

IMPORTANT INSIGHTS FROM NRLN HEALTHCARE INSURANCE SURVEY

From 2021–2025 the NRLN studied and challenged four U.S. companies that terminated Medicare supplemental (Medigap) plans in violation of federal statutes. They failed to notify beneficiaries of their eligibility for a Guarantee Issue Right (GIR) and a Special Enrollment Period (SEP).

A GIR prohibits insurers from denying coverage to or overcharging an applicant for a Medigap or Medicare Advantage (MA) HMO or PPO policy regardless of pre-existing health conditions. A SEP allows one to shop for the best market prices. Without both, they may not get affordable insurance.

In 2024, insurance companies non-renewed or terminated the plans of 1.1 million enrollees. Consequently, we gathered data from these cases and took it to the Center for Medicare and Medicaid Services (CMS) in March of 2025. We asked that CMS enforce the law - CMS issued a notice and model notification letters to insurers, corporations and others saying that they must provide the GIR and SEP notice to each of its affected enrollees at least 90 days before the end of 2025.

Many of you were among the 2 million MA and Medigap plan beneficiaries whose plans were not renewed or were terminated effective 12/31/2025. Data below from our survey which opened on December 9, 2025 validates our original appeal to CMS:

Profile of Survey Responders – 1,015 who received an invitation took the survey. They live in 47 different states and 760 different zip codes. Ages ranged from 64-99; the average was 79. Twenty-six percent (26%) were female. Only 1.2% reported tobacco use. Nine and three-tenths percent (9.3%) received non-renewal or termination letters - only 45% of the letters included GIR or SEP protection!

Non-Renewals and Terminations - Survey results show that 7.8% of survey respondents were affected by **MA plan** non-renewals or terminations. Only 1.5% of the individuals with a 2025 **Medigap** were affected by plan non-renewals or terminations for 2026. This combined 9.3% compares with combined plan losses of 6.3% (2 million out of 32 million) nationwide.

Results by Plan Type - Medicare supplement (Medigap) plan participants who took the survey were 44% of the responders. Just over 82% were covered by either a plan F or G. Their average 2025 monthly premium was \$245. Medigap plan participants in 2026 are 39% of those who participated in the survey. Their average monthly premium is \$319. **Medigap premiums increased \$75 (30%)! Eighty-two percent (82%) reported they did not receive GIR / SEP notification letter.**

Medicare Advantage (MA) plan participants were 45% of the total responders and reported an average monthly premium of \$67 in 2025. MA plan premium, deductible, and copay reported data is not comparable among plan enrollees within or across years. Federal subsidies allow insurers to market prospective enrollees with different MA cost-sharing rebates - average values are distorted. Also, non-renewals and terminations of MA plans result in switching to another MA plan with different benefits and values. For example, MA plan responders reported an average monthly premium of \$44 in 2026 vs \$67 in 2025, when all other indicators show premiums rising in 2026.

The reason the total of the two types of plans is 89% rather than 100% is that about 11% of the 2025 MA and Medigap plan participants combined did not report premium, out-of-pocket maximum or deductible amounts in many instances due to confusion after plan switching or for other reasons.

Overall Survey Findings and Implications – 1) 9.3% of all respondents received a non-renewal or termination letter but only 45% of those letters included GIR or SEP protections, 2) Medigap premium increases rose about 30% from year to year but could be reduced by 30% or more by using the Medicare Plan Finder.

These two factors are consistent with NRLN's prior studies submitted to CMS. Sending notifications is a federal law that must be enforced across the board, without exception. **Federal law demands that those whose plans are not renewed or are terminated must be notified by company plan administrators and insurance companies that they are protected by GIRs and SEPs and that they cannot be denied coverage due to medical restrictions and must not have to pay more because of them.**

MA plan respondents are among those cited in 1) above and are even more vulnerable due to industry practices like "cross-walking" (from a terminated plan to another plan with the same insurer) and biases such as insurance agents who offer restricted selection of plans because they sell for selected clients and selected plans only. CMS must stop affiliating with insurers to maintain an exclusive sales online network that obscures their own Plan Finder and instead should serve their clients only, those in Medicare.

There is ample evidence of lost savings, however a more detailed follow up analysis is required to more reliably quantify MA losses.

The use of nefarious practices such as advertising that leads MA plan shoppers to believe insurance companies offer free plan benefits to buyers when in fact taxpayers are footing the bill. Without such rebates, plans are and will be non-renewed and terminated if current federal rebates are reduced or eliminated.

The NRLN will present this data to CMS and members of Congress and urge enforcement action with plan providers for the 41 individuals who did not receive notification letters and / or where not notified of their GIR and SEP rights. We will combine these results with those collected from prior cases.

If you have comments or questions about the survey results, reply to nrlnmessage@msn.com. We will leave the surveyonline until the March 31 end of the MA enrollment period to give others added time to take it.

Bill Kadereit, President
National Retiree Legislative Network