	6,500,383	4%



# More focus on C-SNP

C-SNP is a fast growing segment of the Medicare Advantage market.





# Chronic Conditions

- Chronic alcohol and other dependence
  - Certain autoimmune disorders
  - Cancer (excluding pre-cancer conditions)
  - Certain cardiovascular disorders
  - Chronic heart failure\*
  - Dementia
  - Diabetes mellitus\*
- End-stage liver disease
  - End-Stage Renal Disease (ESRD) requiring dialysis (any mode of dialysis)
  - Certain severe hematologic disorders
  - HIV/AIDS
  - Certain chronic lung disorders\*
  - Certain chronic and disabling mental health conditions
  - Certain neurologic disorders
  - Stroke

\*The Big Three\*



# Chronic Conditions Verification

- Required by CMS
- Provider Attestation- Confirming diagnosis & severity
- Medical Records
- Claims Data

\*Verification must be completed **within 30-90 days of enrollment, depending on carrier.**

**Agent's role:** explain to the client that documentation is needed and help them understand the process.

### **Spark Can Help!**

Spark Navigators will help your clients coordinate with their doctors to get the Verification Completed!



# How to Manage the Changes

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# Spark's Platform Help

- Plan Exits
- Crosswalks
- PCP, specialist or hospital going out of network
- Prescription Removed from Formulary
- Drug Tier Change
- Prescription Cost Change
- Major Benefit Loss

Spark is releasing a feature that flags clients affected by major plan disruptions for 2026.

Agents will have the ability to see these on the Platform so they can proactively review the beneficiary's plan and reach out to the client.



# Managing Change

01

Stay Positive! Be Proactive!

02

Stay in touch with your clients

Reassure them that you are here to help them.

03

Be proactive, know your plans

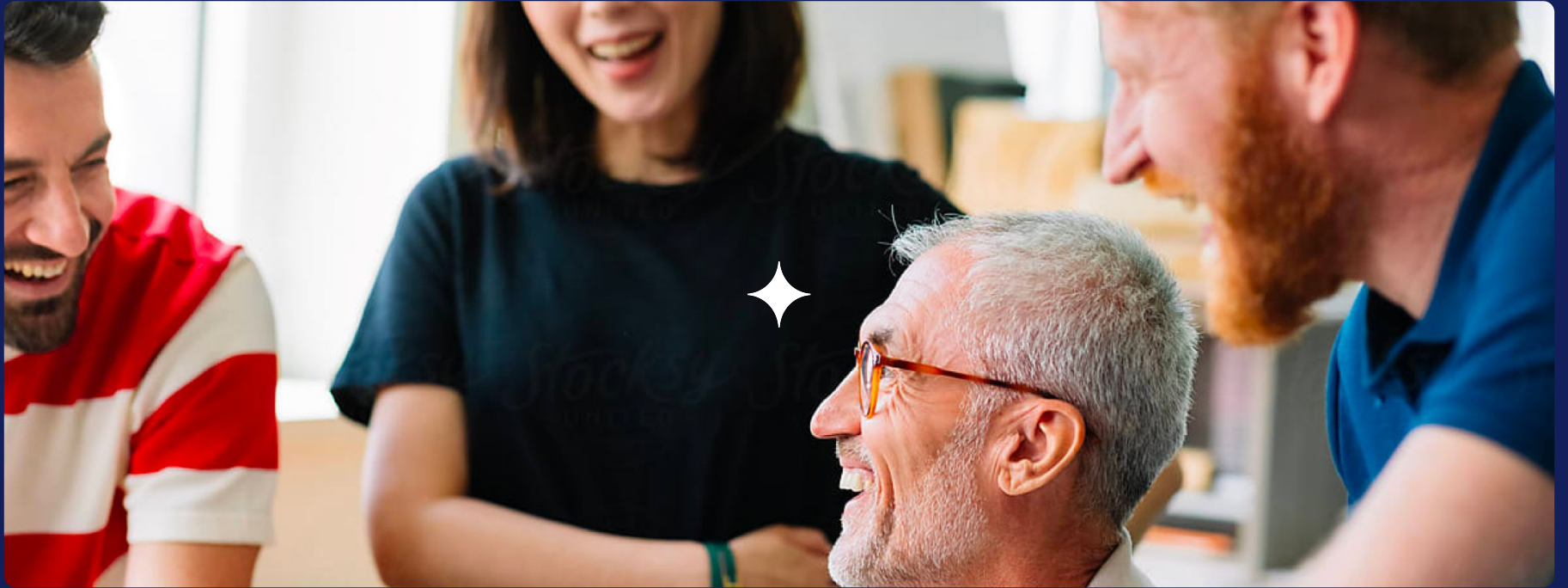
As plan information becomes available, study the plans for changes and opportunities. Look at the ANOC's

04

Use the Spark AEP surveys

Use the information your clients return to streamline your work





# Plan Comparison Year over Year



# Plangrid

01

Plan Grid helps you see plans at a glance

Have a column for each plan, group by Carrier or Area

02

You really learn the Plans and Plan Benefits well when you create the spreadsheet

03

Can compare years

Can have a column for 2024 and 2025 to easily see the changes in benefits

		2025
Plan Info	Plan Name	UHC The Villages Medicare Advantage FL-0004
	Plan Type(HMO, PPO, etc)	HMO-POS
	Plan ID Number	H1045-025-000
	Counties offered	Lake, Marion, Sumter
	Star Rating	
Plan Overview	Monthly Premium	\$0
	Part B Premium Reduction	\$16
	Health Plan Deductible	\$0
	MOOP	\$2,700
Benefits	Hospital Inpatient (in/out network)	\$175/day, days 1-6
	Hospital Outpatient (in/out network)	ASC-\$75, OP H-\$175
	PCP copay (in/out network)	\$0
	Specialist (in/out)	\$30
	Emergency Care	
	Urgent Care	
	Ambulance Co-Pay (ground/air)	
	Lab Services (in/out)	\$0
	Skilled Nursing Facility(per benefit period)	\$0/day days 1-20, \$203/day days 21-100
	Home Health Care	
	Medical Equipment	
	Transportation	No coverage
	Fitness	Yes-\$0 copay
	Hearing	\$0 exam, \$99-\$1249 copay per aid, 2/year
	Preventative Dental	\$2500 max, \$0 copay most, 50% bridges, denures
	Comp Dental	\$2500 max, \$0 copay most, 50% bridges, denures
	Vision	\$0 exam and lenses, \$300/yr eyewear
	OTC	\$60/qtr
	Flex Card	No
Initial Coverage Phase: Preferred Retail Drug Tiers (1 Month)	RX Deductible	\$0 Tiers 1, 2; \$175 Tiers3-5
	Tier 1	\$0
	Tier 2	\$0
	Tier 3	\$47
	Tier 4	\$100
	Tier 5	31%
	Insulin	\$35
Notes		Post discharge meals-28 meals



# Compare Plans Year over Year

A	B	C	D
		2025	2024
Plan Info	Plan Name	UHC The Villages Medicare Advantage FL-004	UHC The Villages Medicare Advantage FL-004
	Plan Type(HMO, PPO, etc)	HMO-POS	HMO-POS
	Plan ID Number	H1045-025-000	H1045-025-000
	Counties offered	Lake, Marion, Sumter	Lake, Marion, Sumter
Plan Overview	Star Rating		4.5
	Monthly Premium	\$0	\$0
	Part B Premium Reduction	\$16	\$0
	Health Plan Deductible	\$0	\$0
	MOOP	\$2,700	\$2,700
Benefits	Hospital Inpatient (in/out network)	\$175/day, days 1-6	\$175/day, days 1-6
	Hospital Outpatient (in/out network)	ASC-\$75, OP H-\$175	ASC-\$75, OP H-\$175
	PCP copay (in/out network)	\$0	\$0
	Specialist (in/out)	\$30	\$30
	Emergency Care		\$135
	Urgent Care		\$40
	Ambulance Co-Pay (ground/air)		\$215 ground
	Lab Services (in/out)	\$0	\$0/day days 1-20, \$25/day days 21-100
	Skilled Nursing Facility(per benefit period)	\$0/day days 1-20, \$203/day days 21-100	\$0/day days 1-20, \$25/day days 21-100
	Home Health Care		
	Medical Equipment		
	Transportation	No coverage	
	Fitness	Yes-\$0 copay	Renew Active - \$0 copay
	Hearing	\$0 exam, \$99-\$1249 copay per aid, 2/year	
	Preventative Dental	\$2500 max, \$0 copay most, 50% bridges, denures	\$2500 max, \$0 copay most, 50% bridges, denures
	Comp Dental	\$2500 max, \$0 copay most, 50% bridges, denures	\$2500 max, \$0 copay most, 50% bridges, denures
	Vision	\$0 exam and lenses, \$300/yr eyewear	\$0 exam, \$250/yr eyewear
	OTC	\$60/qtr	\$60/qtr
	Flex Card	No	No
	Initial Coverage Phase: Preferred Retail Drug Tiers (1 Month)	RX Deductible	\$0 Tiers 1, 2; \$175 Tiers3-5
Tier 1		\$0	\$0
Tier 2		\$0	\$0
Tier 3		\$47	\$45
Tier 4		\$100	\$95
Tier 5		31%	33%
Insulin		\$35	\$35
Notes		Post discharge meals-28 meals	Post discharge meals-28 meals Foot care: \$0-\$30 INN, 6 visits/year



# 2026 MAPD Change Summary

01

## Carrier exits

We don't know the full picture yet, but some carriers are exiting markets/decreasing number of Plans available

02

## Medical and Supplemental Benefits

Expect some cuts to benefits, especially the supplemental like dental, etc. and possible increase in MOOP's

03

## Changes to Part D portion of MAPD

Expect deductibles on drug coverage, especially higher tiers. Look for increases in co-pay amounts





# Q & A



# Need help?

- Access our Help Center 24/7 through the footer of any page in your Spark platform.  
Or reach out to us at [support@sparkadvisors.com](mailto:support@sparkadvisors.com).
- Check out our previously recorded webinars that include in-depth training videos in the [Spark Help Center](#)
- Stay up to date on upcoming trainings in our [Training Calendar](#).
- [AEP 2026 Help Center page](#) - Resources for AEP Prep!



# Thank You

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