

# Medicare Advantage Market Insights: Jan - Mar 2026

Medicare Advantage added a whopping 625,000 net new members in February and March. See where the growth came from and use the data to inform your book strategy.

## NATIONAL SCORECARD

TOTAL MA ENROLLEES — MARCH <b>29.8M</b> ↑ 626,122 from January	NATIONAL MA PENETRATION <b>43.3%</b> ↑ 1.23 percentage points	MEDICARE-ELIGIBLE LIVES <b>68.8M</b> Eligible pool contracting	NEW PLANS ENTERED MARKET <b>18</b> 8 plans exited
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In two months, Medicare Advantage added the equivalent of a mid-sized city. Penetration crossed 43% nationally and is accelerating.

## Carrier Intelligence

The numbers this quarter reflect structural carrier shifts, not just seasonal noise. Humana is now at 21.2% national market share and gaining. UnitedHealthcare is holding at 25.6%. Read these numbers not as a scorecard but as a strategic signal about where you should be allocating your capacity and your advocacy.

CARRIER	JAN 2026 SHARE	MAR 2026 SHARE	NET MEMBER CHANGE	DIRECTION
Humana	20.7%	21.2%	+276,883	▲ Gaining
UnitedHealthcare	26.3%	25.6%	-48,980	▶ Holding
CVS/Aetna	9.2%	9.2%	+47,267	▶ Holding
Elevance Health	5.2%	5.1%	-20,167	▶ Holding
Kaiser Permanente	4.8%	4.9%	+50,032	▲ Gaining
Devoted Health	1.5%	1.6%	+34,535	▲ Surging
Alignment Health Plan	0.9%	0.9%	+15,901	▲ Surging

### RECOMMENDATION

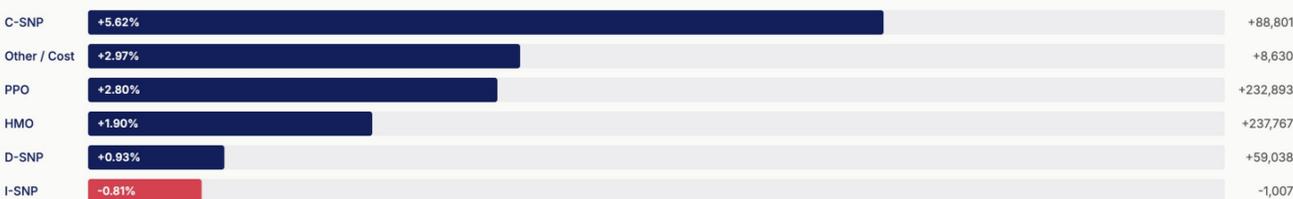
Diversify your carrier mix to minimize the risks of benefit compression and plan exits. Aim for no single carrier exceeding 40% of your total book. Carrier contraction means the plan designs that drove your production last year may not hold your book next year.

## Product Segment Intelligence

Not all growth is equal. The agents who understand which segments are expanding — and why — are the ones positioned to lead.

### Member Change by Plan Type - Jan vs March 2026

Bar length = relative magnitude



### TAKEAWAYS

#### C-SNP: The Structural Opportunity

C-SNP enrollment grew from 1.58M to 1.67M in just two months. For context, that is more absolute growth than D-SNP at one-seventh the base, signaling the chronic disease population in America is not shrinking. The opportunity for agents is not just volume — it is *defensibility*: a member in a well-matched C-SNP plan has an entirely different retention profile than a member who chose the cheapest HMO available during AEP.

#### D-SNP: Structural Growth, Execution Gap

D-SNP grew more slowly than any other SNP type at +0.93%, despite being the largest SNP segment at 6.4M members. It indicates D-SNP penetration relative to the low-income Medicare population in most markets remains significantly underdeveloped, creating an opportunity for agents building authentic community presence and bilingual capabilities in these markets.

#### PPO: The Volume Leader, But at What Cost

PPO remains the second-largest product segment with 8.6M members and added 232,893 — the second highest absolute growth of any type. However, PPO is the product most exposed to benefit compression. As carriers work to restore margins, PPO plans with their higher cost structures and broader networks are the first place benefits get trimmed. If PPO is a primary portion of your book, stress-test your retention assumptions against a benefit-reduction scenario.

## State & County Market Intelligence

### National Growth Leaders

STATE	JAN ENROLLMENT	MAR ENROLLMENT	NET GROWTH	% CHANGE	SIGNAL
Maryland	184,161	206,983	+22,822	+12.4%	Anomaly from Kaiser & CareFirst surge; structural expansion
Wyoming	13,910	15,676	+1,766	+12.7%	Small base; new plan entry driving outsized %
Vermont	7,016	7,808	+792	+11.3%	Small market rapid growth signal
Minnesota	589,577	620,495	+30,918	+5.24%	Material size + strong growth; significant market
New York	1,735,545	1,811,722	+76,177	+4.39%	Largest absolute gain nationally; massive market momentum
Georgia	871,045	897,469	+26,424	+3.03%	Cobb County leading at +7.7%; high-growth suburban ring
Illinois	776,133	799,502	+23,369	+3.01%	D-SNP +10.3%; leading D-SNP market nationally
Pennsylvania	1,366,880	1,397,375	+30,495	+2.23%	Large market steady growth; distribution opportunity
Florida	2,751,719	2,787,314	+35,595	+1.29%	Slowing growth rate; market maturing; Miami-Dade still leading
Puerto Rico	566,379	567,613	+1,234	+0.22%	Near-ceiling penetration; high-saturation market

### County-Level Intelligence

#### Georgia — Cobb County Breakout

Cobb County grew +7.7% in two months — the highest growth rate of any major county in the Southeast. This is the Atlanta suburban ring. The demographic profile: aging affluent suburban population, high income, high chronic condition prevalence. C-SNP and PPO are the primary products driving this growth. If you have capacity in Atlanta, Cobb is where the next 24 months of production is concentrated.

#### North Carolina — Pitt County Alert

While Wake and Mecklenburg lead in absolute volume, Pitt County (+4.1%) is the breakout signal. Greenville, NC is a mid-size market anchored by ECU Health — a major integrated health system. C-SNP grew +5.79% statewide and the Pitt County signal likely reflects health system-based enrollment channels.

#### Illinois — D-SNP in Chicago Markets

Illinois posted the highest D-SNP growth of any state at +10.3%. The Chicago metro has significant Medicaid dual-eligible populations historically underserved by MA distribution. Carriers entering or expanding D-SNP in Chicago-area markets should be on your radar as upside opportunity.

#### Texas — Austin Corridor Surge

Travis County (+4.5%) and Williamson County (+4.7%) are growing at three to four times the rate of Harris County (+1.2%). The Austin growth corridor is experiencing MA penetration catch-up — a younger, historically lower-penetration market is maturing. Agencies that established positions in the Austin market two years ago are now reaping enrollment compounding.

## Emerging Compliance Risks

When carriers are under margin pressure, compliance violations move from warnings to contract terminations. Here are the top risks stemming from the above shifts.

- Scope of Appointment documentation failures.** With 18 new plans entering the market in just two months, make sure you document your scope-of-appointments. This is the single most common trigger for a CMS complaint in the current environment.
- Marketing material unapproved modifications.** With 626,000 new enrollees, marketing activity is at peak volume. Make sure you're using carrier-approved marketing materials.
- Agent-of-record switching at disenrollment.** The carrier contractions you see in this data generated disenrollment activity. When members disenroll and re-enroll with a different carrier, agent-of-record switches are a frequent compliance flash point. Verify your processes are clean across every transition.
- Telephonic enrollment recording gaps.** As call center and telesales volume scales with market growth, make sure you have clean call recordings to protect your business and the member.
- Dual-eligible marketing boundary violations.** With compliance scrutiny on dual-eligible populations at its highest level — stay on top of marketing restrictions for dually eligible individuals. This is particularly acute in the Illinois and Maryland markets showing anomalous D-SNP growth.

### COST OF INACTION

The average MA agency facing a CMS audit loses its carrier contracts. The average contract termination for a mid-size producing agency represents a book value loss of \$2.4M to \$8M in renewal commissions.

## What the Path to 2027 Looks Like

As you plan for AEP 2027, don't just read the monthly enrollment numbers. Pay attention to underlying structural forces driving changes. Here are the top ones.

#### SNP Concentration Is Accelerating

SNP plans — D-SNP, C-SNP, I-SNP combined — represent 27% of total MA enrollment and growing. Among new plan entrants (18 new plans entered in just these two months), a disproportionate share are SNP-type products. CMS has been systematically tightening the administrative requirements for SNP participation — specifically D-SNP, with the Unified Care Management requirements and the transition to fully-integrated dual care models in many states. Agents with SNP knowledge, community relationships, and clinical awareness are best poised for growth.

#### Value-Based Care Is Winning

Devoted Health (+8.0%) and Alignment Health Plan (+6.0%) are winning on care model. Both are purpose-built value-based care organizations whose clinical infrastructure produces better health outcomes (Star ratings, risk adjustment accuracy, and low medical loss) at lower cost. The carriers gaining share in 2026 are not the ones with the most generous benefits. They are the ones with the most rigorous clinical operations.

#### Geographic Concentration Risk Is Rising

The divergence between Maryland (+12.4%), Minnesota (+5.24%), New York (+4.39%) on one side and Rhode Island (+0.22%), Hawaii (+0.37%), Puerto Rico (+0.22%) on the other reflects the increasingly localized nature of competitive dynamics. The agents building county-by-county production plans — tied to specific demographic realities, specific carrier strengths, and specific community trust networks — are the ones who will outperform the market.

### CONCLUSION

Lead with local intelligence. Build with structural discipline. The agents that will define 2027 are the ones that use this data to refine their carrier diversification targets, SNP production plans, and compliance processes.