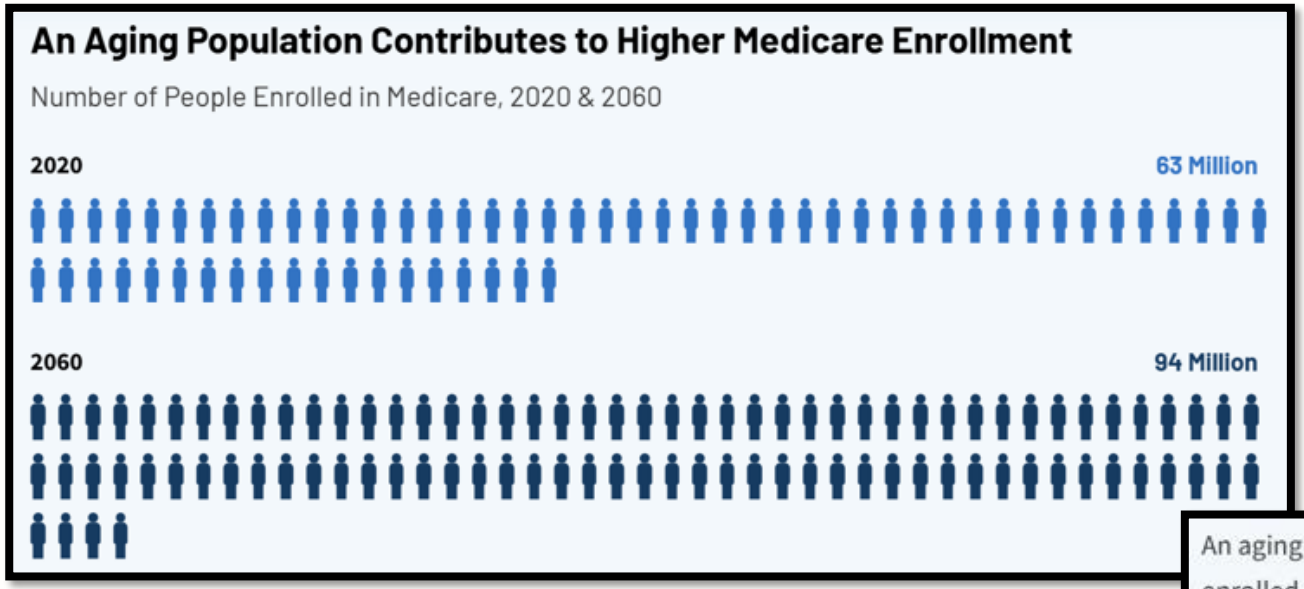
Medicare Market Trends 2025

Jeff Sullivan
VP, Med Solutions

SENIOR MARKET SALES®

US Population Projections



2025: 68.5 Million

NE 2025: 380,220

20% of Nebraskans are eligible for Medicare

An aging population means more people will be enrolled in the Medicare program. The number of Medicare beneficiaries is projected to grow from around **63 million people in 2020** to close to **94 million people in 2060**. These totals include younger adults who qualify for Medicare because of a long-term disability.

https://www.kff.org/interactive/the-facts-about-medicare-spending/

Medicare Industry in the News

- Lawsuit by DOJ against three carriers and three call centers
- Lawsuit by distribution against CMS on administrative fees
- Senate Finance Committee led by Senator Wyden (D-OR) attacking “middlemen”
- MedPac questioning why we need agents
- JAMA Study - SHIP Counselors accuracy only 40%
- UHC MAPD News 2026

SENIOR MARKET SALES

DOJ Lawsuit

Justice Department hits Aetna, Humana, Elevance Health with Medicare Advantage kickback complaint

By **Paige Minemyer** · May 1, 2025 4:04pm

DOJ | Humana | Aetna | Elevance Health (Anthem)

The Trump administration has filed a complaint against three major payers and three broker organizations, claiming the insurers paid kickbacks to brokers to boost Medicare Advantage (MA) enrollment.

Insurers Aetna, Humana and Elevance Health are named, as are eHealth, GoHealth and SelectQuote. The Department of Justice (DOJ) said that between 2016 and 2021, those three brokers were paid "hundreds of millions" in kickbacks in exchange for enrolling people in the insurers' MA plans.

The DOJ alleged that Aetna and Humana threatened they would withhold kickbacks to these brokers to encourage them to enroll fewer beneficiaries with disabilities in their plans. The lawsuit charges that the defendant brokers steered disabled patients away from Aetna and Humana plans to secure the payouts.

SENIOR MARKET SALES

https://www.fiercehealthcare.com/payers/doj-hits-aetna-humana-elevance-health-medicare-advantage-kickbacks-complaint

Distribution vs CMS

Texas Judge Sides with Challengers on CMS Rule Limiting Medicare Agent/Broker Payments

Health Law Advisor

August 7, 2024 | Blogs | 5 minute read

On July 3, a judge in Texas partially granted motions for a stay in a lawsuit challenging a CMS rule issued in April ("2025 Final Rule") impacting plan agreements with agents and brokers to limit administrative payments, standardize compensation payments, and to restrict plan agreements with third-party marketing organizations ("TPMOs").

For plans and TPMOs, the decision means they can revert to operating under the compensation/administrative services rules as those existed prior to CMS's issuance of the 2025 Final Rule. CMS has already issued revised 2025 fair market value ("FMV") compensation amounts to reflect the stay that was granted by the court. In a July 18 memo, CMS announced FMV limits that are $100 less than the previously announced FMV standards. CMS also alerted plans that they must submit their annual reporting of compensation amounts to be paid to independent agents and brokers. Plans may continue to pay compensation at or below the FMV limit and may continue to pay separate administrative costs, subject to the requirement that these be paid at their FMV.

SENIOR MARKET SALES

https://www.healthlawadvisor.com/texas-judge-sides-with-challengers-on-cms-rule-limiting-medicare-agent-broker-payments

Senate Finance Committee goes after "Middlemen"



MARCH 25,2025

Wyden Investigation Finds Rapid Growth in Spending on Marketing Middlemen Among Medicare Advantage Plans

Third-Party Marketing Organizations Resort to Increasingly Predatory Tactics to Enroll Seniors in Preferred Private Medicare Plans that Don't Meet Their Needs

"Marketing middlemen are exploiting Medicare Advantage rules to aggressively push private MA plans on seniors," Wyden said. **"Americans are sick of middlemen driving up costs and delivering a lousy product - it's time to crack down on these abusive practices that harm seniors and waste taxpayer dollars.**

https://www.finance.senate.gov/ranking-members-news/wyden-investigation-finds-rapid-growth-in-spending-on-marketing-middlemen-among-medicare-advantage-plans

SENIOR MARKET SALES

Medpac – Medicare Payment Advisory Commission

MEDPAC *Advising the Congress on Medicare issues*

Individuals use different resources to navigate Medicare enrollment decisions

- Beneficiaries may rely on resources such as insurance agents, brokers, Medicare's Plan Finder website, and SHIPs
- Today's presentation focuses on agents and brokers because they are the resource most commonly cited by beneficiaries:
  - Agents are licensed individuals who enroll people into insurance products, while brokers work as an intermediary between potential enrollees and insurance companies
  - Both agents and brokers are compensated by insurers
- Future work could examine other aspects of beneficiaries' plan choices, depending on commissioner interest

Note: SHIP (State Health Insurance Assistance Program).

SHIPs are the main federal source of Medicare counseling for beneficiaries

- SHIPs, created in the 1990s, are federally funded state-based organizations that provide Medicare counseling and information assistance to beneficiaries and their caregivers
  - Receive federal funding specifically to assist low-income Medicare beneficiaries
  - Do not receive compensation from insurers
- Assistance provided through one-on-one counseling in person, by telephone, on the internet, or through email
- SHIP counselors work on either a paid or volunteer basis

Note: SHIP (State Health Insurance Assistance Program).
Source: Congressional Research Service. 2023. *State Health Insurance Assistance Program (SHIP).*

Source – Medpac Report "Background: Medicare insurance agents March 6, 2025

SENIOR MARKET SALES

Why are agents important? - SHIP Study

JAMA Network | Open

Original Investigation | Health Policy

Accuracy of Medicare Information Provided by State Health Insurance Assistance Programs

Key Points

Question Do State Health Insurance Assistance Program (SHIP) counselors provide accurate and complete information to Medicare beneficiaries about their coverage options?

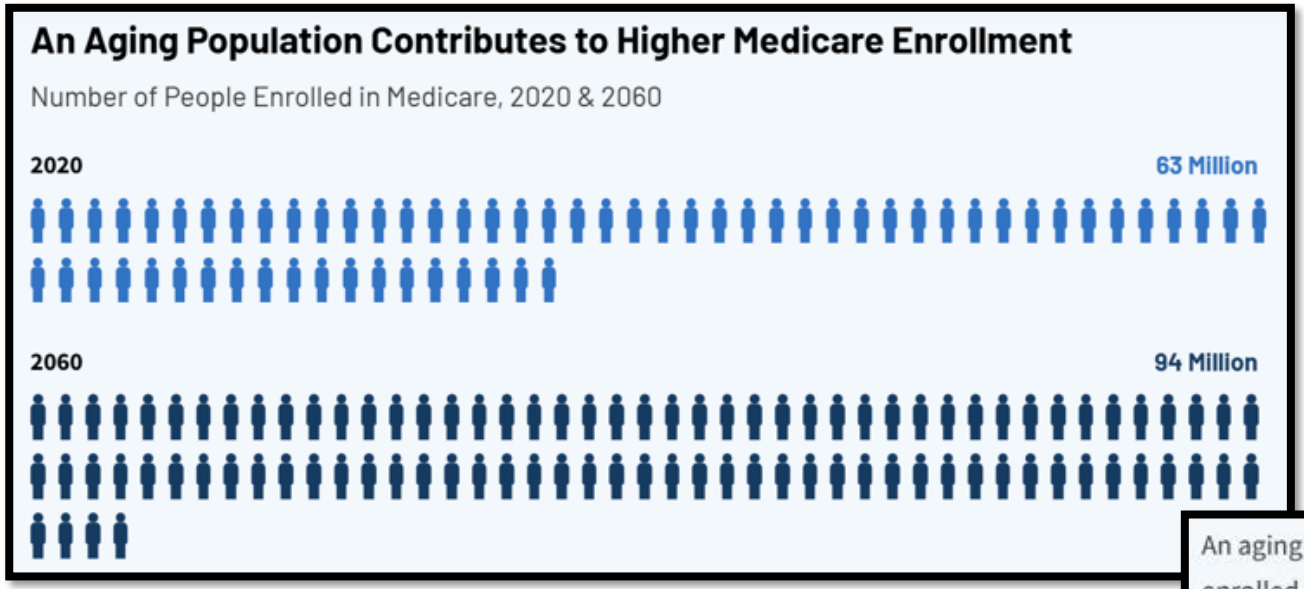
RESULTS Shoppers attempted 306 encounters. Of these, 122 (39.9%) could not be completed, most often because shoppers did not receive return calls. Within the 184 completed shops, the mean (SD) percentage of accurate and complete answers was 40.0% (25.7%). The percentage of responses with accurate answers (whether complete or incomplete) ranged from 26.1% (when asked whether a specific clinician was in network for a specific plan) to 94.3% (when asked about differences between traditional Medicare [TM] and Medicare Advantage [MA]). Responses were unlikely to be inaccurate (mean [SD], 6.7% [5.4%]). Fewer than half of counselors (44.8% [43 of 96]) mentioned Dual-Eligible Special Needs Plans (D-SNPs) as an option for mystery shoppers posing as dual eligibles.

SENIOR MARKET SALES

UHC News July 2026



US Population Projections



2025: 68.5 Million

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20% of Nebraskans are eligible for Medicare

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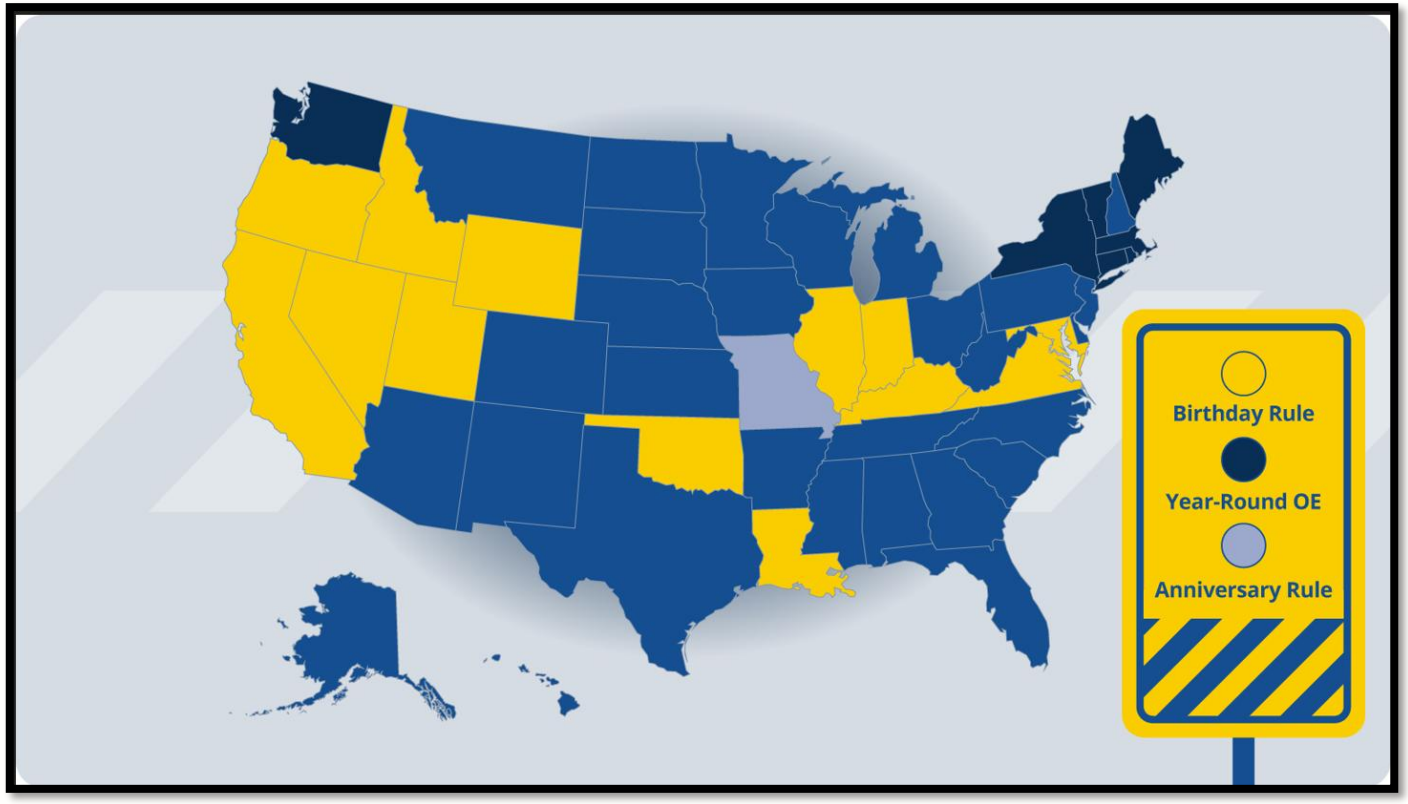
https://www.kff.org/interactive/the-facts-about-medicare-spending/

Medicare Supplement

- Birthday rule impact on Medicare Supplement (Med Supp) commissions and rates – Now in 19 States
- Rate increases on Medicare Supplement plans
  - Driven by OE/GI states
- Reinsurers not willing to enter Med Supp market
- Med Supp Guarantee issue business is spiking, creating anti-selection

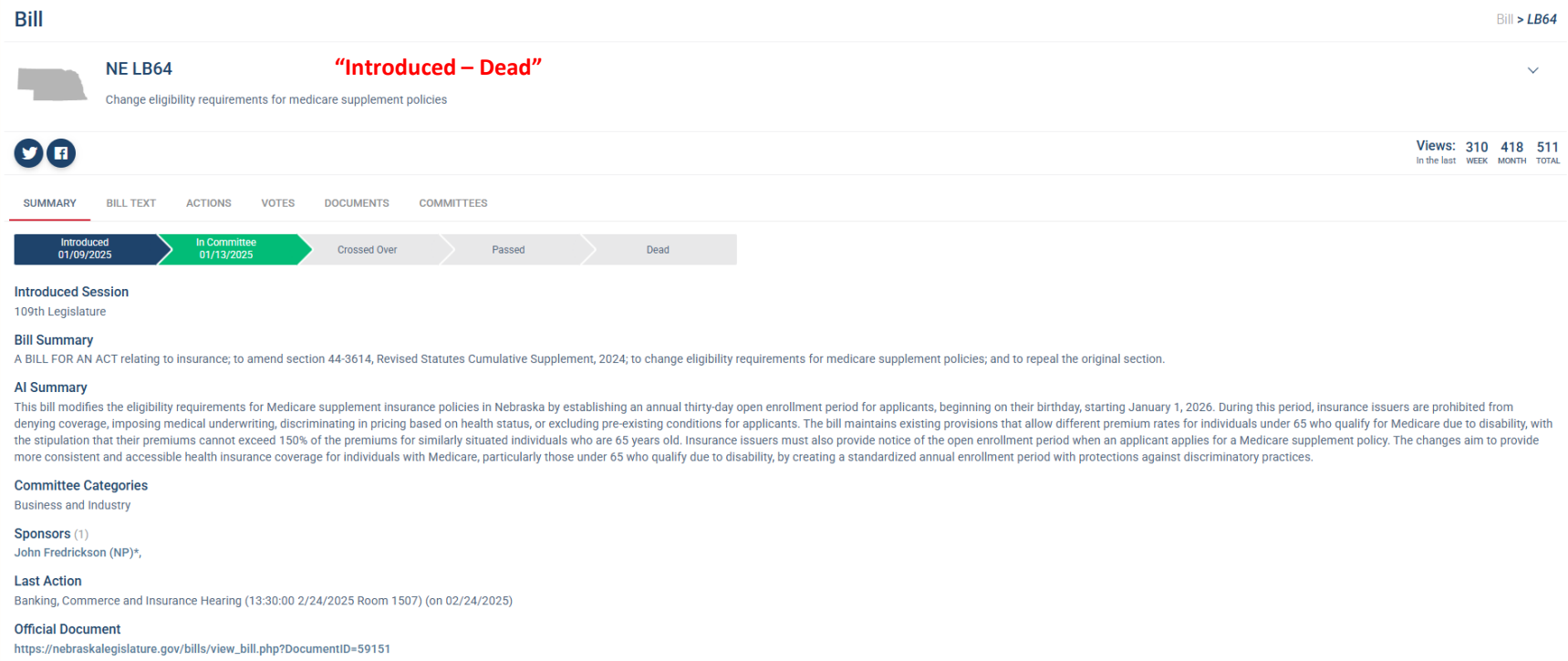
SENIOR MARKET SALES

Medicare Supplement



SENIOR MARKET SALES

Medicare Supplement



Bill

Bill > *LB64*

NE LB64 **"Introduced – Dead"**

Change eligibility requirements for medicare supplement policies

Views: In the last 310 WEEK 418 MONTH 511 TOTAL

SUMMARY | BILL TEXT | ACTIONS | VOTES | DOCUMENTS | COMMITTEES

Introduced 01/09/2025 | In Committee 01/13/2025 | Crossed Over | Passed | Dead

Introduced Session
109th Legislature

Bill Summary
A BILL FOR AN ACT relating to insurance; to amend section 44-3614, Revised Statutes Cumulative Supplement, 2024; to change eligibility requirements for medicare supplement policies; and to repeal the original section.

AI Summary
This bill modifies the eligibility requirements for Medicare supplement insurance policies in Nebraska by establishing an annual thirty-day open enrollment period for applicants, beginning on their birthday, starting January 1, 2026. During this period, insurance issuers are prohibited from denying coverage, imposing medical underwriting, discriminating in pricing based on health status, or excluding pre-existing conditions for applicants. The bill maintains existing provisions that allow different premium rates for individuals under 65 who qualify for Medicare due to disability, with the stipulation that their premiums cannot exceed 150% of the premiums for similarly situated individuals who are 65 years old. Insurance issuers must also provide notice of the open enrollment period when an applicant applies for a Medicare supplement policy. The changes aim to provide more consistent and accessible health insurance coverage for individuals with Medicare, particularly those under 65 who qualify due to disability, by creating a standardized annual enrollment period with protections against discriminatory practices.

Committee Categories
Business and Industry

Sponsors (1)
John Fredrickson (NP)*,

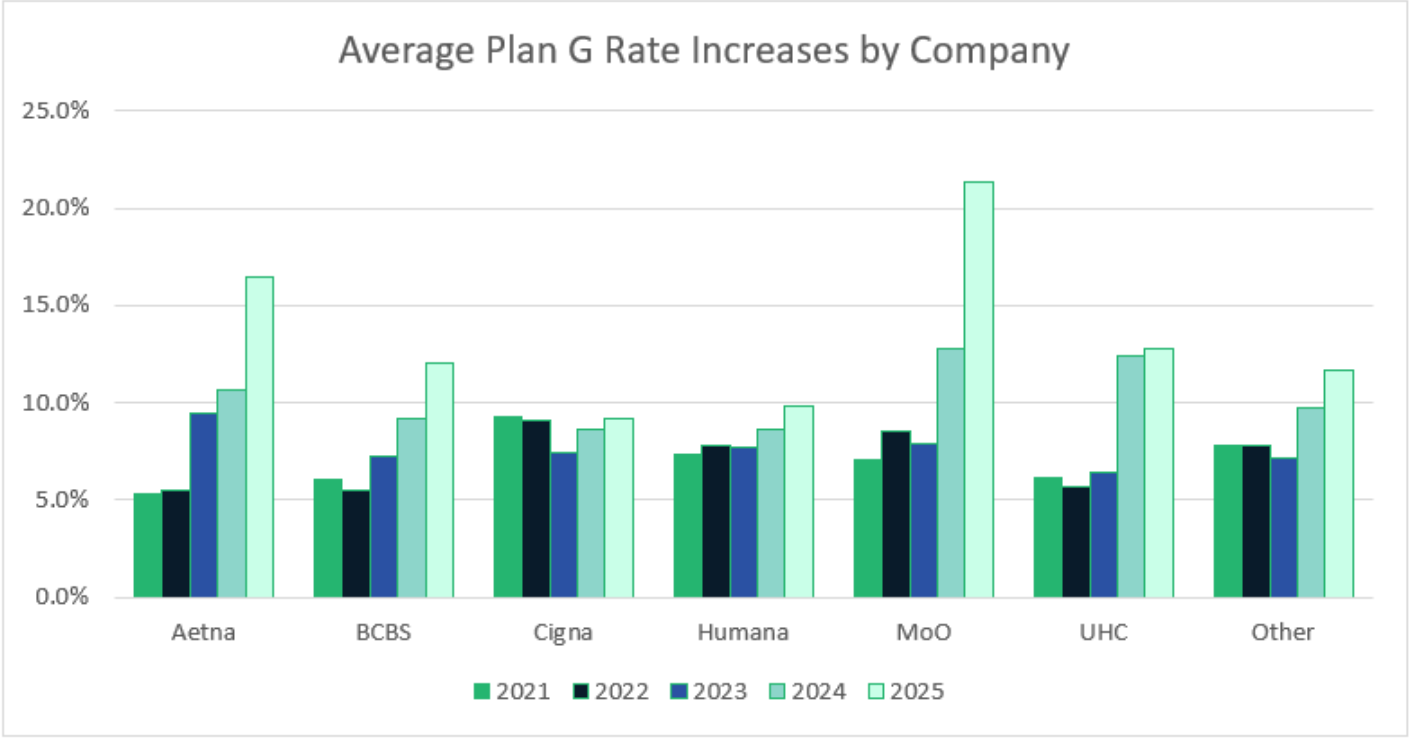
Last Action
Banking, Commerce and Insurance Hearing (13:30:00 2/24/2025 Room 1507) (on 02/24/2025)

Official Document
https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=59151

https://www.billtrack50.com/billdetail/1772560/17934

SENIOR MARKET SALES

Medicare Supplement Rate Actions Q2 2025



SENIOR MARKET SALES

Medicare Supplement – What's Causing Increased Claims?

- Delayed procedures from pandemic causing higher frequency and severity
- Part B claims – primarily musculoskeletal and cancer
- Delayed procedures for those leaving employment
  - i.e., New to Medicare has a 5+ times higher claim costs for ortho procedures versus those who are not new to Medicare at the same ages*

SENIOR MARKET SALES

What are Potential Solutions?

- It may take a year or two for the Med Supp market to stabilize
  - Introduce a premium surcharge on GI business?
  - Rollout robust Medicare Select programs?
    - Network based Med Supp
  - Allow cost plans to be reintroduced?
  - Promote HDG plans with a hospital indemnity plan

SENIOR MARKET SALES

MAPD and PDP

- Part D compensation and consumer choices
  - 7 Carriers offer Part D in 2025
  - 2 Carriers remain commissionable
    - HealthSpring/Cigna has announced Commission will pay in 2026
- D-SNP SEP changes reduce marketing opportunities
- C-SNP opportunities emerging for 2026
  - Aetna announced 18 new C-SNP States for 2026
  - NE currently has no CSNP Plans
- MA-PD plan exits and service area reductions
  - Commission cuts/suppressed enrollment methods
- CMS increased carrier reimbursement rates on MA-PD for 2026

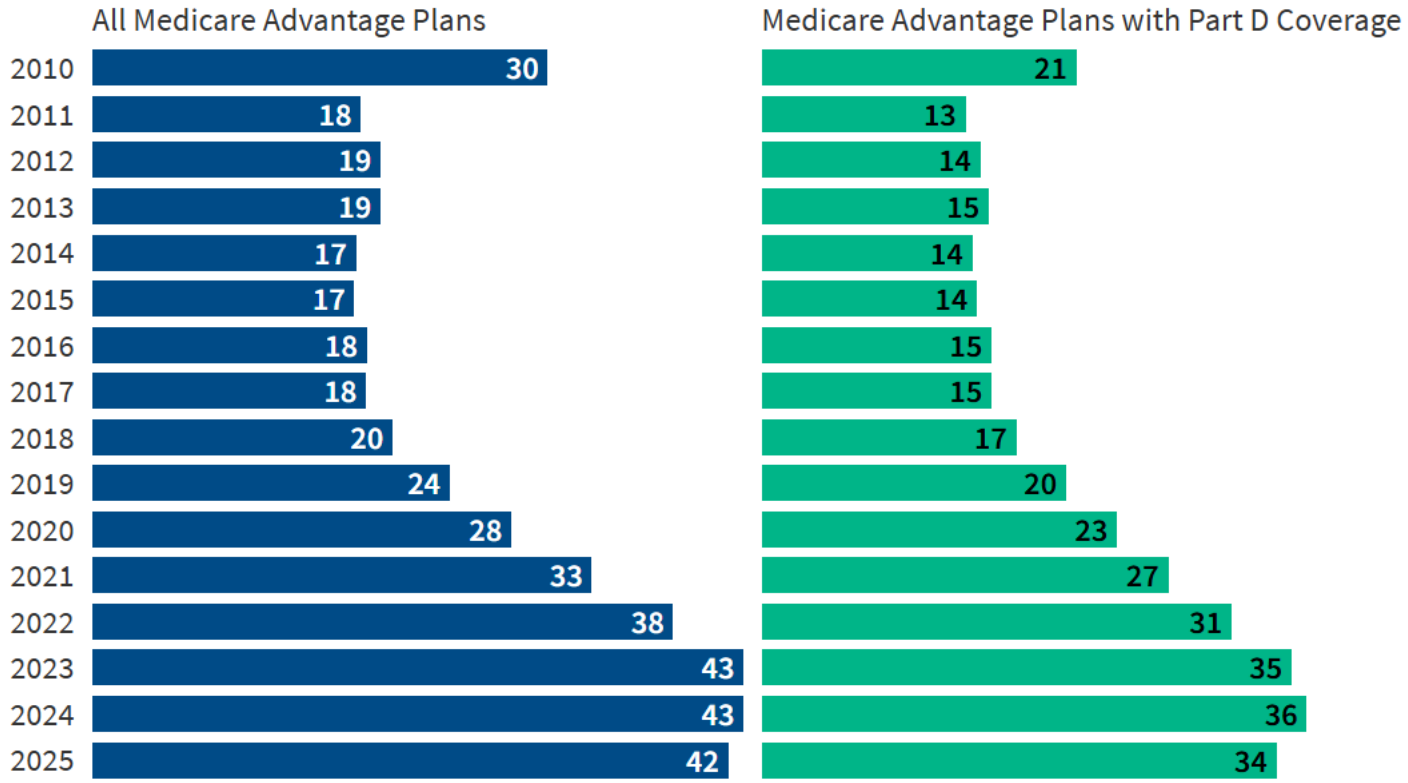
SENIOR MARKET SALES

Growth Rate for Medicare Advantage Plans Slowed in 2025

- Over half (51.5%) of Medicare-eligible individuals chose Medicare Advantage (MA) plans, up from 50.8% in March 2024.
- According to CMS enrollment data as of March 1, 2025:
  - Total MA enrollment (including MA-PD) reached 34,601,557 members.
  - This represents a net gain of 1,271,901 members from March 1, 2024—a 3.8% increase.
  - The 3.8% growth rate is down from the 6.5% growth seen between March 2023 and March 2024.
- The top 10 insurers (out of 289 total offering MA coverage) accounted for 78.8% of MA enrollees in 2025.
- Additionally, 34.5% of Medicare-eligible individuals selected a stand-alone Medicare Part D (PDP) prescription drug plan.
  - PDPs covered 23,194,849 members as of March 1, 2025.
  - This reflects a net increase of 397,868 members from the previous year.

https://www.markfarrah.com/mfa-briefs/growth-rate-for-medicare-advantage-plans-slowed-in-2025/

The Average Medicare Beneficiary Can Choose From 34 Medicare Advantage Prescription Drug (MA-PD) Plans in 2025, 2 Fewer Than the 36 in 2024



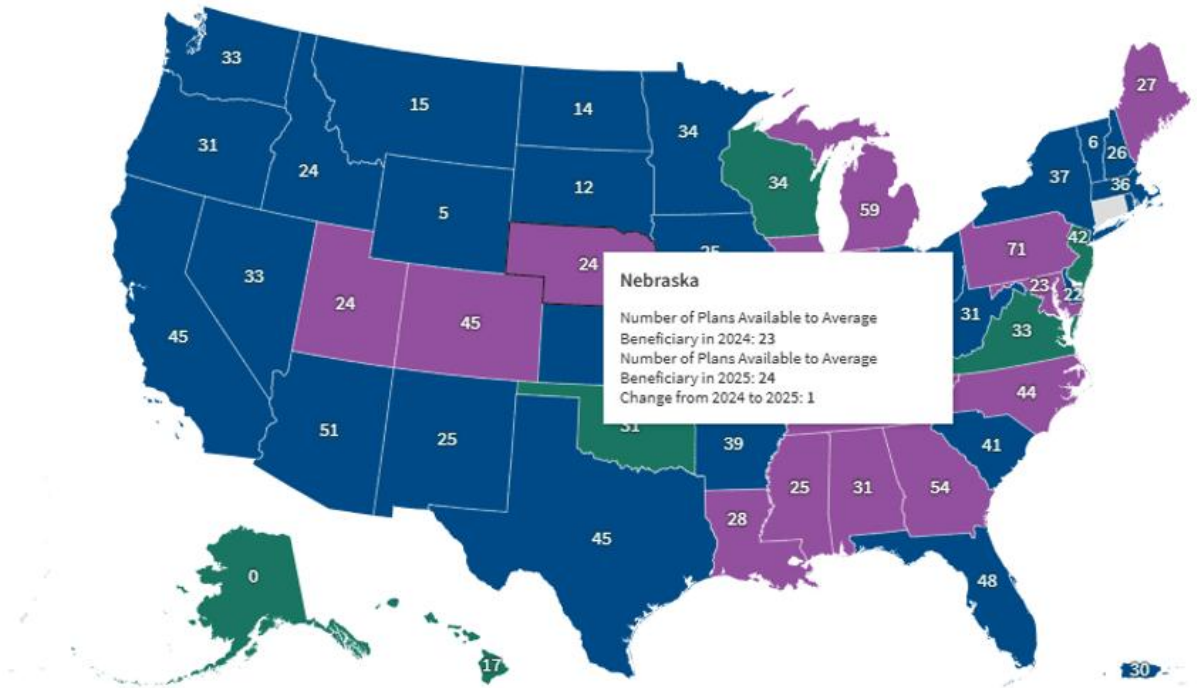
https://www.kff.org/medicare/issue-brief/medicare-advantage-2025-spotlight-a-first-look-at-plan-offerings/

The Average Beneficiary Has More or Fewer Plans Available to Choose from in 2025 Depending on the State They Live In

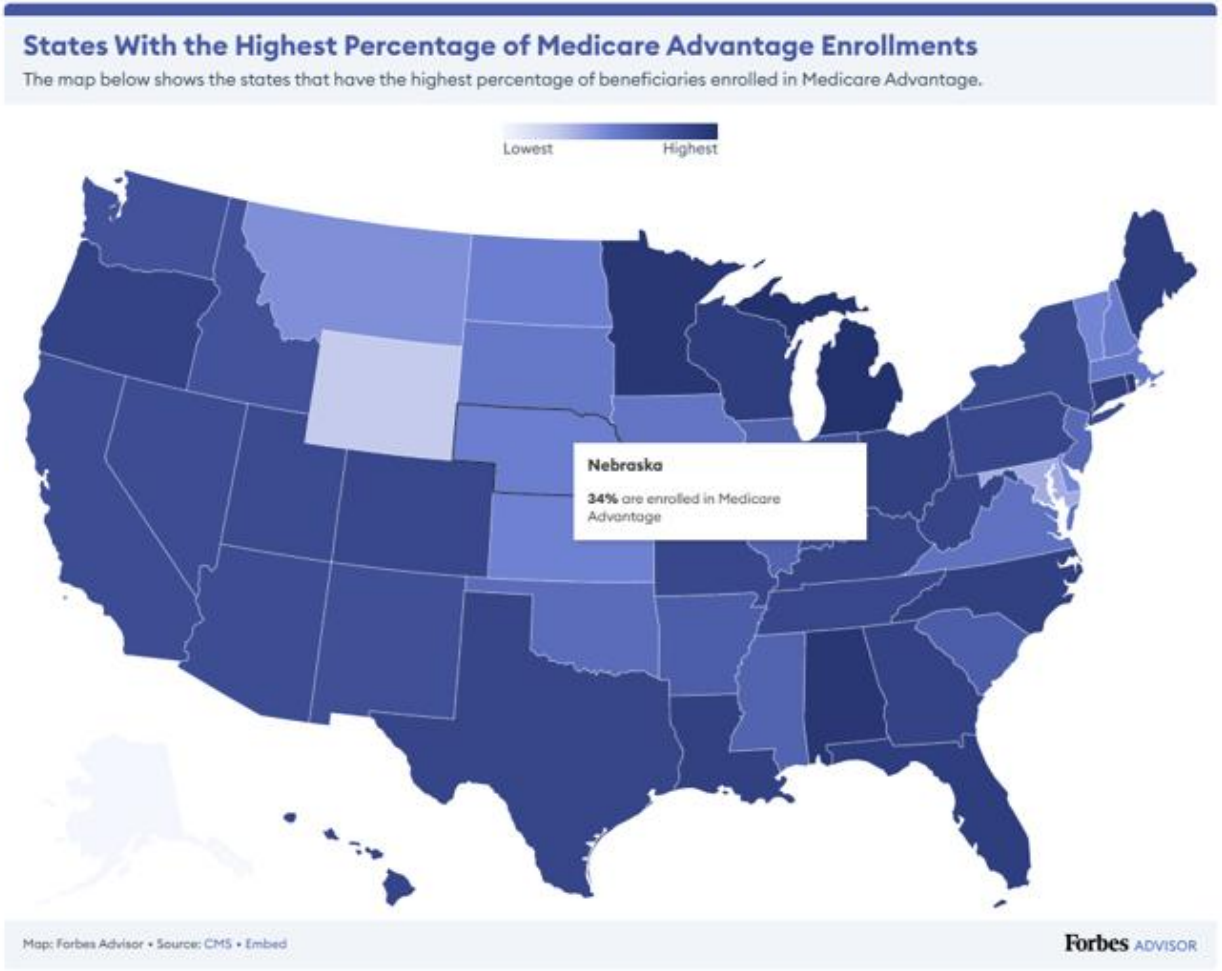
Number of Plans Available to the Average Beneficiary in 2025

Color Shows Difference in Number of Plans Available to the Average Beneficiary from 2024 to 2025

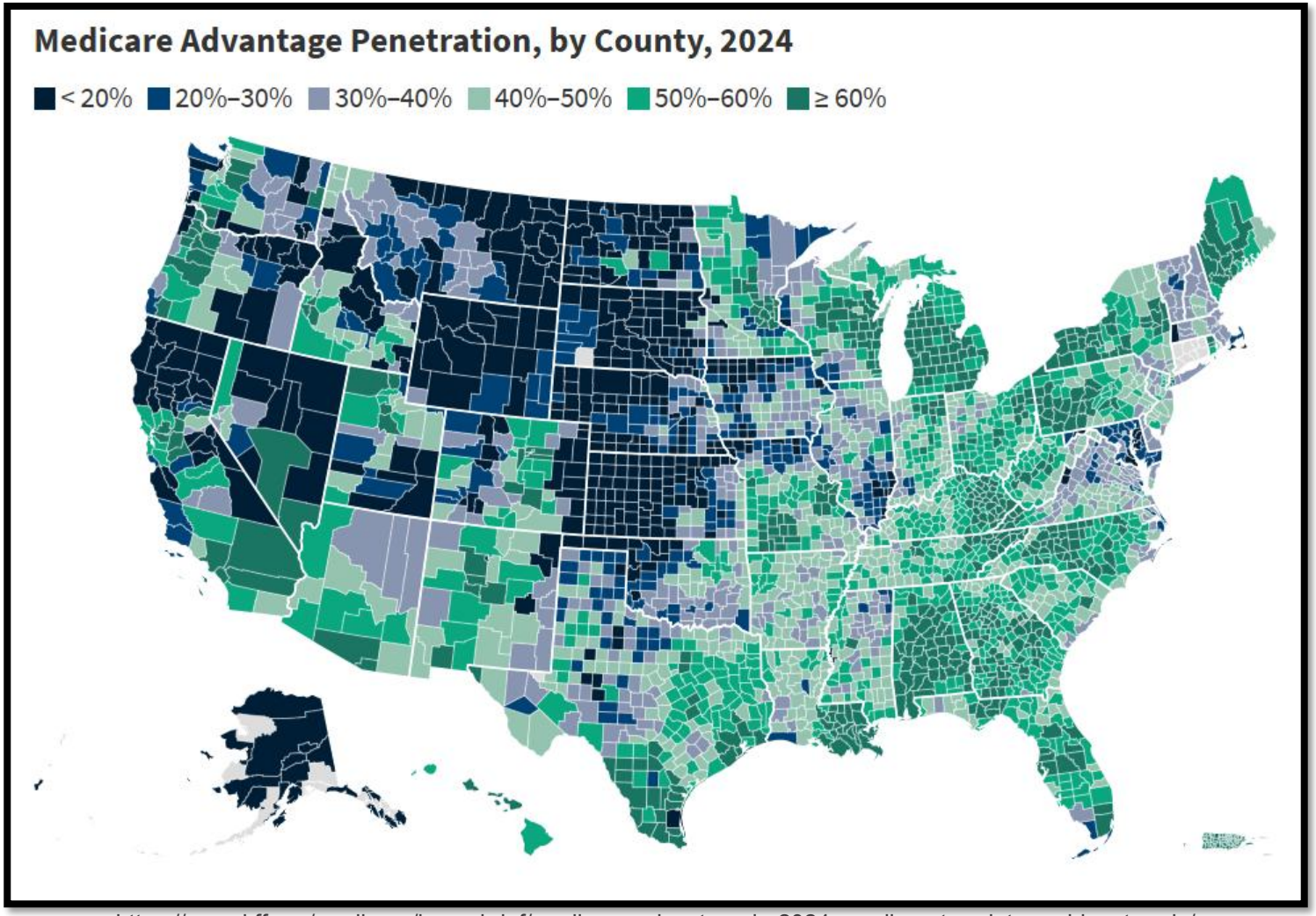
Decrease Increase Same



https://www.kff.org/medicare/issue-brief/medicare-advantage-2025-spotlight-a-first-look-at-plan-offerings/



https://www.forbes.com/advisor/health-insurance/medicare/medicare-statistics/



https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2024-enrollment-update-and-key-trends/

MA Leading Plan Performance

- There are 289 insurers participating in the Medicare Advantage (MA) marketplace in the U.S.
- Despite this, 78.8% of MA enrollees chose plans from just 10 insurers.
- As of March 2025:
  - **UnitedHealth** remains the market leader:
    - Over 9.9 million enrollees.
    - Holds 28.7% of the MA market.
  - **Humana** ranks second:
    - 5.7 million enrollees.
    - Holds 16.6% market share.
    - One of two top insurers to report a year-over-year enrollment decline.
  - **CVS** ranks third:
    - Over 4.1 million enrollees.
  - **Elevance Health** follows:
    - Over 2 million enrollees.
- The top three insurers (UnitedHealth, Humana, and CVS) together cover 57.2% of the MA market:
  - This is a 1.4% decrease from the previous year.

https://www.markfarrah.com/mfa-briefs/growth-rate-for-medicare-advantage-plans-slowed-in-2025/

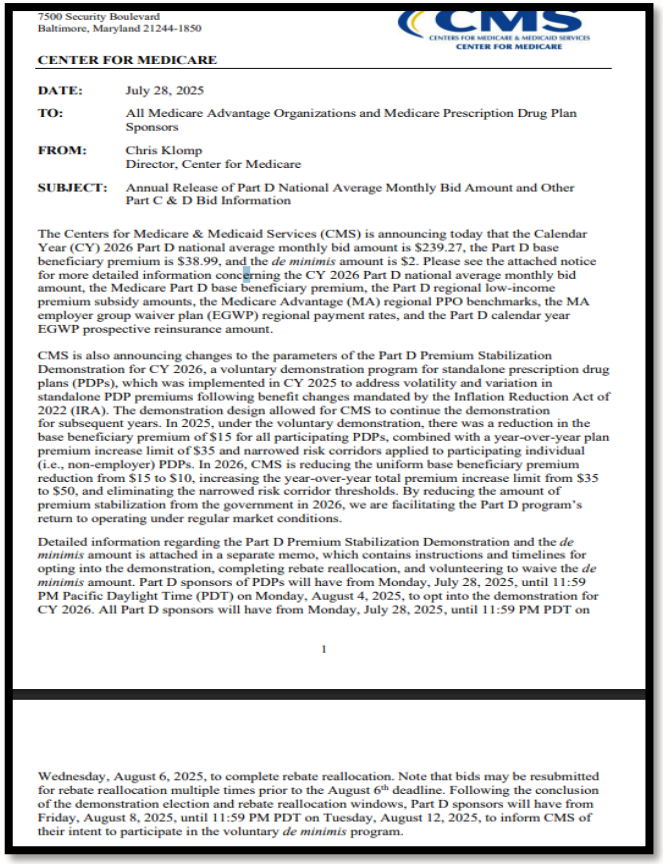
March 2025 Top 10 MA Organizations

PARENT	Mar-24	Mar-25	Percent Growth	March 2025 Market Share
UNITEDHEALTH	9,415,997	9,918,154	5.3%	28.7%
HUMANA	6,035,774	5,734,968	-5.0%	16.6%
CVS	4,081,732	4,141,916	1.5%	12.0%
ELEVANCE HLTH	1,983,426	2,226,608	12.3%	6.4%
KAISER FNDN GRP	1,893,324	1,951,504	3.1%	5.6%
CENTENE	1,120,488	1,009,060	-9.9%	2.9%
BCBS OF MI	697,352	780,827	12.0%	2.3%
CIGNA HLTH	587,393	700,121	19.2%	2.0%
HIGHMARK	410,767	470,037	14.4%	1.4%
HEALTHFIRST	288,990	341,146	18.0%	1.0%
Subtotal Top 10	26,515,243	27,274,341	2.9%	78.8%
All Others	6,814,413	7,327,216	7.5%	21.2%
Total	33,329,656	34,601,557	3.8%	100.0%

Source: Medicare Business Online™, Mark Farrah Associates, presenting data from CMS enrollment reports.

https://www.markfarrah.com/mfa-briefs/growth-rate-for-medicare-advantage-plans-slowed-in-2025/

2026 Part D Bid Announcement



7500 Security Boulevard
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

CENTER FOR MEDICARE

DATE: July 28, 2025

TO: All Medicare Advantage Organizations and Medicare Prescription Drug Plan Sponsors

FROM: Chris Klomp
Director, Center for Medicare

SUBJECT: Annual Release of Part D National Average Monthly Bid Amount and Other Part C & D Bid Information

The Centers for Medicare & Medicaid Services (CMS) is announcing today that the Calendar Year (CY) 2026 Part D national average monthly bid amount is $239.27, the Part D base beneficiary premium is $38.99, and the *de minimis* amount is $2. Please see the attached notice for more detailed information concerning the CY 2026 Part D national average monthly bid amount, the Medicare Part D base beneficiary premium, the Part D regional low-income premium subsidy amounts, the Medicare Advantage (MA) regional PPO benchmarks, the MA employer group waiver plan (EGWP) regional payment rates, and the Part D calendar year EGWP prospective reinsurance amount.

CMS is also announcing changes to the parameters of the Part D Premium Stabilization Demonstration for CY 2026, a voluntary demonstration program for standalone prescription drug plans (PDPs), which was implemented in CY 2025 to address volatility and variation in standalone PDP premiums following benefit changes mandated by the Inflation Reduction Act of 2022 (IRA). The demonstration design allowed for CMS to continue the demonstration for subsequent years. In 2025, under the voluntary demonstration, there was a reduction in the base beneficiary premium of $15 for all participating PDPs, combined with a year-over-year plan premium increase limit of $35 and narrowed risk corridors applied to participating individual (i.e., non-employer) PDPs. In 2026, CMS is reducing the uniform base beneficiary premium reduction from $15 to $10, increasing the year-over-year total premium increase limit from $35 to $50, and eliminating the narrowed risk corridor thresholds. By reducing the amount of premium stabilization from the government in 2026, we are facilitating the Part D program's return to operating under regular market conditions.

Detailed information regarding the Part D Premium Stabilization Demonstration and the *de minimis* amount is attached in a separate memo, which contains instructions and timelines for opting into the demonstration, completing rebate reallocation, and volunteering to waive the *de minimis* amount. Part D sponsors of PDPs will have from Monday, July 28, 2025, until 11:59 PM Pacific Daylight Time (PDT) on Monday, August 4, 2025, to opt into the demonstration for CY 2026. All Part D sponsors will have from Monday, July 28, 2025, until 11:59 PM PDT on

1

Wednesday, August 6, 2025, to complete rebate reallocation. Note that bids may be resubmitted for rebate reallocation multiple times prior to the August 6th deadline. Following the conclusion of the demonstration election and rebate reallocation windows, Part D sponsors will have from Friday, August 8, 2025, until 11:59 PM PDT on Tuesday, August 12, 2025, to inform CMS of their intent to participate in the voluntary *de minimis* program.

🔍 Implications for 2026 Medicare Part D

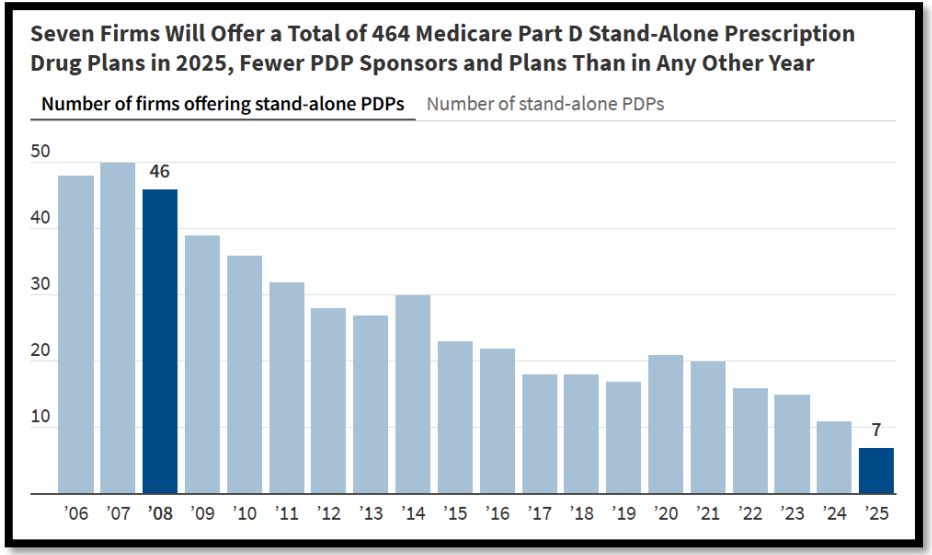
💵 Premiums Likely to Rise

- With CMS scaling back the demo's premium support, enrollees may see **noticeable increases** in premiums.
- The **$10 base premium reduction (vs. $15 in 2025)** softens the blow but won't fully buffer increases from drug costs or bid growth.

SENIOR MARKET SALES

PDP Leading Plan Performance

- **Five companies** each have **more than 2 million members** and together control **89.5%** of the PDP market.
- Significant enrollment changes occurred among leading PDP organizations between March 2024 and March 2025.
- **Centene**:
  - Remains the largest PDP insurer.
  - Increased PDP membership by **23.1%** year-over-year.
  - Continued expansion efforts in both MA and PDP markets in 2024.
- **Cigna**:
  - Gained over **452,000 PDP members**.
  - Increased its market share to **nearly 13%** as of March 1, 2025.
- **Cigna and HCSC combined**:
  - Have over **3.2 million PDP members**.
  - Hold a **13.9% share** of the PDP market.



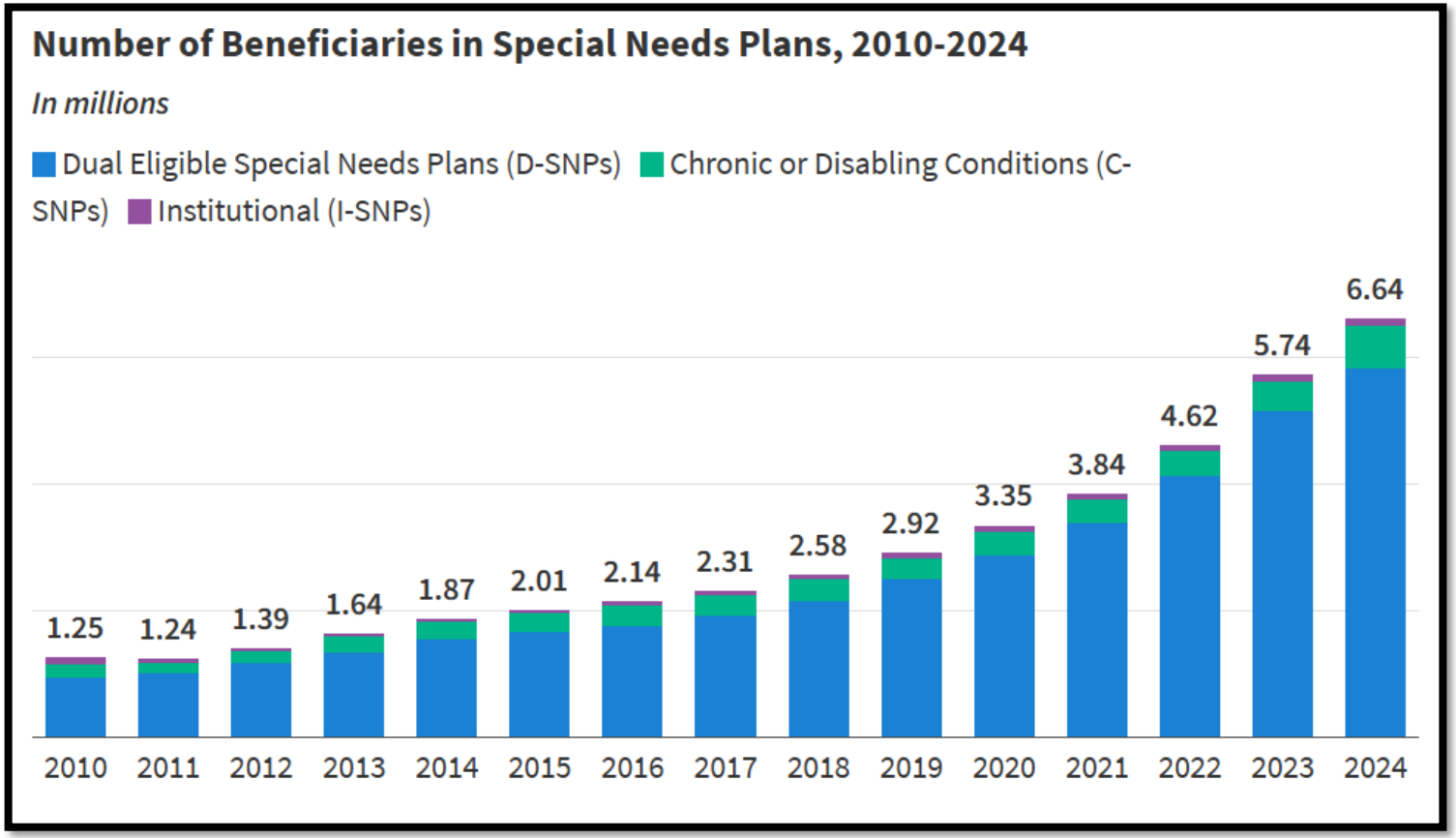
https://www.markfarrah.com/mfa-briefs/growth-rate-for-medicare-advantage-plans-slowed-in-2025/

March 2025 Top 5 PDP Organizations

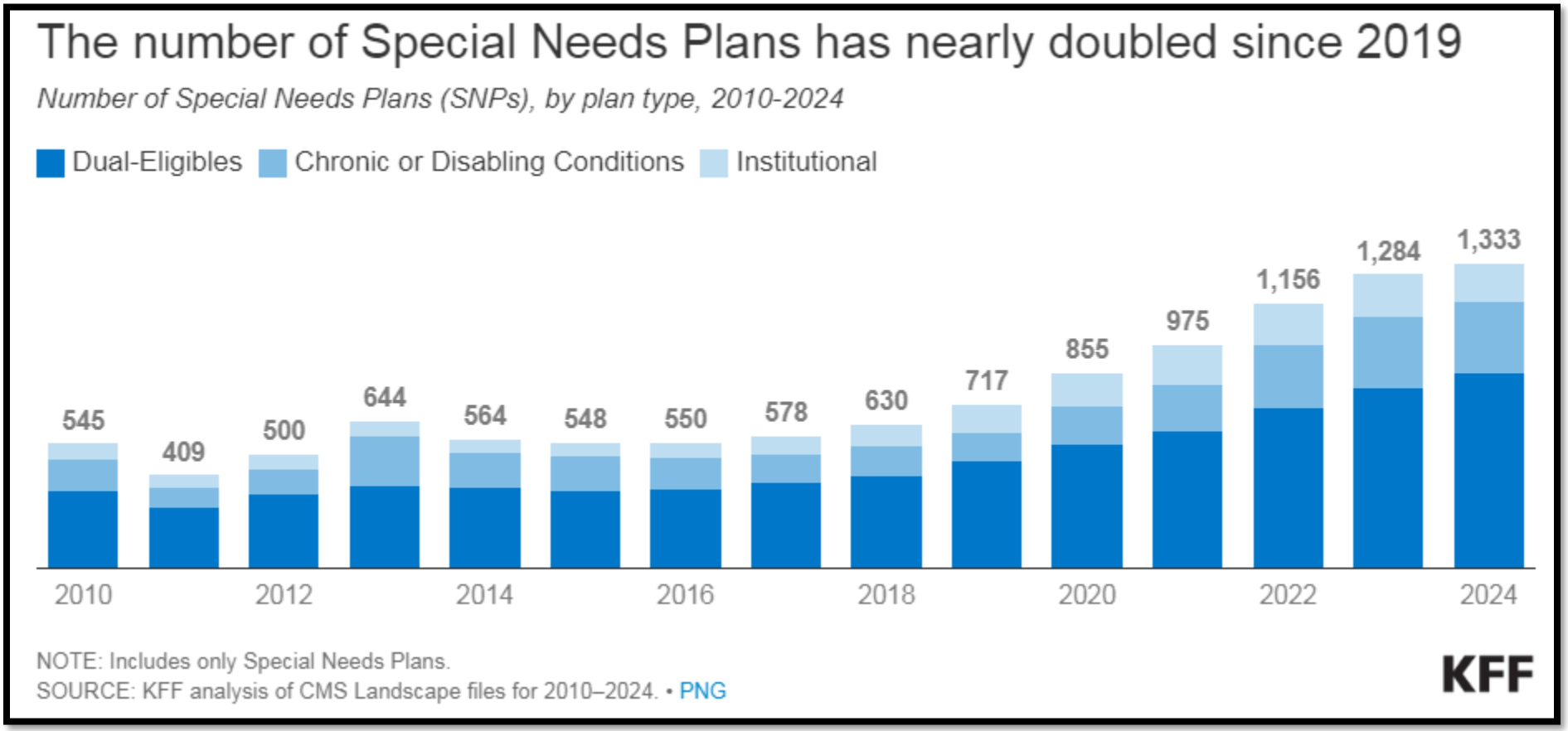
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CVS	4,991,868	4,101,144	-17.8%	17.7%
UNITEDHEALTH	3,799,492	3,530,964	-7.1%	15.2%
CIGNA	2,525,734	2,978,074	17.9%	12.8%
HUMANA	2,209,750	2,272,576	2.8%	9.8%
Subtotal Top 5	19,918,627	20,751,974	4.2%	89.5%
All Others	2,878,354	2,442,875	-15.1%	10.5%
Total	22,796,981	23,194,849	1.7%	100.0%

Source: Medicare Business Online ™, Mark Farrah Associates, presenting data from CMS enrollment reports.

https://www.markfarrah.com/mfa-briefs/growth-rate-for-medicare-advantage-plans-slowed-in-2025/



https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2024-enrollment-update-and-key-trends/



https://www.kff.org/medicare/issue-brief/medicare-advantage-2024-spotlight-first-look/

Medicare Market Insights - Telos

Medicare Market Insights > Posts > C-SNP Continues to Surge in 2025 🚀

C-SNP Continues to Surge in 2025 🚀

A look at C-SNP enrollment trends in 2025.



Jared Strock
July 24, 2025

This week's newsletter is Sponsored By: *Tel*



Download: *The Future of Medicare Supplem*

Here are **IMPORTANT LINKS** for the week:

1. Most Medicare Advantage Markets are Dominated by One or Two Insurers - (*link*)
2. CMS proposes 3.6% pay bump for docs, takes aim at chronic conditions in physician fee schedule - (*link*)
3. How the One Big Beautiful Bill Will Impact Your Clients: What Agents and Advisors Need to Know - (*link*)
4. A Closer Look at the $50 Billion Rural Health Fund in the New Reconciliation Law - (*link*)
5. Joint Health and Oversight Subcommittee Hearing on Medicare Advantage: Past Lessons, Present Insights, Future Opportunities - (*link*)
6. Medicare Supplement Rate Actions – 2025 Q3 Update - (*link*)

Jared's recent LinkedIn posts:

1. Has the D-SNP market experienced less switching in 2025? - (*link*)
2. Elevance Health (ELV) Q2 2025 results. - (*link*)
3. MA/MAPD enrollment count growth lags last year, though July was up. - (*link*)

DEEP DIVE

C-SNP Continues to Surge in 2025 🚀

Last week our deep dive gave an update on D-SNP enrollments (read it *here*).

While D-SNP growth has cooled, the C-SNP market is growing fast - rapidly expanding access for beneficiaries with complex chronic needs and reshaping the competitive MA landscape.

(Note: Chronic Condition Special Needs Plans (C-SNPs) serve Medicare beneficiaries with qualifying chronic conditions like diabetes, cardiovascular disorders, and certain autoimmune diseases — an often underserved segment of the MA market.)

- So far in 2025, the D-SNP market has **grown 2.4%** (Dec. '24 - July '25), down from **5.2% last year** (Dec. '23 - July '24), and **19.4% the prior year** (Dec. '22 - July '23).
- At the same time, the C-SNP market has **grown 48%** (Dec. '24 - July '25), up from **41% last year** (Dec. '23 - July '24), and **16.5% the prior year** (Dec. '22 - July '23).

SENIOR MARKET SALES

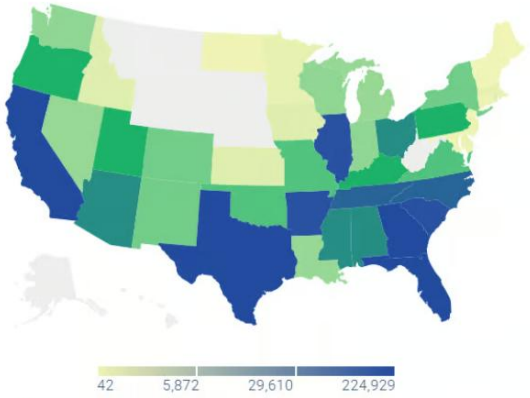
Medicare Market Insights - Telos

Where did the C-SNP Growth Happen?

C-SNP By State

First of all, **not every state has C-SNP enrollment**. In the map below, the **grey states** have no recorded enrollment.

(*Note: CMS data excludes counties with fewer than 11 enrollees, so some states may have small but unreported enrollment.*)



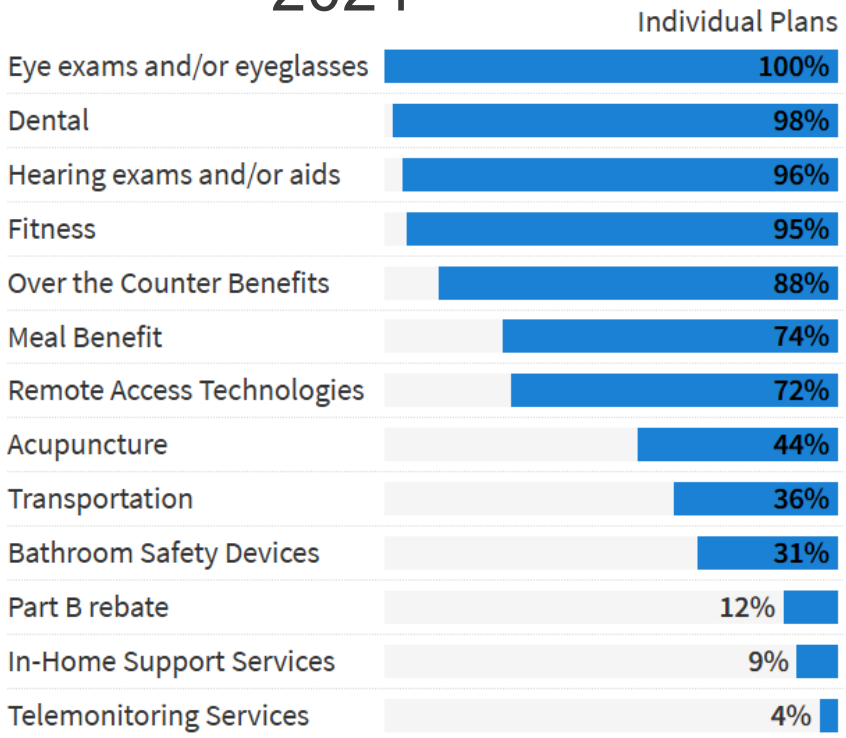
source: MMI+ MA Web App

Below is the C-SNP enrollment growth from Dec. 2024 to July 2025.

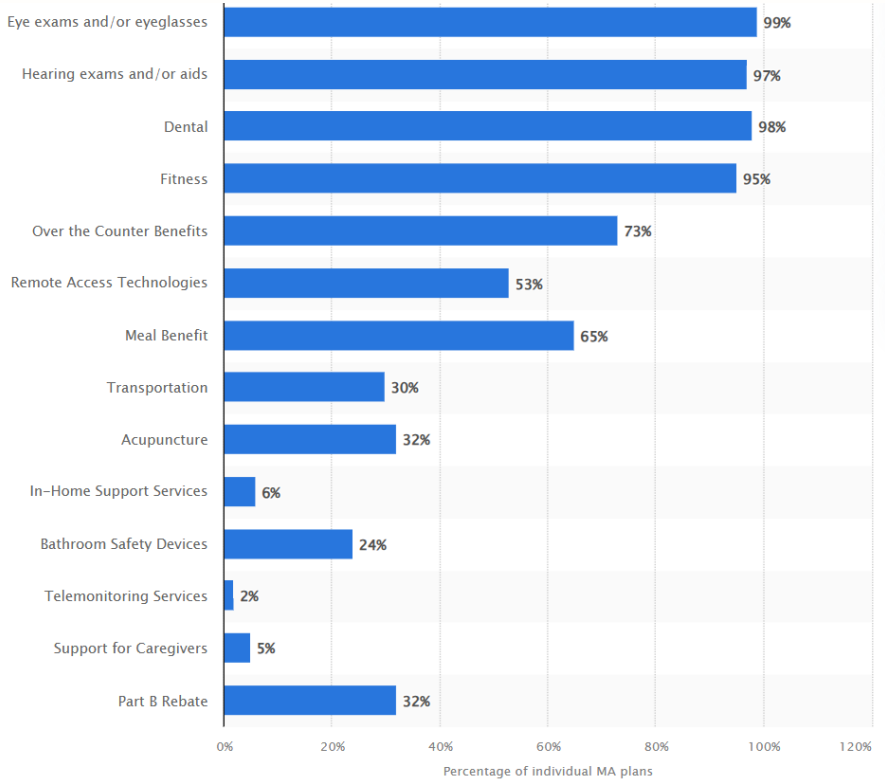
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Extra Benefits - MAPD

2024



2025



https://www.statista.com/statistics/1265506/share-of-ma-enrollees-in-plans-with-extra-benefits-by-benefit-us/

Inflation Reduction Act

1. $2,000 Annual Out-of-Pocket Cap for Prescription Drugs

Starting in 2025, Medicare Part D enrollees, including those in MA plans, have a cap on annual out-of-pocket prescription drug costs at $2,000. This cap is indexed to rise annually based on the growth in per capita Part D costs. Approximately 11 million beneficiaries are expected to reach this cap, with average savings of about $600 per enrollee in 2025. For those without financial assistance, savings could be around $1,100.

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2. Elimination of the Coverage Gap ("Donut Hole")

The IRA removes the Medicare Part D coverage gap, meaning beneficiaries will no longer face a significant increase in out-of-pocket costs after reaching a certain spending threshold. This change simplifies the cost structure and provides more predictable expenses for enrollees.

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Inflation Reduction Act

3. Increased Plan Liability in Catastrophic Coverage

Under the IRA, Medicare Part D plans are now responsible for 60% of costs in the catastrophic coverage phase, up from 15% previously. This shift increases plan liability, potentially leading to higher premiums or reduced benefits as insurers adjust to the new cost-sharing structure. kff.orgtechtarget.com

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4. Introduction of the Medicare Prescription Payment Plan (M3P)

The IRA introduces the Medicare Prescription Payment Plan (M3P), allowing beneficiaries to spread their out-of-pocket prescription drug costs over the year through monthly installment plans. This option provides individuals with more flexibility, making it easier to manage high-cost medications. cms.gov+2mvphealthcare.com+2investopedia.com+2

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5. Formulary Adjustments and Plan Offerings

In response to the IRA's provisions, Medicare Advantage plans have adjusted their formularies and plan offerings. Some insurers have reduced the number of available plans or made changes to existing ones. For instance, Aetna has announced the reduction of over 1,500 MAPD plans for 2025. These adjustments may impact beneficiaries' choices and access to medications. planmedicare.com

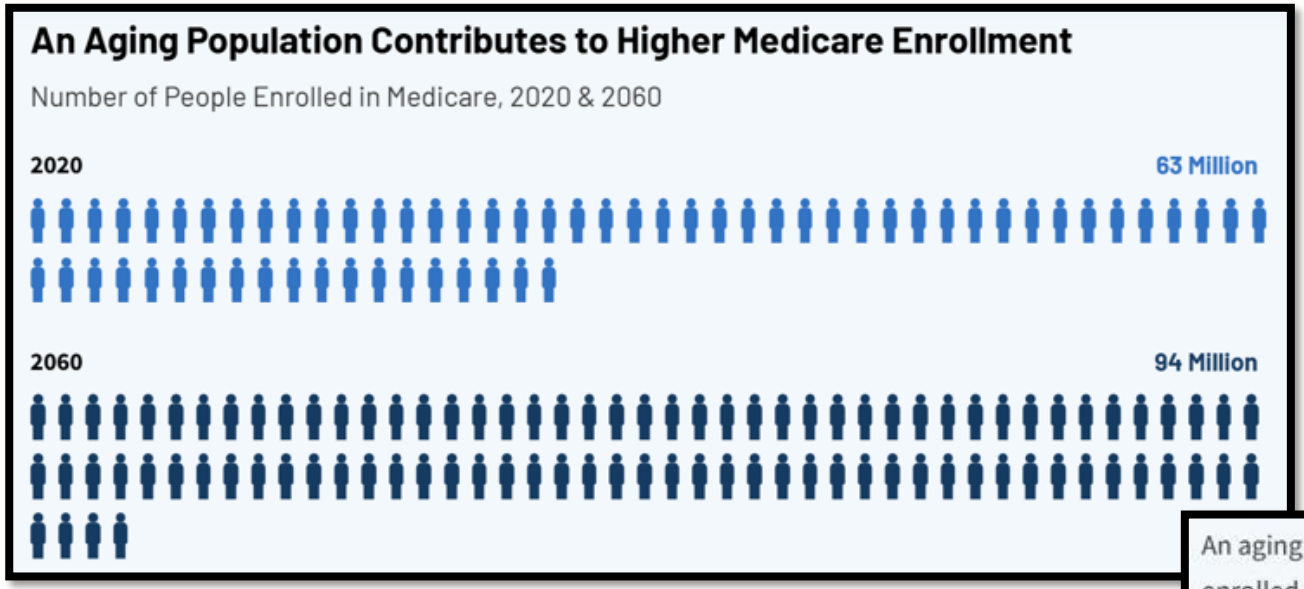
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What does 2026 Look Like?

- MAPD Carrier Rollout Meetings Began in July
- Will Carriers continue to offer PPOs?
- Will Extra Benefits continue on MAPD Plans?
- Will suppressed plans become SAR? – UHC 600K
- Will Part D become totally non-commissionable?
  - Healthspring paying commissions
- Do Med Supp rates continue to climb?
- Will more Med Supp Carriers terminate plans?
- More regulatory and legislation?
- Does MAPD Coop Marketing go away?

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US Population Projections



2025: 68.5 Million

NE 2025: 380,220

20% of Nebraskans are eligible for Medicare

An aging population means more people will be enrolled in the Medicare program. The number of Medicare beneficiaries is projected to grow from around **63 million people in 2020** to close to **94 million people in 2060**. These totals include younger adults who qualify for Medicare because of a long-term disability.

https://www.kff.org/interactive/the-facts-about-medicare-spending/


THANK YOU