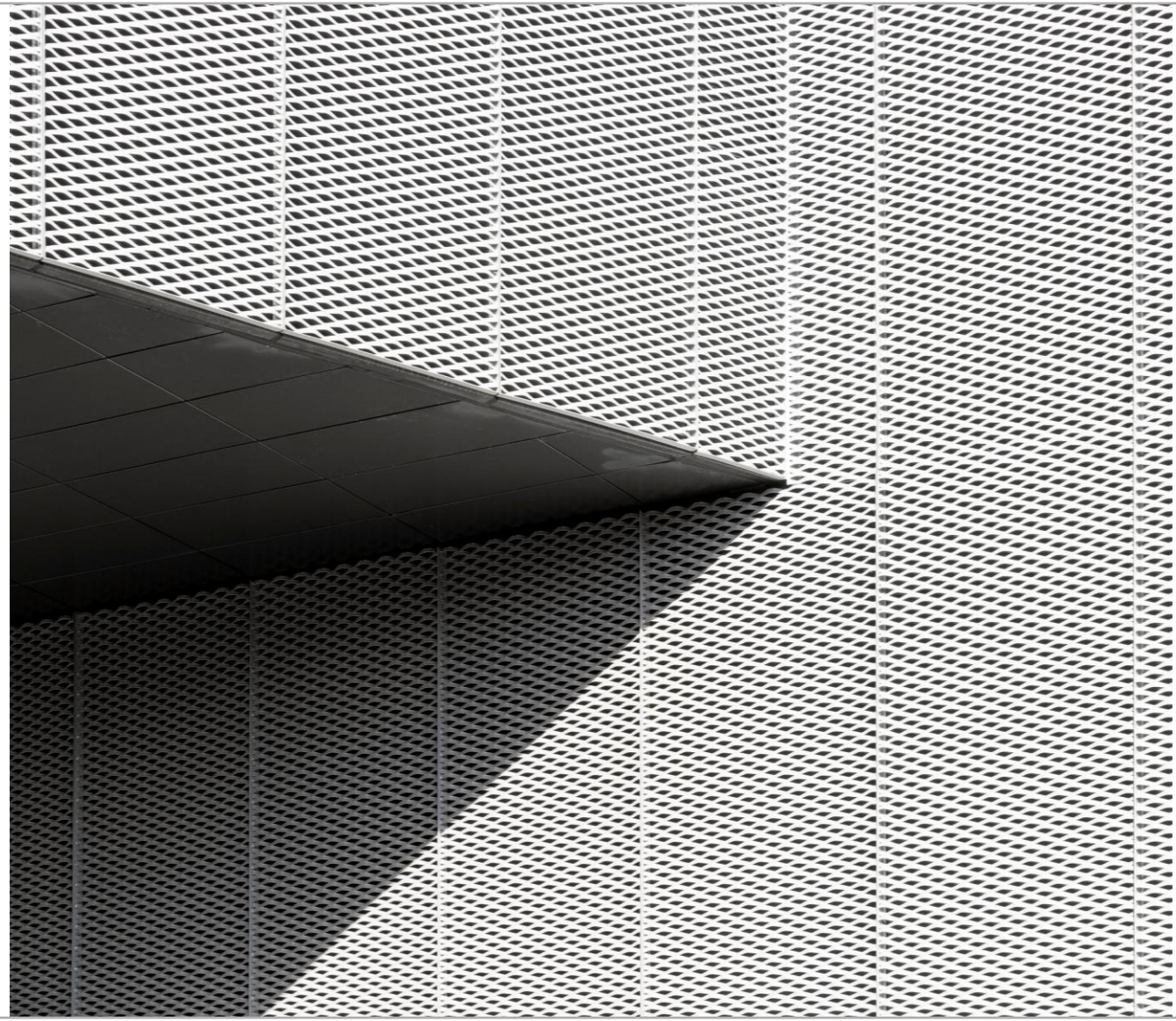
2026 Medicare Advantage & Part D Landscape: Market Signals, Costs, and Beneficiary Impacts

September 2025

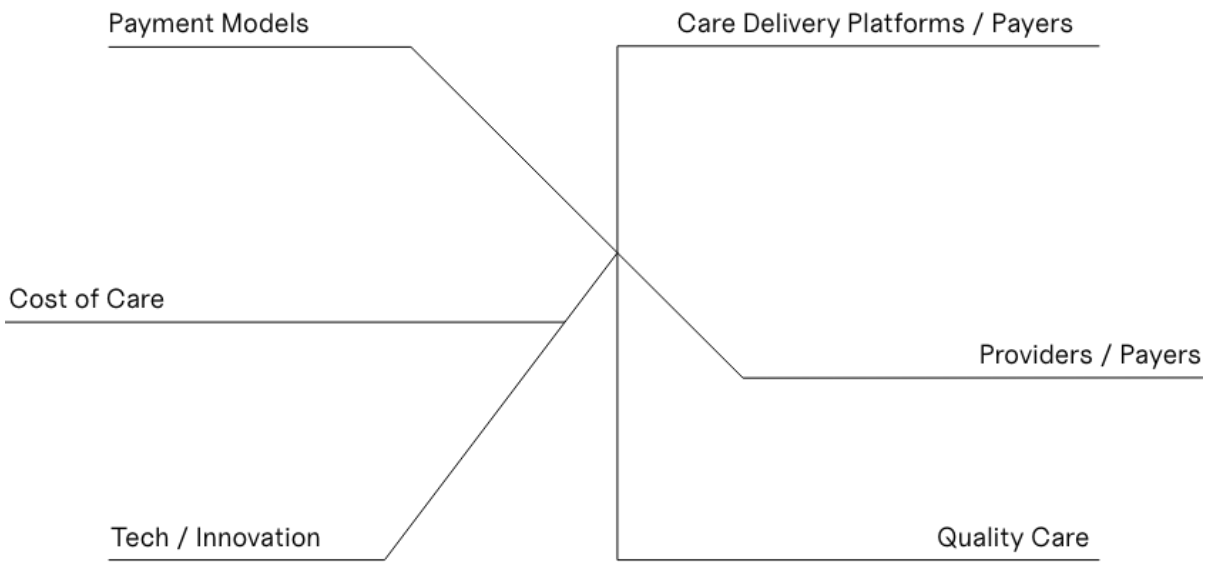
ATI Advisory



ATI ADVISORY'S PURPOSE: MAKE CARE BETTER FOR EVERYONE

Solving the hardest problems in healthcare

- **Maximizing healthcare value**
  Aligning payment with high quality care
- **Eliminating complexity & inequality**
  Integrating programs and service delivery, including pharmacy
- **Scaling person-centered care and services**
  Shifting to more accessible service delivery infrastructure

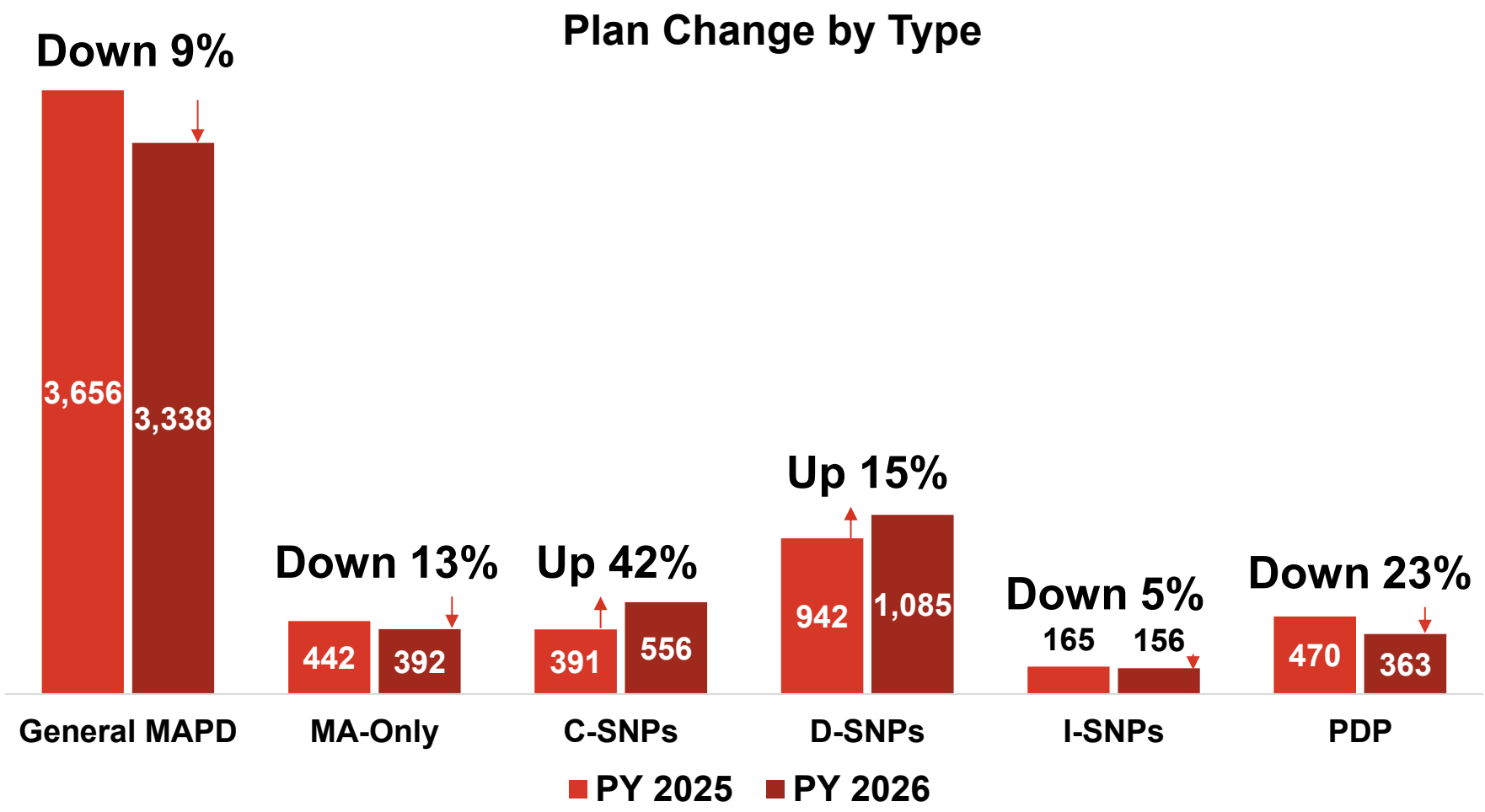


WHAT DOES THE 2026 MEDICARE ADVANTAGE AND PART D MARKET LOOK LIKE?

- Overall MA plan availability is **relatively stable**; however, the market will see a **decline in general enrollment MA** plans while **SNP offerings continue to grow** – led by an increase in **Chronic Condition SNPs (C-SNPs)**
- Most counties offer a **zero-dollar premium MA plan** in 2026
- As expected, the **PDP market continues to contract** with a **reduction** in plans from 2025, largely driven by a **decrease** in Enhanced Alternative Plans
- The largest three MA carriers (UHG, Humana, and CVS) **reduced the number of counties** they serve; **Elevance, Centene increased their coverage**
- **Preferred Provider Organization (PPO)** health plan offerings are **declining** in general enrollment MA

Medicare Advantage (MA) plan availability is largely holding steady overall, but a detailed look at the data shows important trends for the market going into PY2026

GENERAL ENROLLMENT MA PLAN OFFERINGS DECLINED WHILE SNP GROWTH CONTINUES



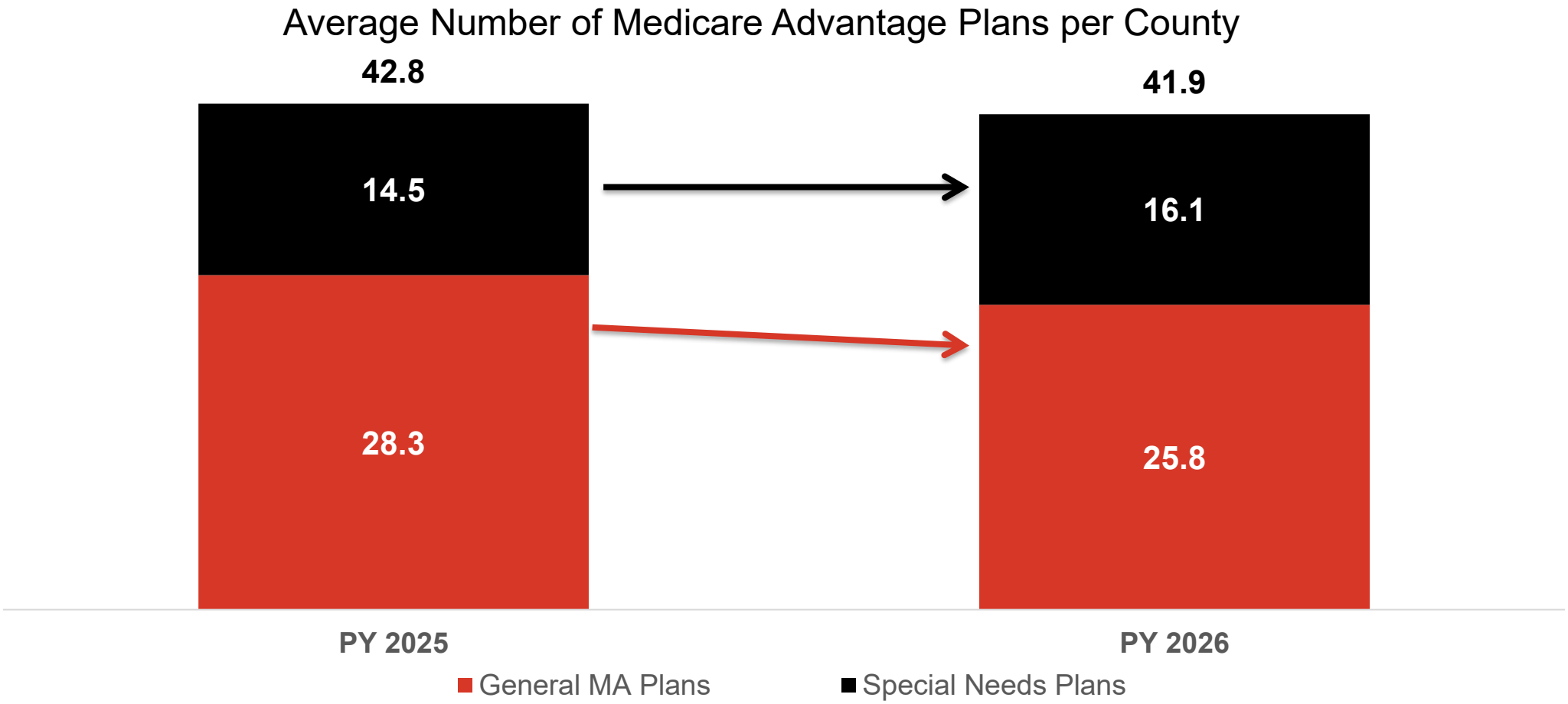
2026 MA plan availability is relatively stable

- An almost 10% decline in general enrollment MA plans is offset by a 20% increase in SNPs
- The PDP market continues to contract with a 23% reduction in plans from 2025, largely driven by a 34% decrease in Enhanced Alternative plans

Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage]). Excludes MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

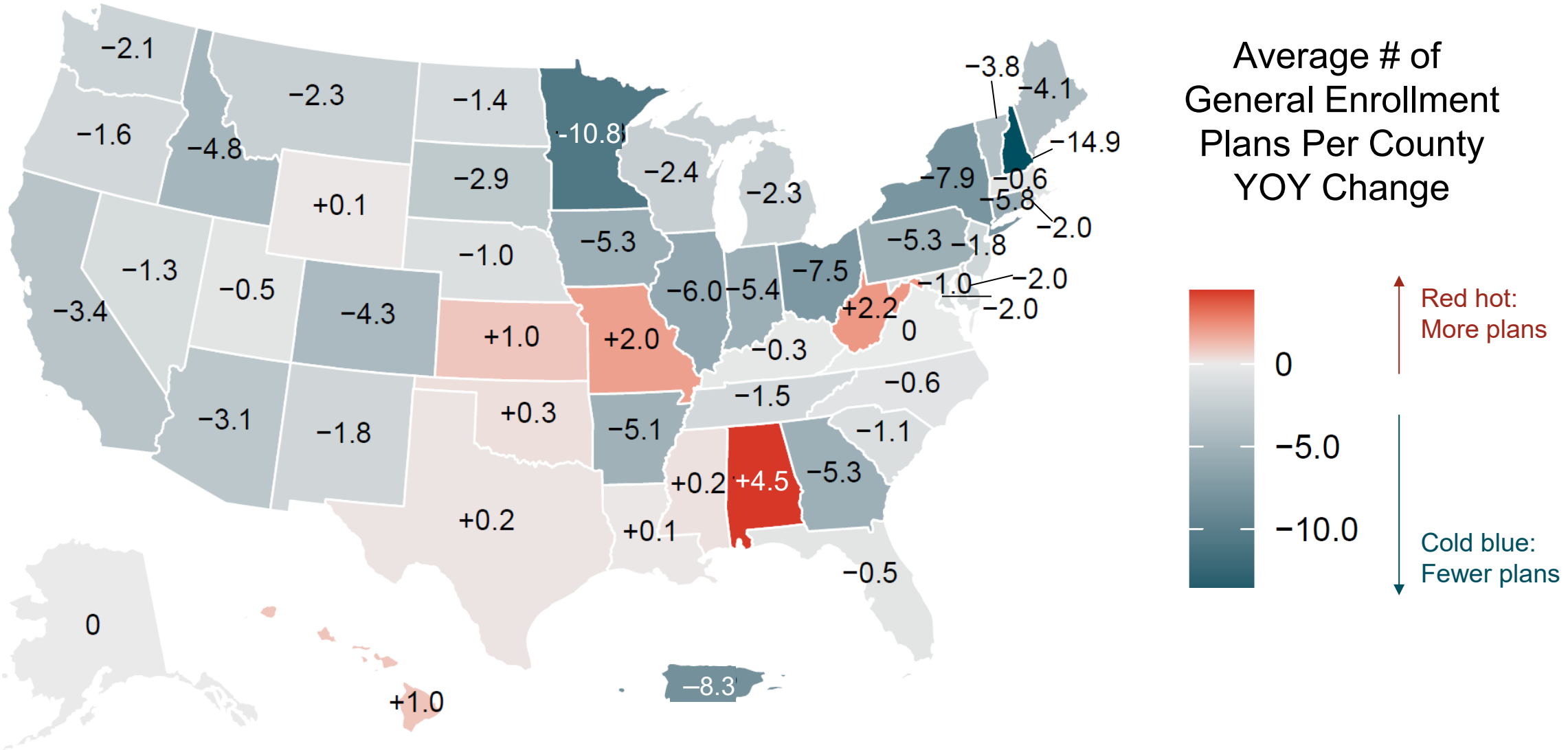
MEDICARE BENEFICARIES CAN CHOOSE FROM AROUND 26 NON-SNP AND 16 SNP PLANS

Change in Average Number of MA Plans per County Between 2025 and 2026



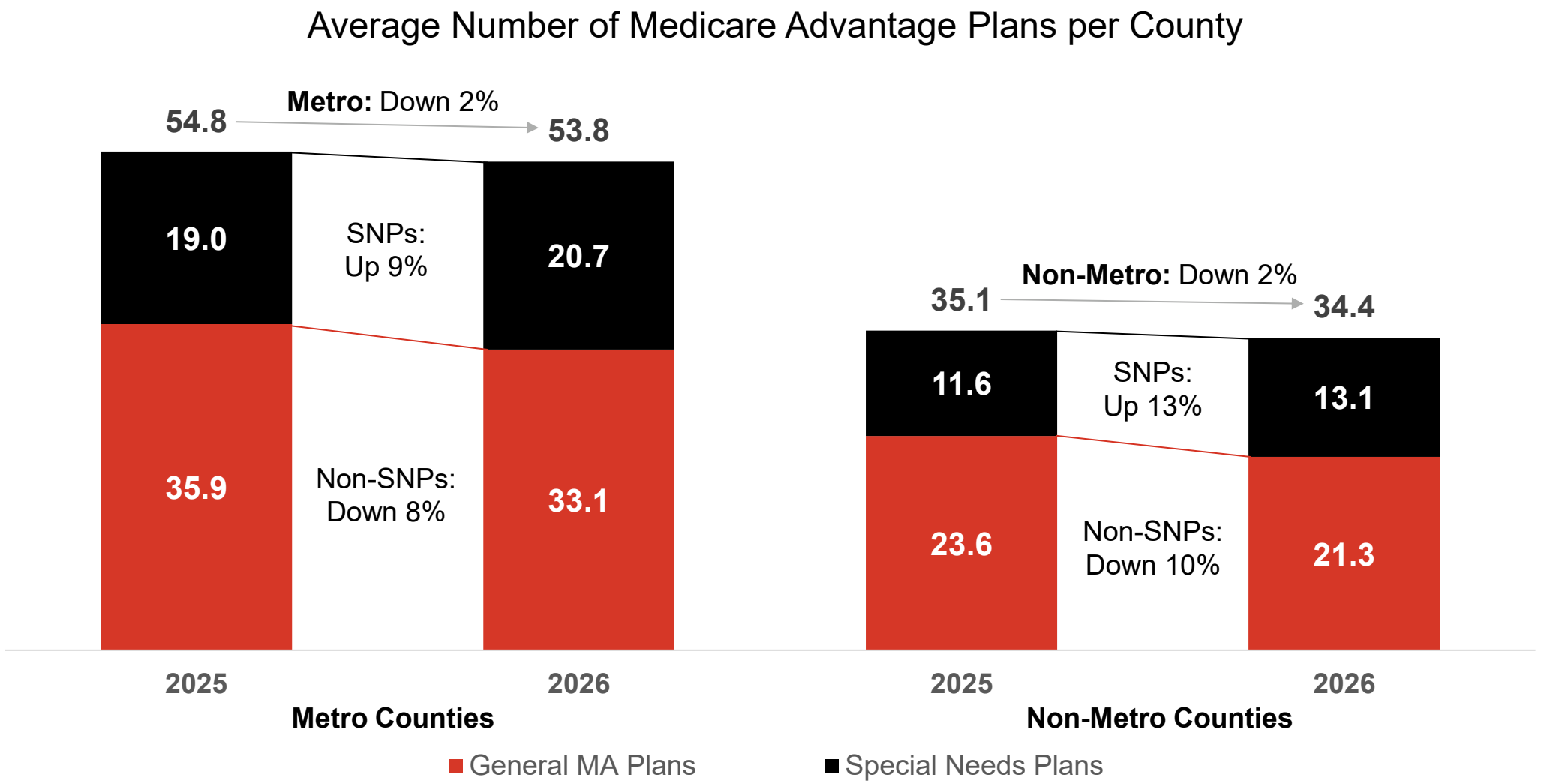
Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage]). Excludes PDPs, MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

COUNTY COVERAGE VARIES, WITH LARGEST INCREASES IN SOUTH CENTRAL U.S.



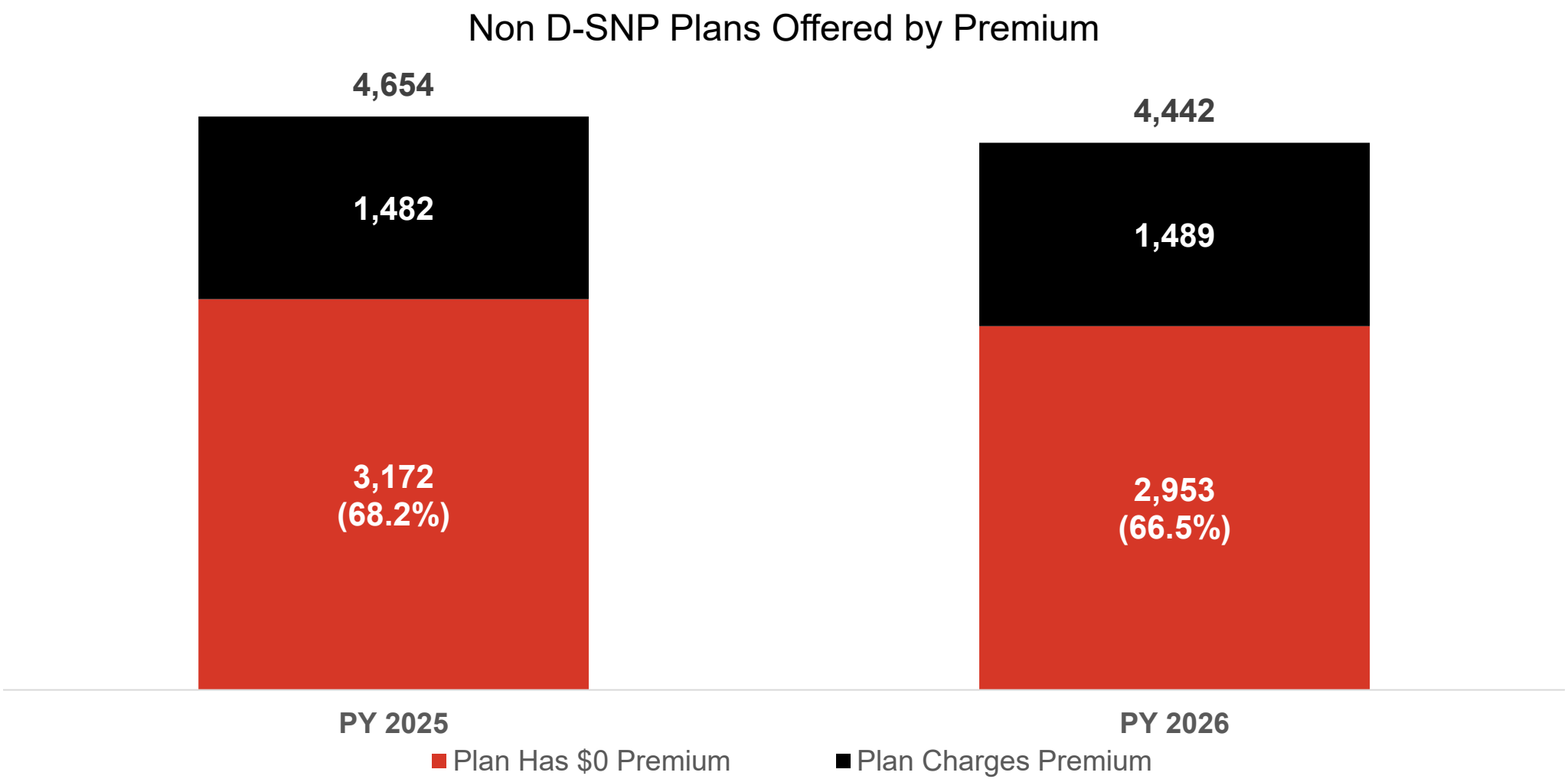
Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage] Excludes MA-only, PDPs, MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

NON-SNP EXITS AND SNP GROWTH CONSISTENT IN BOTH METRO AND NON-METRO COUNTIES



Source: ATI Advisory analysis of CMS PY2026 Medicare Advantage and Prescription Drug Plan Landscape File, 2023 RUCC files, and 2013 RUCC files for CT counties only (due to a switch from counties to planning regions in the 2023 file). Excludes PDPs, MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

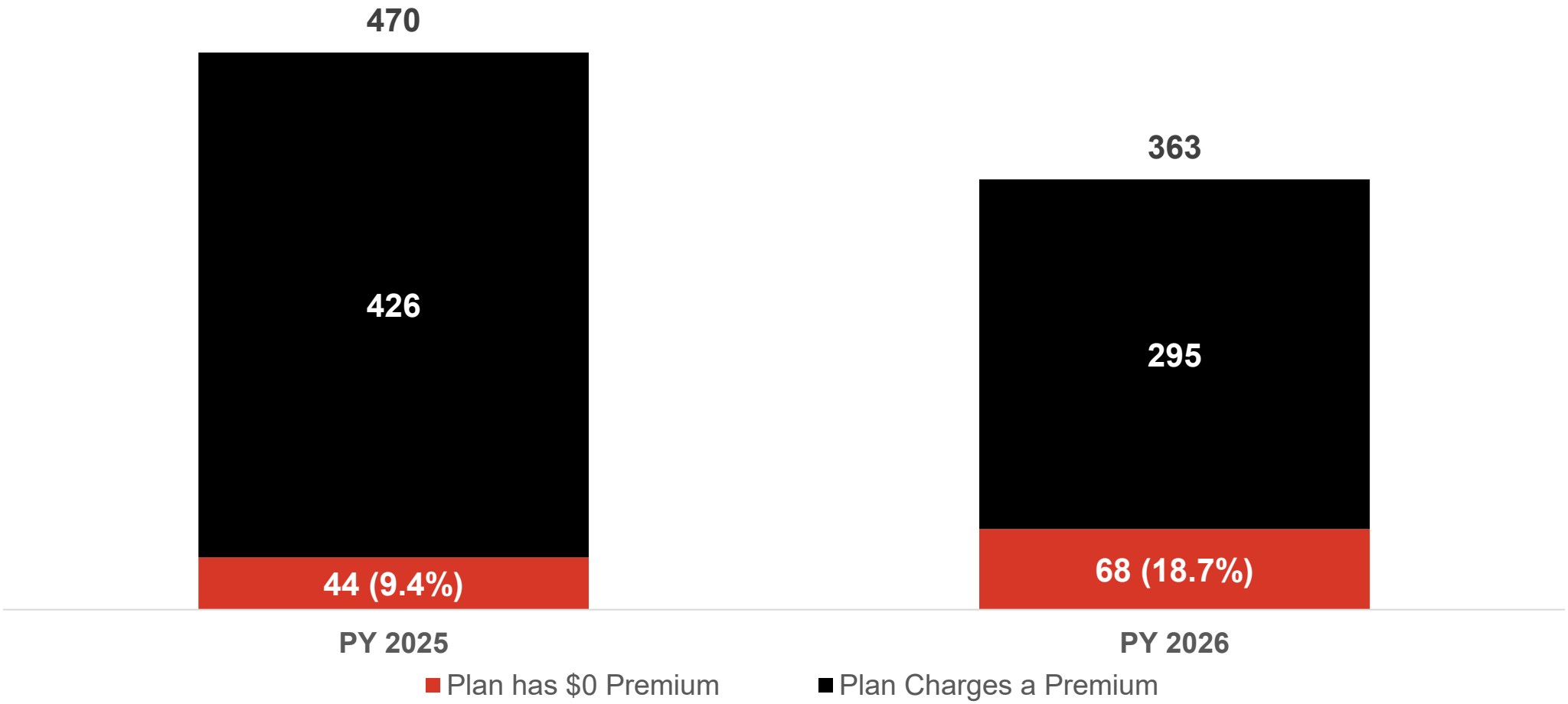
TWO IN THREE NON D-SNPS HAVE A ZERO-DOLLAR PREMIUM



Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage]). Excludes Dual-Eligible Special Needs Plans (D-SNPs), PDPs, MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

DESPITE OVERALL DECLINE IN PDPS, SLIGHT INCREASE IN ZERO-DOLLAR PREMIUM PLANS

Change in Number of Standalone PDPs by Premium Amount Between 2025 and 2026



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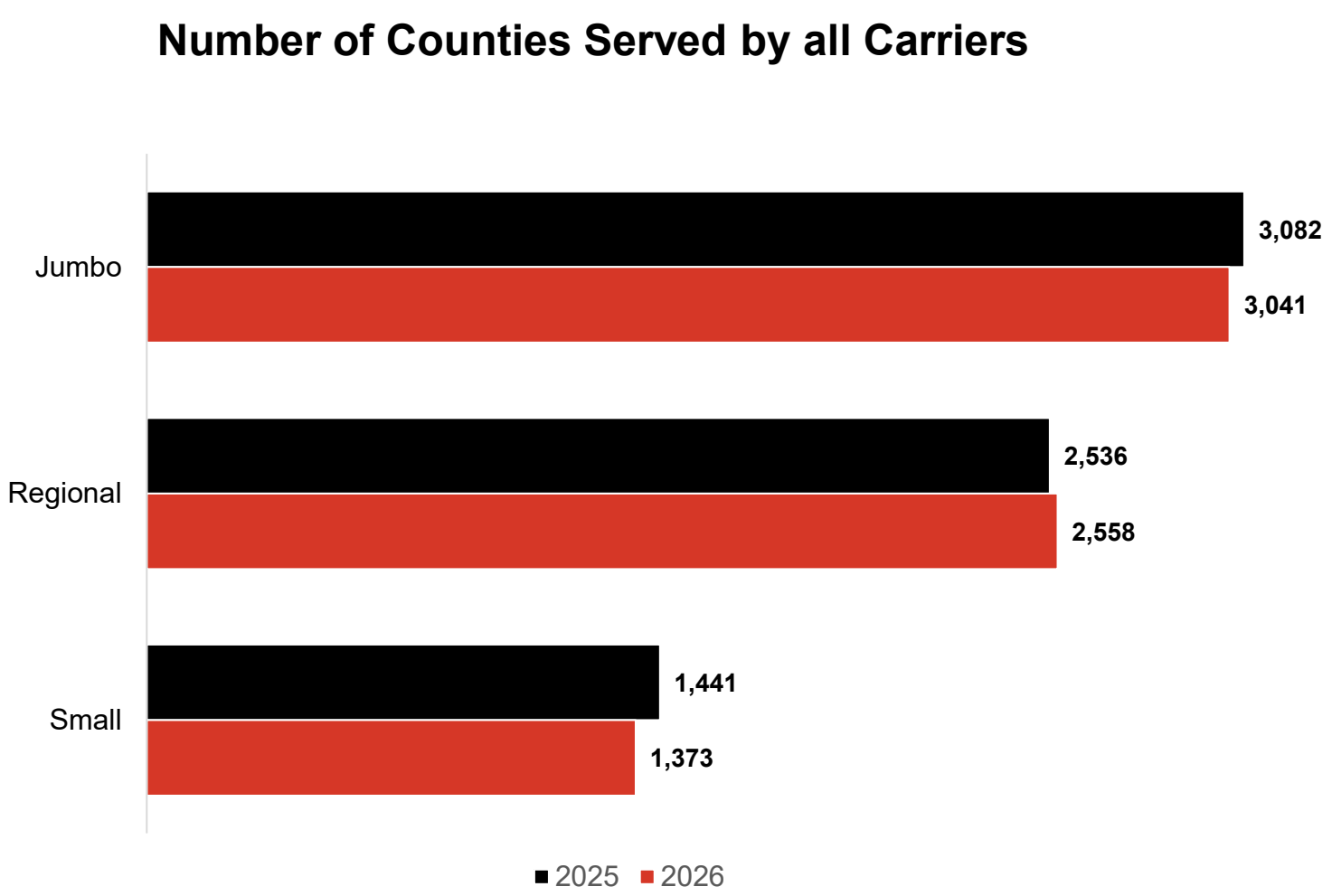
Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage] Excludes plans in AS, GU, MP, and VI.

REGIONAL CARRIERS DROVE SERVICE AREA EXPANSIONS



Regional carriers are expanding their footprints while large or "jumbo" carriers are shrinking

- The average number of counties served by a jumbo carrier decreased by 52 (3%)
- The average number served by regional carriers increased by 7 (6%)
- Single state or "small" carriers are also decreasing their footprint and average number of counties served

Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage]). Excludes PDPs, MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

REGIONAL CARRIERS EXPANDED COVERAGE WHILE LARGE CARRIERS ARE EXITING

Average Number of Counties Served per Carrier in CY2026

State	Jumbo Carriers		Regional Carriers	
	Avg Number of Counties per Carrier	YOY % Change	Avg Number of Counties per Carrier	YOY % Change
AL	57.2	0	55.0	+3%
AR	65.4	-1%	17.0	-43%
AZ	9.8	-5%	4.6	-5%
CA	25.6	-25%	16.1	+6%
CO	36.2	0	19.5	+11%
CT	7.2	0	7.5	0
DC	1.0	0	1.0	0
DE	2.8	-7%	2.3	-22%
FL	50.2	-1%	21.9	+17%
GA	135.7	-2%	90.0	+29%
HI	4.0	0	3.5	0
IA	91.0	-1%	44.1	+28%
ID	37.0	+4%	20.2	+41%
IL	101.2	+1%	26.7	+26%
IN	83.8	-8%	26.3	+80%
KS	56.5	+20%	17.0	None in 2025
KY	95.3	+3%	54.6	+14%
LA	60.8	0	28.2	-51%
MA	8.0	-4%	9.2	+12%
MD	13.2	-9%	14.6	+3%
ME	16.0	0	16.0	0
MI	66.2	0	29.0	-5%
MN	31.0	-57%	37.0	-28%
MO	84.2	+1%	42.2	+40%
MS	62.8	-1%	21.0	-28%

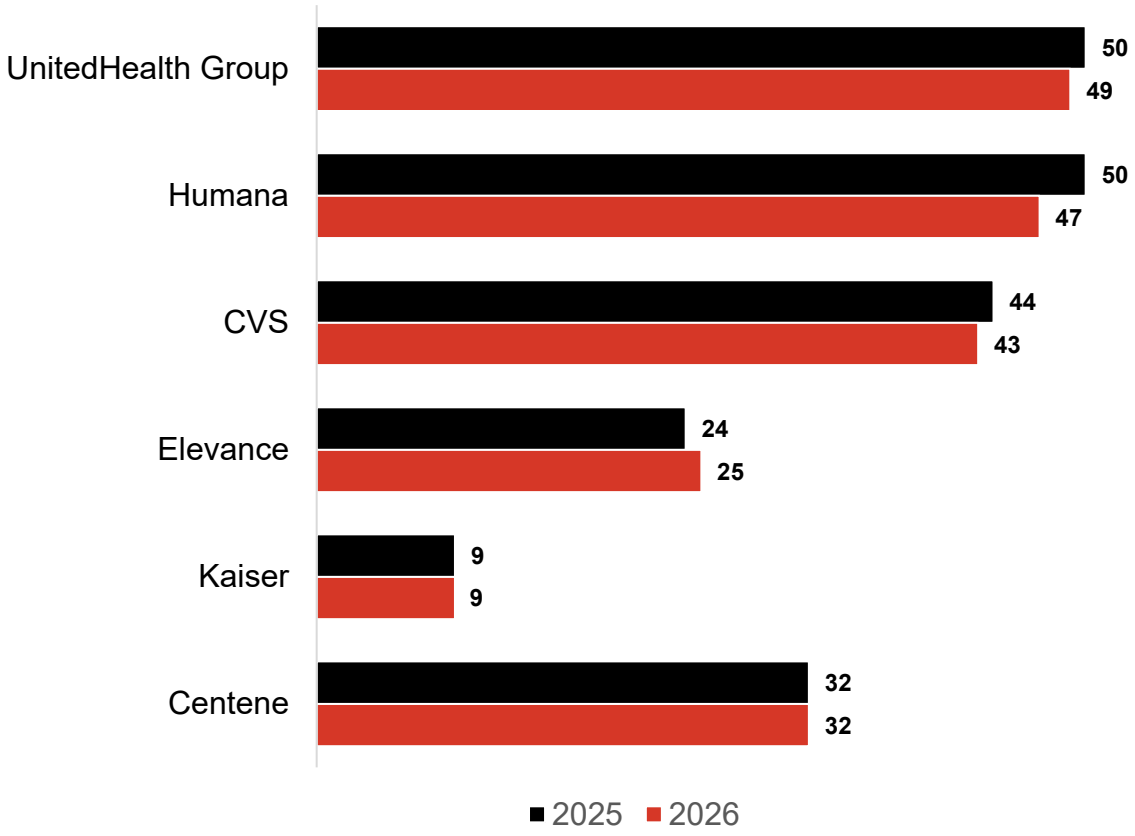
State	Jumbo Carriers		Regional Carriers	
	Avg Number of Counties per Carrier	YOY % Change	Avg Number of Counties per Carrier	YOY % Change
ND	24.0	-11%	28.0	+4%
NE	60.5	-4%	43.8	-16%
NH	6.7	-30%	10.0	0
NJ	20.5	0	13.2	+2%
NM	31.0	+3%	14.0	0
NV	7.2	+30%	3.8	-7%
NY	43.8	-6%	10.0	-7%
OH	77.2	0	48.8	+3%
OK	56.6	-1%	22.7	-16%
OR	10.2	-2%	10.9	-7%
PA	58.4	0	36.5	-5%
PR	78.0	0	78.0	0
RI	5.0	0	--	--
SC	33.7	-16%	29.5	+11%
SD	40.5	-7%	30.3	+7%
TN	88.5	-2%	51.8	+5%
TX	212.5	+1%	33.8	+15%
UT	18.5	-1%	13.0	-25%
VA	108.4	-1%	51.6	-20%
VT	6.0	-40%	0.0	-100%
WA	25.3	+12%	11.4	-9%
WI	56.6	0%	18.2	-12%
WV	52.0	-5%	53.5	+10%
WY	5.5	-48%	22.0	None in 2025

ATI Advisory

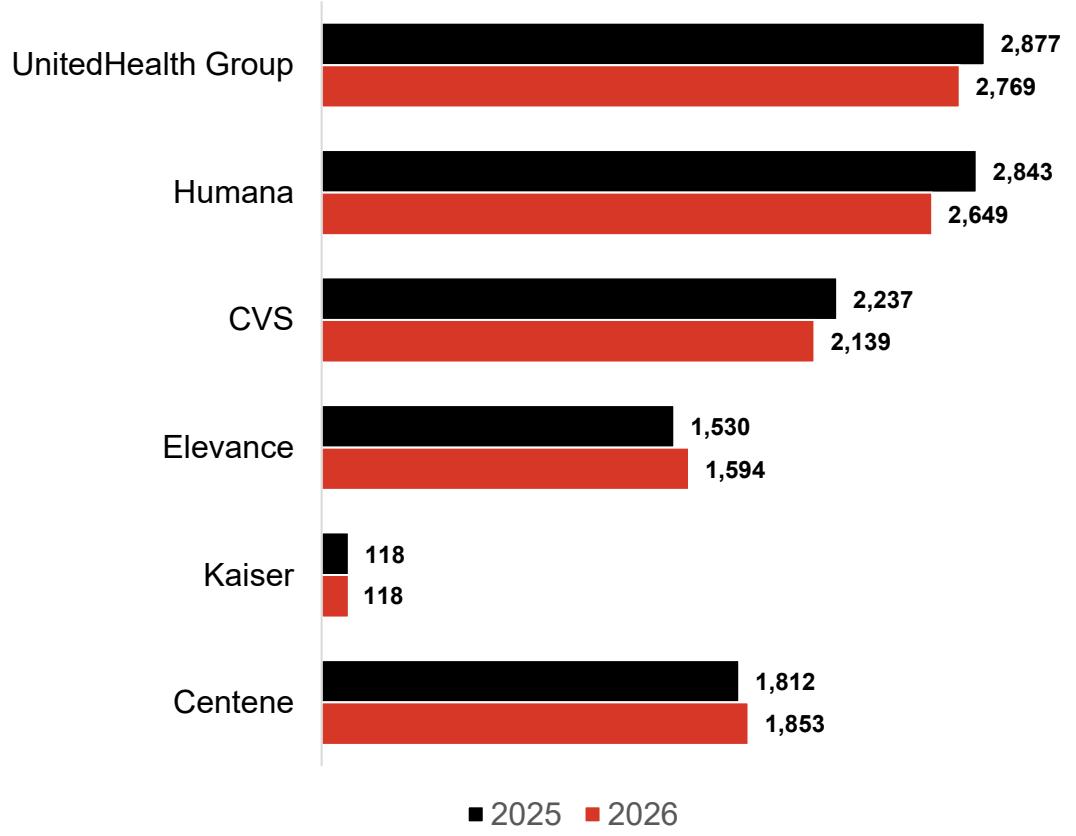
Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. Jumbo carriers are UnitedHealth, Humana, CVS/Aetna, Elevance, Centene, and Cigna/HCSC. Regional carriers are all other parent organizations serving more than one state in either 2025 or 2026. Excludes PDPs, MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

MODEST CHANGES IN COUNTIES AND STATES SERVED BY LARGE MA CARRIERS

Number of States* in Service Area



Number of Counties in Service Area

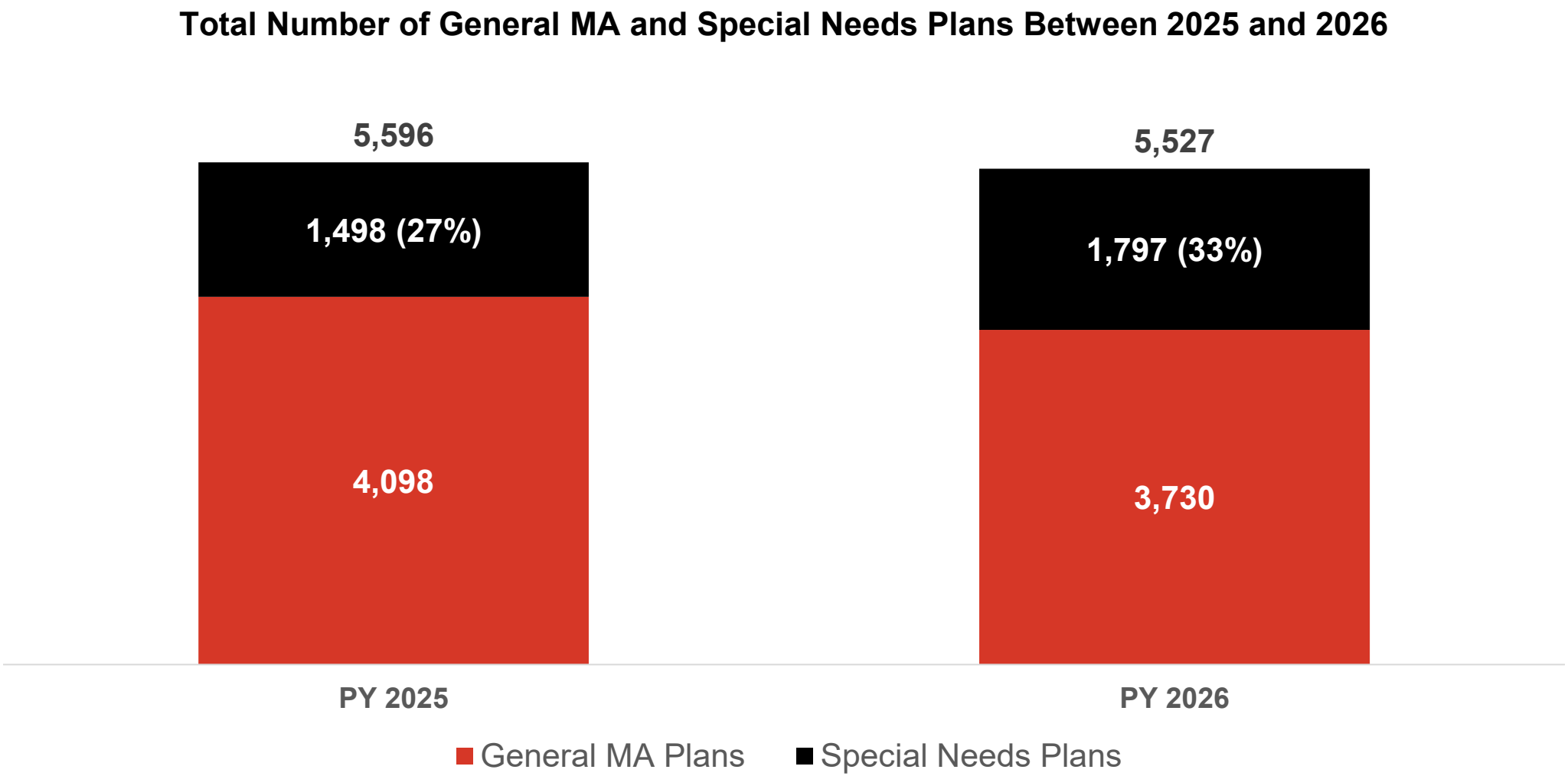


These 6 MAOs comprise 73% of Medicare Advantage enrollment as of September 2025.

*State count reflects plan offerings in the 50 states, DC, and Puerto Rico, with a maximum possible state count of 52.
Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage]).
Excludes PDPs, MMPs, EGWPs, PACE, PFFS, MSA, Cost plans, and sanctioned plans.

Special Needs Plans

SPECIAL NEEDS PLANS (SNPs) GREW WHILE GENERAL MA PLANS SHRANK IN 2026



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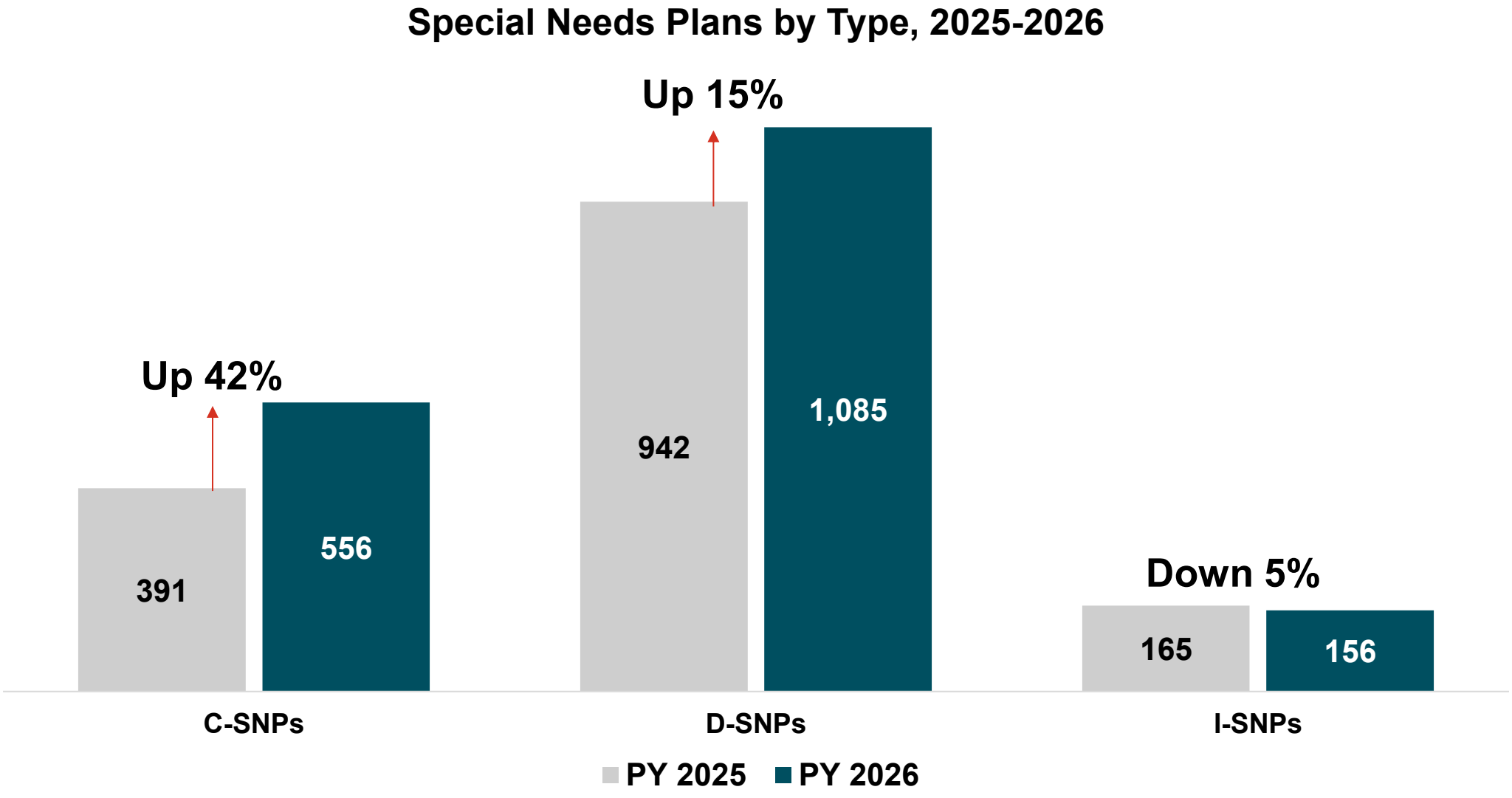
MOST NEW SNPs ARE CHRONIC CONDITION SPECIAL NEEDS PLANS, UP 42% NEXT YEAR



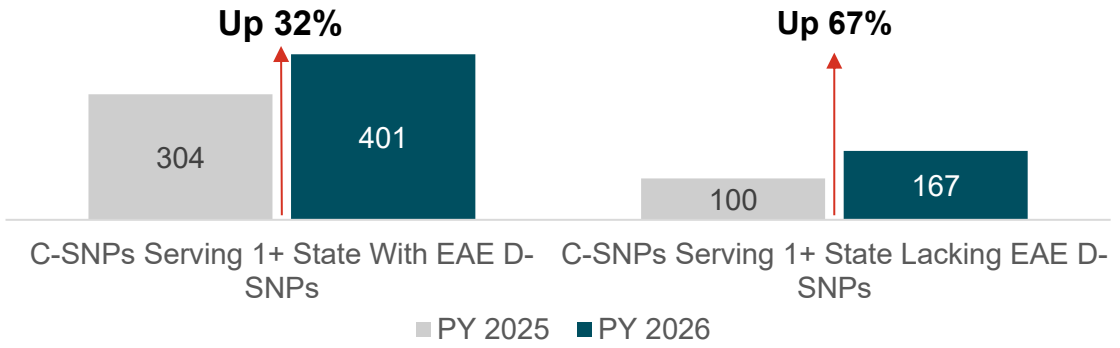
Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage] Excludes sanctioned plans.

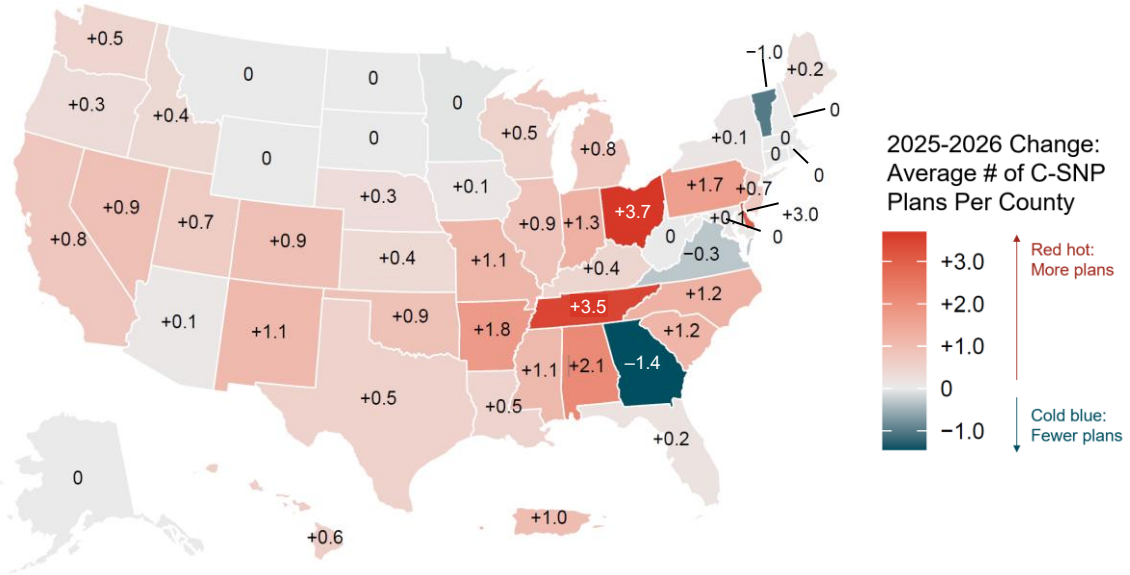
C-SNPs EXPERIENCED THE LARGEST YOY GROWTH, COMPARED TO OTHER SNP TYPES

The largest SNP growth for CY2026 is among C-SNPs.

- A single, multi-state MAO accounts for half this growth
- C-SNP growth is proportionally higher in non-EAE D-SNP markets (67% versus 32% YOY growth)
- 9 MAOs reduced their C-SNP footprint

C-SNP Plan Growth in States With & Without EAE D-SNPs, 2025-2026





Policy and Market Insights

- C-SNPs continue to be an attractive product option for organizations seeking targeted approaches to serving people with complex needs
- Evolving policy dynamics (e.g., VBID sunsetting) will continue to bolster C-SNP as a strong product
- C-SNPs allow plans to offer a tailored benefit design on top of a targeted care model across the full membership, avoiding the operational complexities of determining eligibility within a plan

C-SNPS FOR THREE COMMON CHRONIC CONDITIONS CONTINUE TO DOMINATE THE LANDSCAPE AND GROWTH

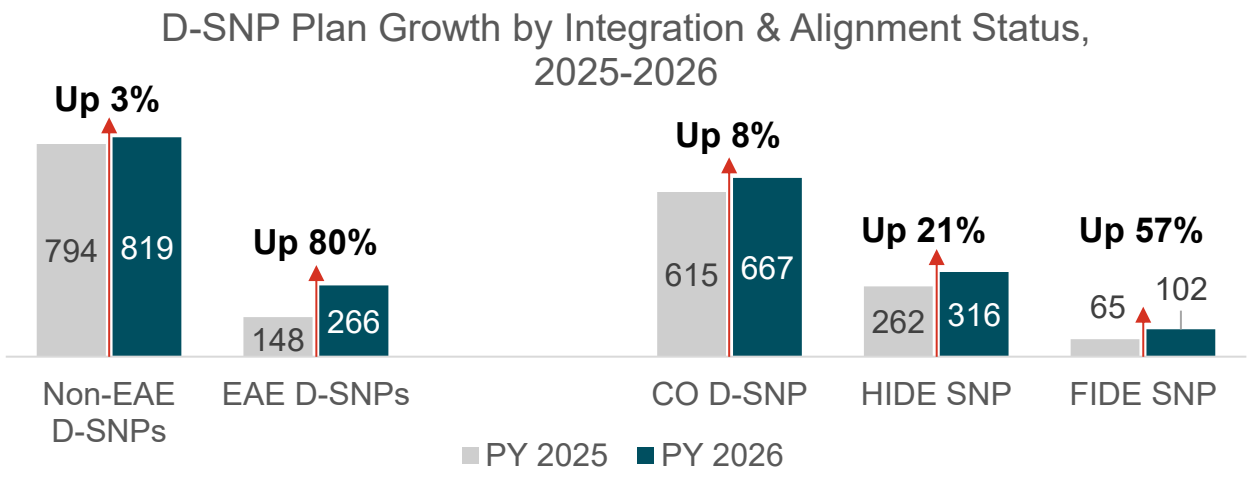
C-SNP Type	# of PY2025 Plans	# of PY2026 Plans	Percent Change
Cardiovascular, Chronic Heart Failure, Diabetes	288	478	**+66%**
Chronic Kidney Disease **or** Chronic Kidney Disease and Post-Renal Organ Transplantation	41 (was ESRD)	33	**-20%**
Chronic Lung Disorders	32	31	**-3%**
Cardiovascular, Diabetes	10	5	**-50%**
Chronic Mental Health	2	3	**+50%**
Chronic Heart Failure	1	1	0
Dementia	1	1	0
Diabetes	11	1	**-91%**
HIV AIDS	1	1	0
Chronic Mental Health, Substance Use Disorders	0	1	-
Obesity, Overweight, and Metabolic Syndrome	0	1	-
Cardiovascular Disorders	1	0	**-100%**
Cardiovascular, Chronic Heart Failure	1	0	**-100%**
Chronic Heart Failure, Diabetes	2	0	**-100%**

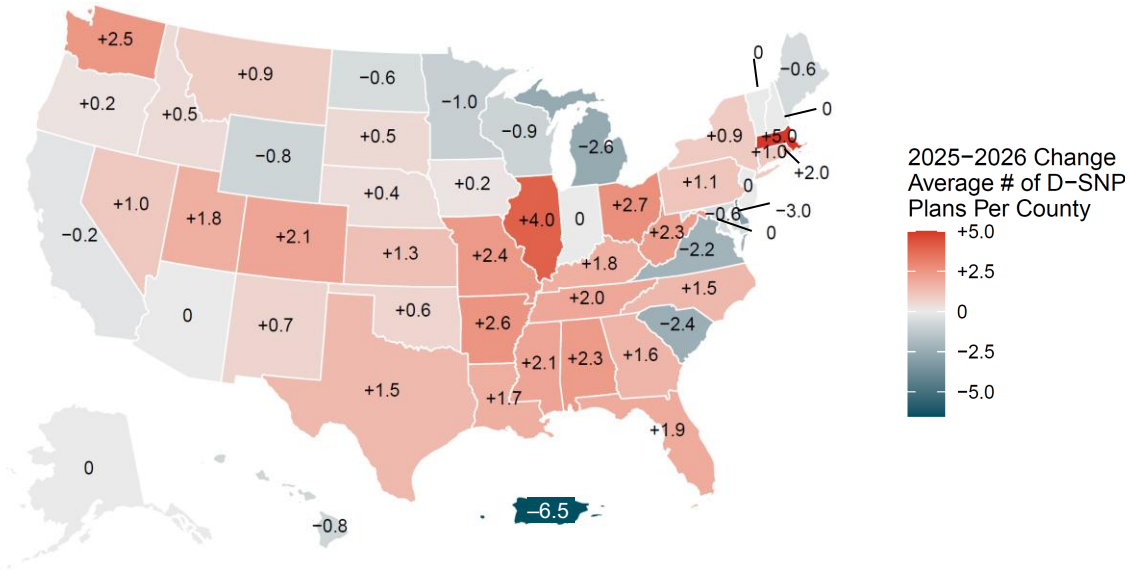
Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage] Excludes sanctioned plans.
C-SNP Type names reflect names in the 2026 Landscape File.

D-SNPs CONTINUE TO EXPERIENCE YOY GROWTH, WITH MOST GROWTH CONCENTRATED IN EXCLUSIVELY ALIGNED ENROLLMENT (EAE) PLANS

CY2026 includes a significant increase in EAE and integrated D-SNPs.

- All D-SNP types increased in number
- Most growth was in EAE D-SNPs, partly due to MMP sunsetting
- Despite this growth, 19 MAOs reduced their D-SNP footprint or number of D-SNP products



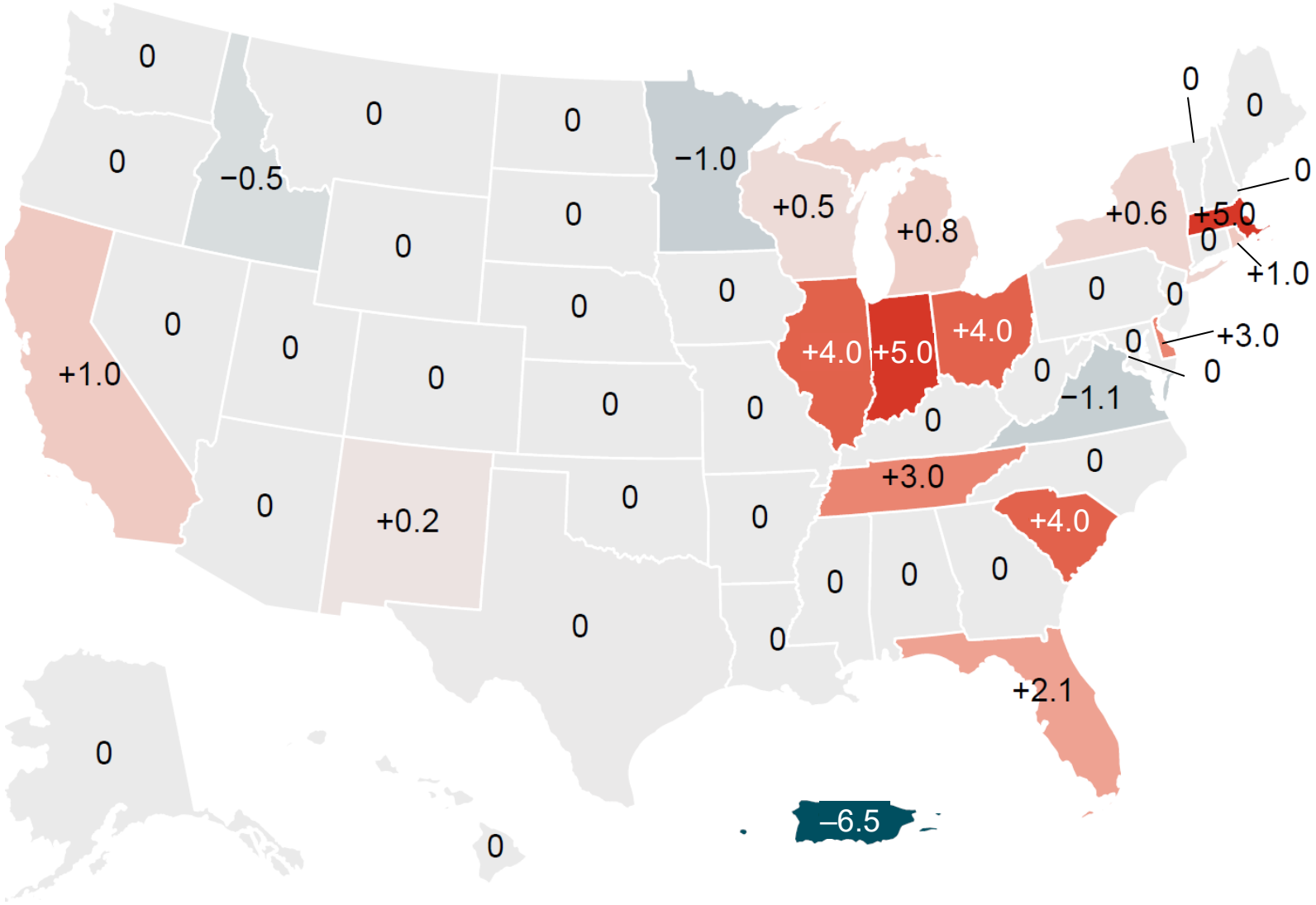


Policy and Market Insights

- States and the federal government continue to advance Medicare-Medicaid efforts for dual eligible people
- All Medicare-Medicaid Plan (MMP) demonstrations should transition on time with one exception, with transition likely happening in CY2027
- States generally expect benefits from the MMPs to remain consistent during transition to D-SNP but we may see shifts, including reductions to optional Medicaid benefits and/or requiring D-SNPs to provide certain supplemental benefits
- As states implement EAE, both states and D-SNPs are considering the most efficient and impactful ways to educate prospective members on the value of alignment

Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage] Excludes sanctioned plans.

EAE D-SNP OFFERINGS WILL GROW IN FOURTEEN STATES, IN FORMER MMP DEMONSTRATION STATES LIKE ILLINOIS, AND IN NON-MMP STATES LIKE INDIANA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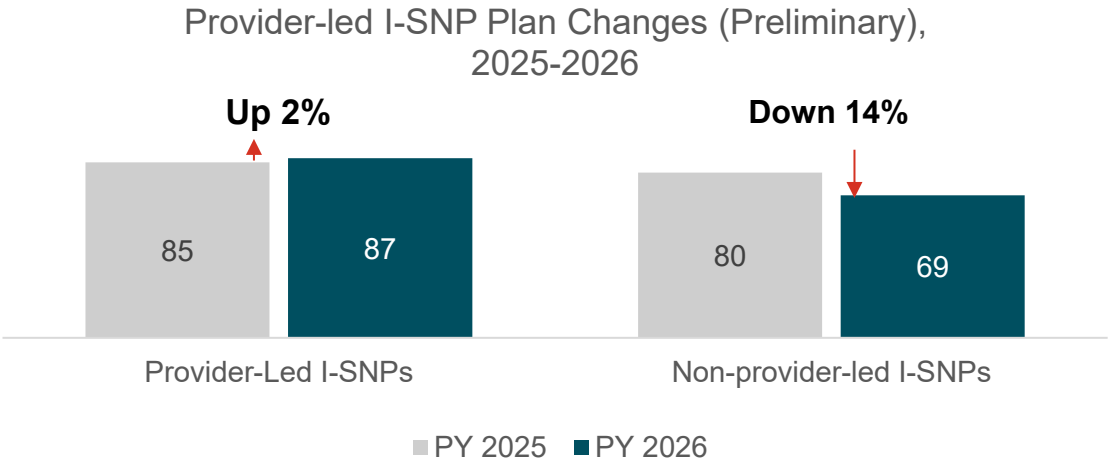
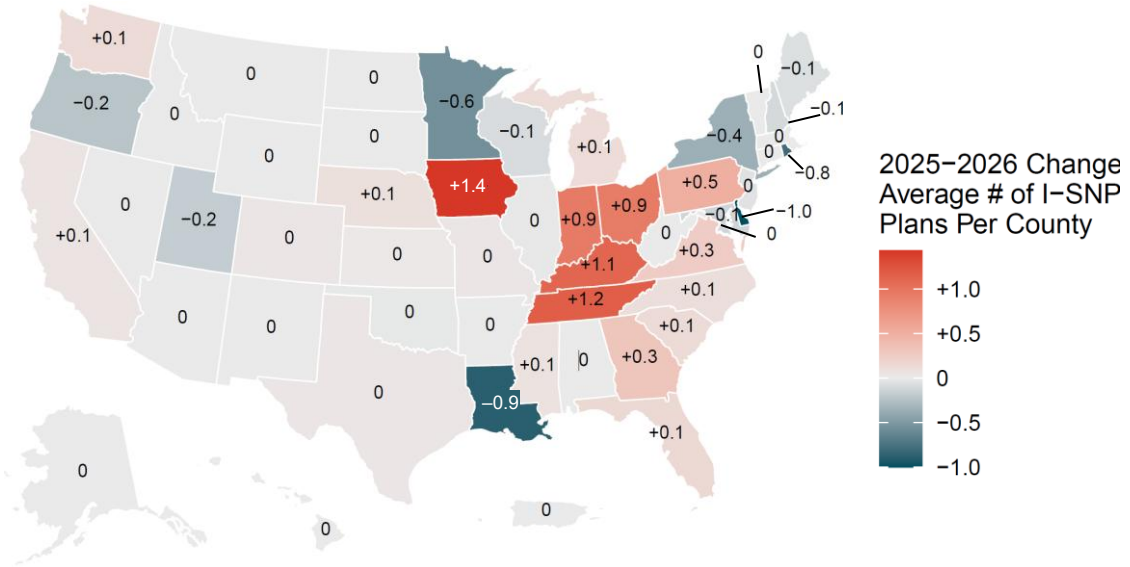
THE COUNT OF I-SNPs DECLINED, WITH SOME GROWTH CONCENTRATED AMONG PROVIDER-LED HEALTH PLANS

I-SNP offerings will decrease for CY2026.

- 5 MAOs introduced 8 new I-SNP PBPs
- 6 MAOs reduced their I-SNP footprint by a total 17 fewer PBPs, with a single MAO accounting for most of this market retraction



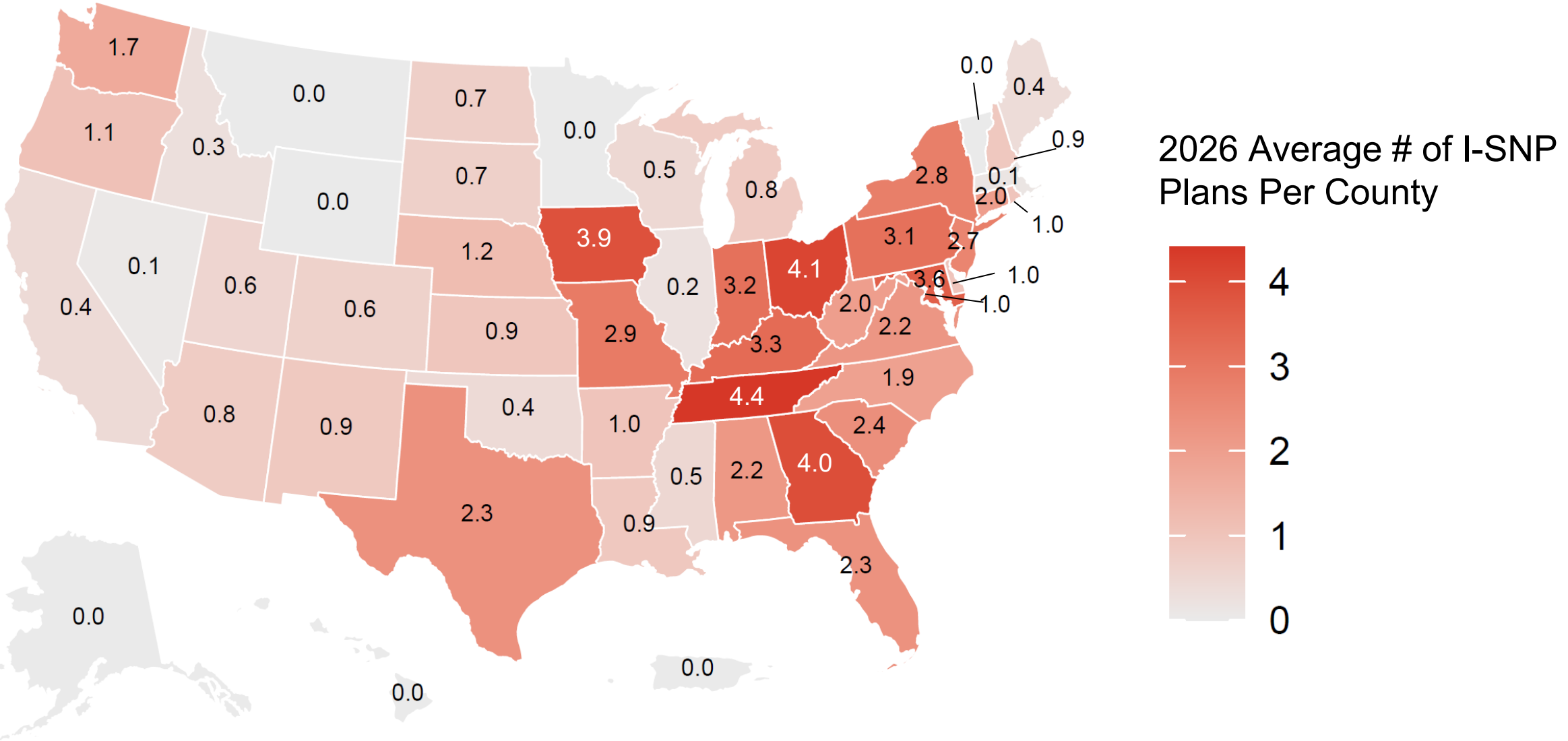


Policy and Market Insights

- Most I-SNPs are in the eastern part of the nation
- General growth appears to be concentrated among provider-led entities, however slower growth compared to other SNP types might indicate concerns with taking risk for a low-density population, and competing with larger insurers serving residents

Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2025-2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage] Excludes sanctioned plans.

I-SNP PLAN AVAILABILITY COMMON IN IOWA AND EAST OF THE MISSISSIPPI



Source: ATI Advisory analysis of CMS Medicare Advantage and Prescription Drug Plan Landscape File, 2026. [https://www.cms.gov/medicare/coverage/prescription-drug-coverage] Excludes sanctioned plans.

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