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2026 SNP (C-SNP AND D-SNP) ACQUISITION STUDY

In a post-VBID world, how can SSBCI benefits be leveraged to aid acquisition efforts?

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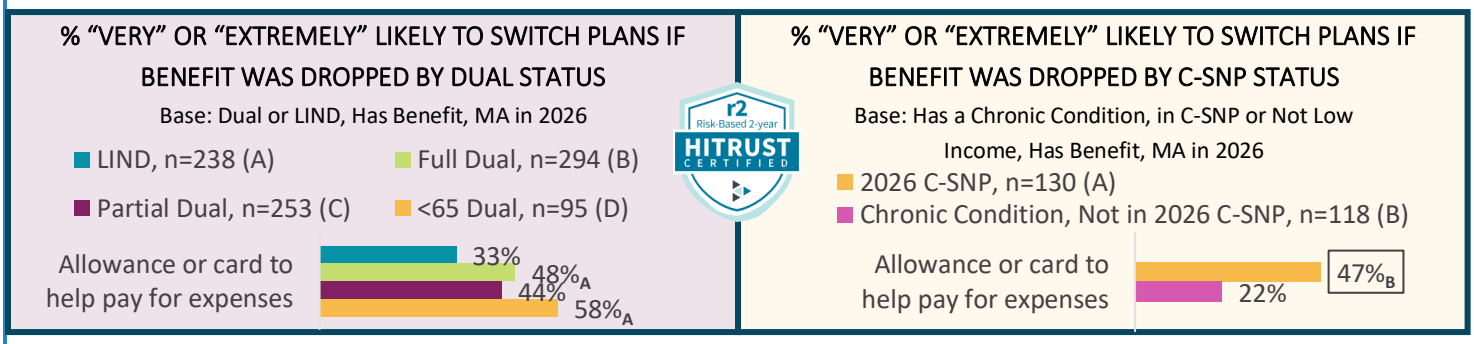
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With the sunsetting of the Value-Based Insurance Design (VBID) program, which provided additional non-medical benefits to underserved and/or chronically ill MA members, many MA members are likely to have found themselves ineligible for benefits that they'd been receiving through 2025. For many D-SNP members, the end of VBID means the return of cost sharing on their prescription drugs.

The question for carriers is whether this truly matters in terms of their acquisition efforts. After all, many Dual Eligibles and C-SNP Eligibles qualify for SSBCI benefits based on their having a qualifying condition and a need for more intensive care coordination. Like many things in life, the answer seems to be mixed. Less than half of Duals, regardless of full or partial status, are even aware of changes to MA resulting from the VBID sunset. Most of those who are aware learned of the VBID changes prior to 2026 and were comfortable with their coverage decisions going into the year. When Duals were educated about the change, they were able to make an informed decision.

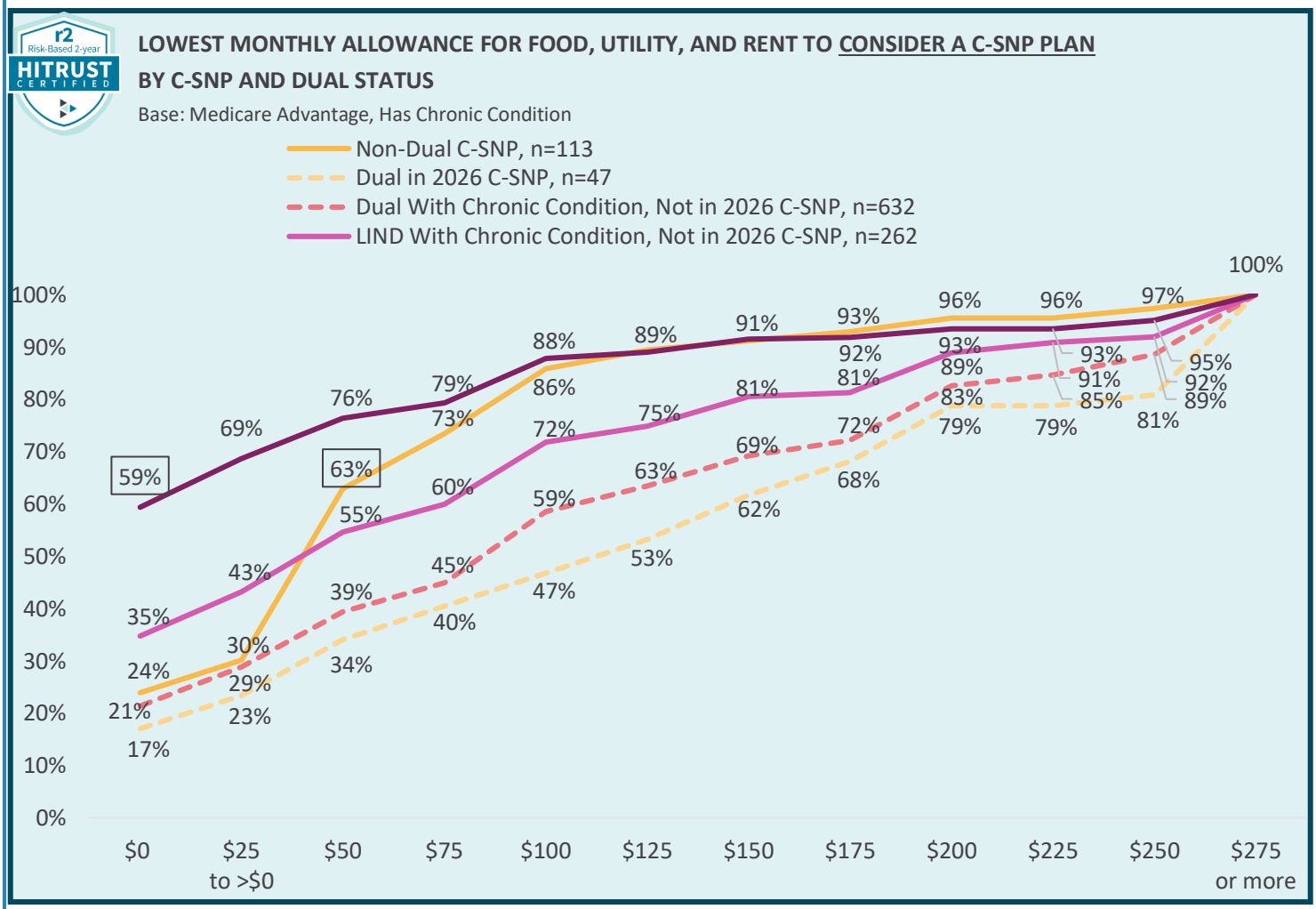
Given that many, if not most, of these consumers (or basically all, in the case of C-SNP) qualify for SSBCI benefits, it's likely that they are simply continuing to receive the non-drug-related value of that program. Even in a lower reimbursement environment, carriers still need to consider acquisition. SSBCI benefits are critical tools that can support those efforts.

One way to measure the value consumers place on a benefit is to ask how they would respond to a loss of that benefit. In the 2026 SNP (C-SNP and D-SNP) Acquisition Study, we asked consumers how likely they would be to switch to a different plan if various SSBCI benefits were dropped.



As shown on the previous page, one of the most valued benefits from this exercise was the Food, Utility, Rent (FUR) card. About half of all Duals, and nearly 60% of under-65 Duals, indicate that they would be "very" or "extremely" likely to choose new coverage if their FUR card was dropped. Just under half of C-SNP members said the same.

It's clear that Dual and C-SNP consumers would have a strong reaction to the negative incentive of losing their FUR benefit, but what about the positive incentive of gaining access or increasing the value? Respondents were given a price-sensitivity exercise in which they were asked the lowest FUR allowance they would need in order to consider enrolling in a different plan. D-SNP members, who by definition are lower on the socioeconomic scale than the average C-SNP member, tend to have much higher FUR card requirements. About half of D-SNP respondents report that they would need a FUR allowance of at least $125 per month before they would consider a plan. Most C-SNP members believe they would consider a plan based on it providing a monthly FUR allowance of at least $50.



While socioeconomics certainly factor into this discrepancy, so do prior experiences: about 60% of D-SNP members indicate that they currently have a FUR allowance of at least $125 per month. For carriers, what's clear is that the FUR card is a strong value-add for SNP members and can be an effective pillar to strong D-SNP and C-SNP acquisition campaigns.

Did you enjoy this Single Insight Point (SIP) from the SNP (C-SNP and D-SNP) Acquisition 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 70-plus pages of insightful reporting.

Deft Research recently published the 2026 version of the SNP (C-SNP and D-SNP) Acquisition Study, a yearly report providing insight on the marketing, benefit, and engagement strategies carriers must focus on to grow their SNP enrollment. The report contains detailed insight gathered from a study of over 2,300 Dual and C-SNP eligible seniors nationally.

In addition to providing a look back on SNP consumerism during the 2026 AEP, the study also provides guidance on which benefits and communication channels may be best positioned to guide seniors towards D-SNP and C-SNP coverage. In addition, the study provides detailed information on the importance SSBCI benefits may play in acquisition (and retention) efforts in a post-VBID world. For more information on either the *SNP (C-SNP and D-SNP) Acquisition Study*, please contact your Deft Research Client Services associate or email info@deftresearch.com.

Don't miss these offerings related to the 2026 SNP (C-SNP and D-SNP) Acquisition Study:

- **Medicare Shopping and Switching Study** examines senior consumerism during the AEP and highlights what made members venture to new products.
- **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.

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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.

