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2026 MEDICARE SHOPPING AND SWITCHING STUDY

For MA Carriers, "To Trim or Not to Trim. That is(n't) the Question."
The Alternative to Terming—Benefit Trimming—Carries Risk as Well.

George Dippel, President of Deft Research

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Deft Research recently published the 2026 version of the Medicare Shopping and Switching Study, a yearly report depicting what drove senior consumerism during the previous enrollment cycle. This comprehensive quantitative analysis of over 4,400 seniors in Medicare Advantage (MA), Medicare Supplement (MedSupp), and Original Medicare only (OMO) is considered by many in the industry to be the "Gold Standard" account of the AEP from a benefits, marketing, and sales perspective. For two decades, managers from leading MA and MedSupp carriers—and their vendors and consultants—have relied on the insights from this study to drive results in future AEPs by understanding the lessons learned in the previous one.

As the Medicare landscape has changed, so too has the aim of this study which is almost universally relied upon by the nation's leading carriers. Readers will see that the 2026 version has an increased focus on the healthcare utilization of seniors who either voluntarily chose to switch or were forced to switch due to their carrier terming their plan or exiting the market altogether. Additionally, this year's study has a keen focus on how some benefit changes that carriers have been forced to implement may impact future CAHPS results and Star Ratings. The Medicare Shopping and Switching Study has always had a focus on benefit design, marketing, and sales. But effective Medicare strategy changes as does the Medicare landscape, and the additional focus on health risk and quality impacts make the study an indispensable guidebook for how to navigate this more financially challenging market.

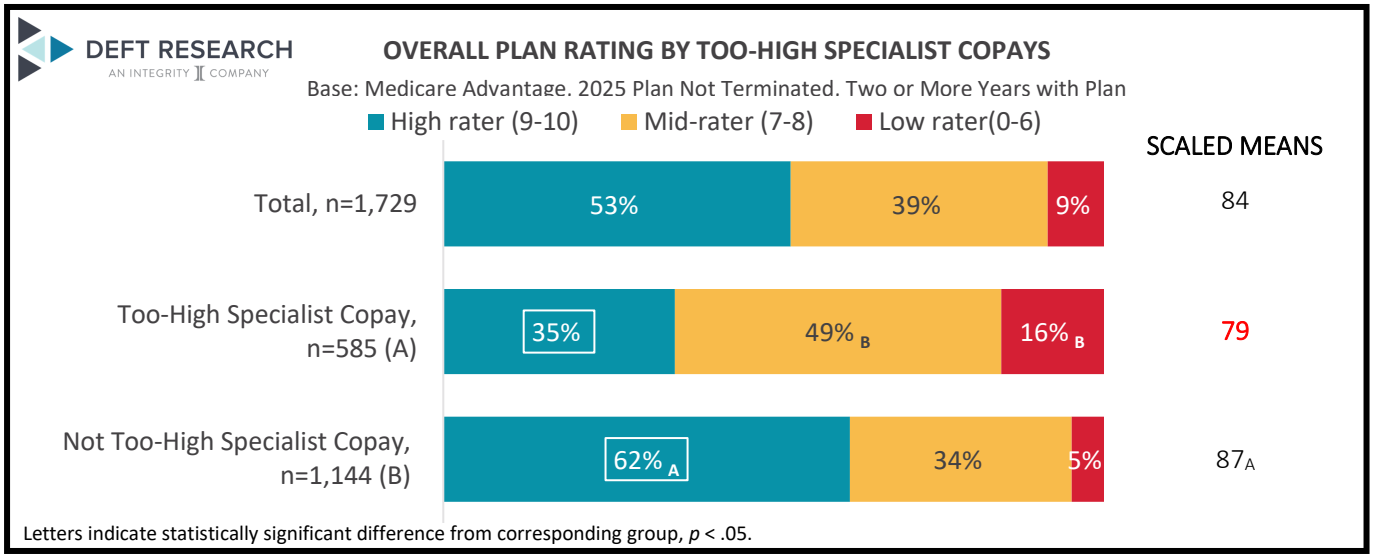
Armed with the insights from the Medicare Shopping and Switching Study, carriers, agencies, and consultants alike will be better positioned to retrench in 2027 as the world of MA and MedSupp reconfigures to a new normal. For more information on the rest of the report, please contact your Deft Research Client Services associate or email info@deftresearch.com.

The 2025 Medicare Advantage reset—where carriers termed 1.8 million non-SNP seniors—shook the industry by producing a never-before-seen 8.7% overall MA term rate. While MA has seen previous periods of disruption that have thrown the market for a loop, such as in the mid-2010s, those years produced only 3 to 5% term rates.

The same issues that forced 2025's reboot have only intensified for 2026. Higher levels of utilization still show no sign of abating. Coupled with a lack of guardrails from the IRA and changes to risk adjustment, many carriers found their plans deep underwater with MLRs over 100—particularly in the non-SNP (Full-Pay) MA space. The result was a 50% increase in the number of seniors termed from 2025. This year, 2.7 million MA non-SNP seniors have been jettisoned from their carrier, obliterating the record percentage from 2025 and setting a new unsettling one at 12%.

And for those carriers reeling from utilization pressures who did not term plans or exit altogether, they generally were forced to significantly trim their benefits. Deft's proprietary assessment of how benefits changed from year to year—our Medicare Plan Stability Index™—shows that only 3 of the top 50 carriers improved their benefits in the aggregate (Humana, Devoted, and Clover), with most of the rest degrading their benefits, and in many cases by as much as they could within CMS limits[1].

And with seniors seeing their benefits degrade, not just this year but last year, more paid attention to their ANOCs, and a full third (34%) of MA seniors who were not termed indicated that they read their ANOC and noticed that their benefits had worsened. The full Medicare Shopping and Switching Study looked at over 40 experiences that could be related to senior voluntary switching, most of them being benefit related, and then drilled down into a handful that have a disproportionate impact on switching. Two areas of benefit degradation stood out the most—and they may be surprising to faithful readers of our research.



As seen on the slide above, when consumers perceived that their specialist copays were too expensive, they were three times more likely to rate their plan 0 to 6 on the CAHPS "Best Health Plan/Worst Health Plan" question than those who didn't feel that way. When put on a scaled means basis, this experience alone could produce an 8-point swing in the Star calculation for "Best Health Plan/Worst Health Plan."

[1] More information on this topic is included in the note below, linked here.

With the proposed rules change for 2027 potentially leading to an increased emphasis on harder-to-move experiential measures and less on easier-to-nail operational ones, carriers will need to be intentional on which areas of benefit trimming they pursue in an effort to bring their plans to breakeven or better. Although actuaries may argue that increasing specialist copay may help with selection issues (and they may very well be correct), management must also weigh the future impact these changes may have on quality measurements.

"To Trim, or Not to Trim" may be the first question carriers will start with when finalizing 2027 bids, but "Where to Trim" needs to be the second. And trimming in one area to decrease pressure on the cost side of the equation can come back to haunt carriers on the revenue side. For a full listing of the experiences that drive voluntary switching the most in 2026 and which ones will have a meaningful impact on quality perceptions, please see the full 2026 Medicare Shopping and Switching Study.

An editorial note about the continued disruption in MA

No one in Medicare should feel good about one in eight MA seniors being termed and in need of finding a new home. Just ask anyone what it feels like to read a letter from an insurance carrier or regulator that informs you that your policy has been cancelled. Whether that's a vehicle policy, a homeowner's policy, or a health insurance policy, the sense of abandonment and anger the consumer feels is real, and in Medicare it may be creating lasting damage as those raw feelings have not just become more widespread, but sadly, recurring. A whopping 18% of MA seniors who were termed for 2026 had also been termed in 2025. Think about that as we head toward the midterm elections.

If regulators can relax some of the actuarial constraints associated with benefit degradation and expand them—perhaps just on a temporary basis—it's possible more carriers can hang onto plans that today feel too far gone under current utilization levels and proposed 2027 rates, leaving fewer seniors in need of finding a new home. Even though they will be picking up more of the tab for their healthcare, they at least will not have to find a similar plan with similar access to care (if one such still exists).

Did you enjoy this Single Insight Point (SIP) from the 2026 Medicare Shopping and Switching Study? Are you ready to move from just a SIP to a whole gulp? Please connect with your Deft Research Client Services Associate to unlock all the business-changing insights from the 90-plus pages of insightful reporting.

Don't miss these offerings related to the 2026 Medicare Shopping and Switching Study:

- **National Medicare Health Segmentation Study** illuminates health segments within the senior population so organizations can best serve their unique needs.
- **National Supplemental Benefit Conjoint and Ancillary Products Study** helps you design the most attractive supplemental options while balancing costs and gauging interest in ancillary products. Select from one or both of the following:
    - *Medicare Advantage Version*: focuses on traditional supplemental benefits
    - *MedSupp/OMO Version*: focuses on the Dental/Vision/Hearing bundle
- **Influences of Part D in MAPD and Standalone Coverage Study** explores how the tiered placement of specific, common medications influences MAPD and Part D consumerism.

Keep the insights coming all year with our syndicated studies.

The **2026 Senior Market Insights Service** includes the following studies:

- **National Medicare Health Segmentation Study** illuminates health segments within the senior population so organizations can best serve their unique needs.
- **National Supplemental Benefit Conjoint and Ancillary Products Study** helps you design the most attractive supplemental options while balancing costs and gauging interest in ancillary products. Select from one or both of the following:
    - *Medicare Advantage Version*: focuses on traditional supplemental benefits
    - *MedSupp/OMO Version*: focuses on the Dental/Vision/Hearing bundle
- **Medicare Shopping and Switching Study** examines senior consumerism during the AEP and highlights what made members venture to new products.
- **Influences of Part D in MAPD and Standalone Coverage Study** explores how the tiered placement of specific, common medications influences MAPD and Part D consumerism.
- **SNP (C-SNP and D-SNP) Acquisition Study** provides insights into the rapidly growing segment of seniors with Medicaid eligibility (D-SNP or otherwise), examining how they shop and consider new coverage.
- **Medicare Member Onboarding and Management Study** explains how to update existing members and onboard new ones after the AEP. It also highlights what worked well in member services and education, and where improvements are needed for the next year.
- **Medicare Age-In Study** identifies strategies to boost acquisition and reduce early retention risk, while analyzing trends in self-insurance and recommending ancillary products for those not interested in MA or unable to afford MedSupp.
- **SNP (C-SNP and D-SNP) Experience Study** provides carriers and agencies with a blueprint to best serve dual eligibles and/or those with specific demanding health conditions.
- **AEP Gut Check Study** is a “must have” for carriers, agencies, and consultants. It assesses the pain points, service failures, and plan experiences that carriers and agents must address as we near the AEP.
- **BONUS: How the U.S. Consumer Selects a Provider and Health System Study** is the first-of-its-kind study, we look across the broad U.S. healthcare consumer landscape.
- **Medicare Digital Tools Study** gives an in-depth look at how seniors shop online, navigate health insurance and healthcare, and whether they find the amount of information online to be overwhelming.
- **Medicare Member Experience Study** shows what causes attrition, switching intention, and lower CAHPS scores, helping carriers to better engineer member communications and customer service for higher scores.
- **MAPD + PDP Disruption Tool** provides detailed market summaries of benefit changes from the national to the county level, helping you anticipate shifts in 2026 enrollment.
- **Custom Research** can help you answer the tough questions facing your organization about your member experience (and those of your competitors) as you prepare for 2027.



Our **2026 Commercial Market Insights Service** studies for the Individual Under 65 Market include:

- **National ACA On and Off Exchange Benefit Design Conjoint Study** shows the premium-based tradeoffs that under-65 beneficiaries will make in the subsidized/on-exchange market as well as the non-subsidized/off-exchange market.
- **Individual and Family Plan Shopping and Switching Study** examines the traditional OEP enrollment period, the channels that best connected with consumers, and how these individuals chose to enroll.
- **ICHRA Study Part I: Brokers and Employers** examines two of the three stakeholders who will decide ICHRA's trajectory in the near term: employers looking to untangle health insurance from employment and brokers who will (or will not) facilitate that transition.
- **ICHRA Study Part II: Employees** chronicles how employees managed through cost increases, the impact on them, and how it compares to employees in traditional group coverage who may have faced less dramatic premium increases.
- **BONUS: How the U.S. Consumer Selects a Provider and Health System Study** is the first-of-its-kind study, we look across the broad U.S. healthcare consumer landscape.
- **Individual and Family Plan Member Experience Study** identifies the experiences that either inflate or depress loyalty so that carriers can be more informed on how to hold onto their ACA members

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