Spark

2025 Medicare Advantage Trends









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CONFIDENTIAL AND PROPRIETARY

Agenda

01	CMS Changes affecting Plans
02	Plan Responses
03	PY 2025 Predictions
04	Managing Change
05	Know your 2025 Plans

What's changing for Plans

Funding

CMS revised rates for Medicare Advantage plans that reduce how much plans are paid to cover their enrollees

Utilization

Higher utilization trends post COVID-
Trend expected to continue and increase with required mid-year notifications of unused benefits

Part D

Liability for Part D costs shifting to the Carriers
Part D OOP cap
Part D Payment Program

Other Changes

Medicare, Medicaid integration rule, Star model changes, risk adjustment model changes

Plan Responses

Benefits

Expect benefit degradations to balance out rate and utilization changes

- Core benefits
- Premiums
- Supplemental benefits

Plan terminations

Carriers will terminate specific products

- e.g. eliminate PPO in market where offer PPO and HMO
- Consolidate products and offer fewer options in a given market

Exits

Carriers are exiting counties and even states

- Lack of competitiveness
- Utilization and cost experience

Profitability

Carriers are prioritizing profitability over growth to stay in market long term

- Limited growth goals
- Some expecting membership losses
- Broker compensation changes

Predicted Disruptions

	Disruption	Enrollment Impact	Area	Current membership
Aetna(MA/MAPD)	Exiting 2600 plans & downsizing plans	(420,000)	Nationwide	4,000,000+
Humana (MA/MAPD)	Exits (13 counties) & downsizing plans	(200,000)	Nationwide	6,000,000+
Molina (MA/MAPD)	Exiting non D-SNP in all states except CA	(65,000+)	AZ, ID, IL, IN, KY,MA, MI, NV, OH, SC, TX, UT, VA, WA, WI	243,00+
WellCare (MA/MAPD)	Exiting 6 states, expanding into IA	(37,000+)	AL, MA, NH, NM, RI, VT	1,000,000+

Predicted Disruptions

	Disruption	Enrollment Impact	Area	Current membership
Commonwealth Care Alliance(MA/MAPD)	Exiting MA	(55,000+)	MA, CA, NH, MI, RI	55,000+
Premiera (MA/MAPD)	Exiting WA and AK	(32,000+)	WA, AK	32,000+
BCBS of KC (MA/MAPD)	Exiting MA	(32,000+)	MO, KS	32,000+
Health Partners	Exiting IA	(10,000+)	IA	62,000+
Intermountain Health/ SelectHealth (MA/MAPD)	Exiting ID	(9,000+)	ID	58,000+

Predicted Disruptions

	Disruption	Enrollment Impact	Area	Current membership
Care N Care/ Texas Health (MA/MAPD)	Exiting MA	(9,000+)	TX	9,000+
Guidewell/Florida Blue (MA/MAPD)	Exiting D-SNP market	(6,000+)	FL	330,000+
Moda (MA/MAPD)	Exiting MA	(6,000+)	OR	6,000+
Cigna (MA/MAPD	Exiting a few counties, plan consolidation	(5000)	CO, FL, IL, MO, NC, TN, TX, UT	600,000+
Clear Spring(MA/MAPD)	Exiting VA, SC	(700+)	VA, SC	5,000+

Predicted Disruptions

	Disruption	Enrollment Impact	Area	Current membership
UHC(MA/MAPD)	Holding Steady, some plan consolidation	1,000,000 (estimate on 10% growth)	Nationwide	9,000,000+
Devoted (MA/MAPD)	Expansion into 7 new states and new counties in existing states	155,000+ (estimate)	AR, GA, IN, KY, MS, MO, WA	225,000+
Elevance (MA/MAPD)	Market growth	160,000+ (estimate)	Nationwide	2,000,000+

Dual/LIS SEP Change

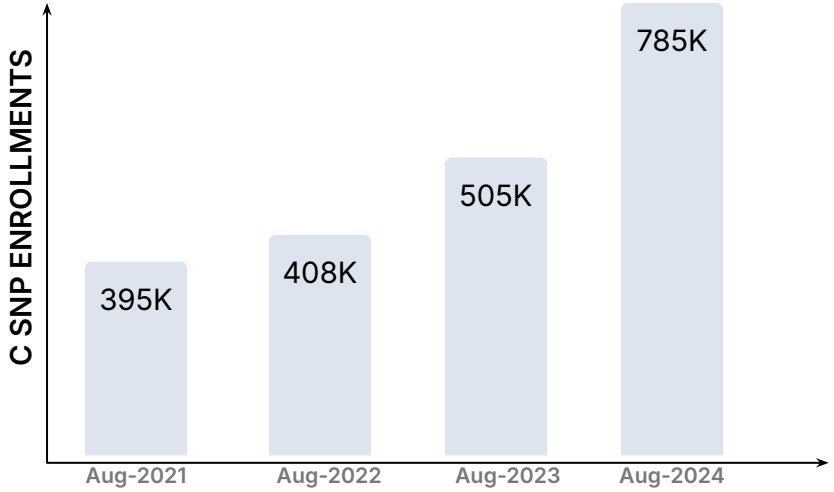
Beginning next year, the quarterly SEP that many have used in the past for dual-eligible individuals and those receiving Part D low-income subsidies (LIS) will no longer be available.

Starting in 2025:

- Full dual-eligible beneficiaries will have access to a new monthly SEP, which allows enrollment in highly or fully integrated Dual Special Needs Plans (HIDE/FIDE SNPs).
- Any beneficiary qualified for LIS or Medicaid will be eligible for a monthly SEP to disenroll from their Medicare Advantage plan, return to Original Medicare, and enroll in a PDP one time per year.

More focus on C-SNP

C-SNP is a fast growing segment of the Medicare Advantage market.





How to Manage the Changes

Managing Change

01 Stay Positive! Be Proactive!

02 Stay in touch with your clients

Reassure them that you are here to help them.

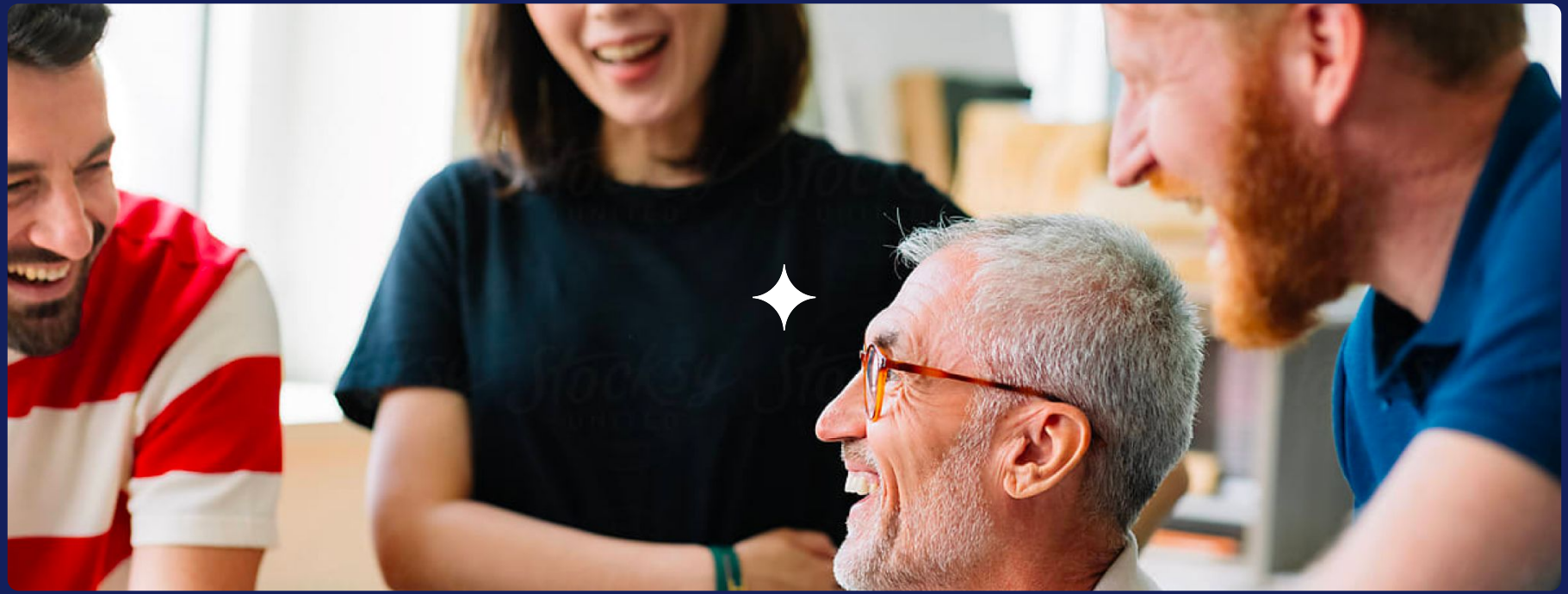
03 Be proactive, know your plans

As plan information becomes available, study the plans for changes and opportunities. Look at the ANOC's

04 Use the Spark AEP surveys

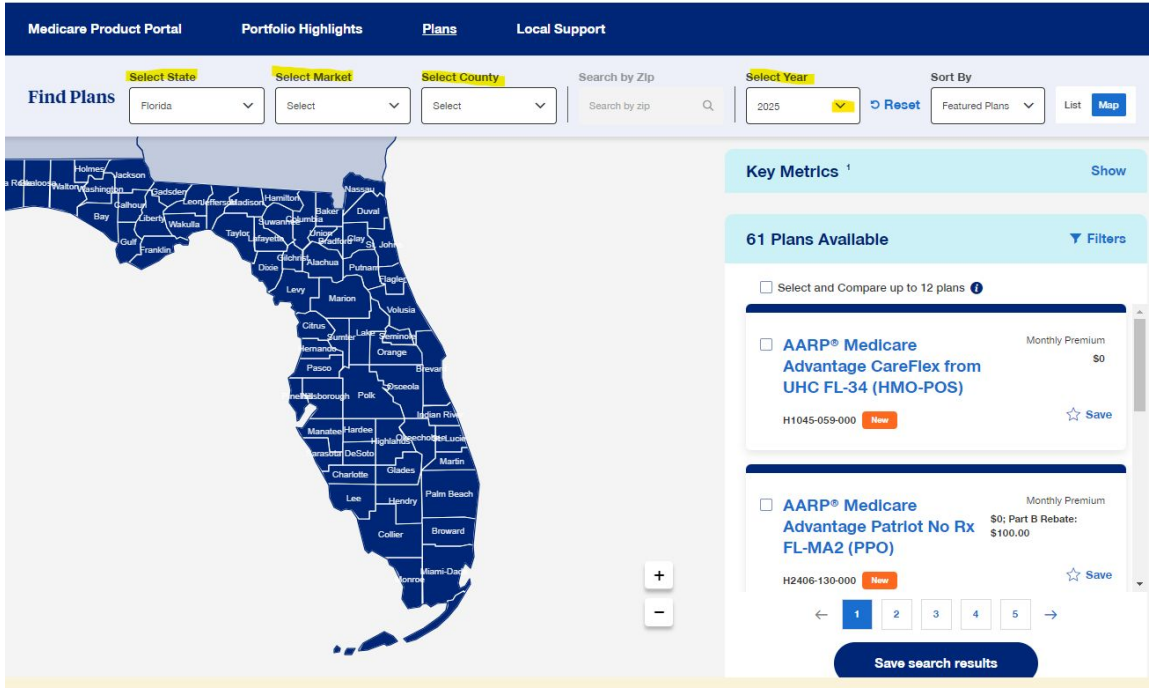
Use the information your clients return to streamline your work





Plan Comparison Year over Year

UHC



Log in to your Jarvis broker portal>Knowledge Center> Medicare Product Resources>Medicare Product Portal>Plans

Click on the county you want to view on the map
OR select State, Market, County in top drop downs

You can then toggle between years to see plans available and plan specifics

UHC The Villages Medicare Advantage FL-0004 (HMO-POS)

Select Year: 2025 | Select LIS: None | Print | Save | Share | In-Network | Out-Of-Network

Plan Highlights

Plan ID: H1045-025-000

If you want reliable benefits and extras you can count on, this plan has predictable out-of-pocket medical and prescription drug costs, plus dental, OTC, vision, and fitness. Earn up to $155* in healthy rewards.

Key Metrics [1]

Current Plan Enrollment
25,712

Current Eligibles
335,928

YOY Eligible Growth
2.8%

Service Area



Footprint Key

- Footprint
- Expansion
- No Footprint

Plan Details

Premium	$0; Part B Rebate: $16.00
Medical Deductible	$0 in-network; N/A out-of-network
Maximum Out-of-Pocket	$2,700
Provider Network	Includes UnitedHealthcare Medicare National Network for network care nationwide
PCP / Specialist	$0 / $30; No Referral Required
Inpatient Hospital	$175 copay per day: days 1-6 $0 per day after that for unlimited days
ASC / Outpatient Hospital	$75 copay / $175 copay; $0 for colonoscopies
Skilled Nursing Facility	$0 copay per day: days 1-20 $203 copay per day: days 21-100
Telehealth	$0 copay to talk with a telehealth provider online through live audio and video.
Lab Services	$0 copay
Rx Deductible	$0 Tiers 1 and 2 • $175 Tiers 3-5
Rx Retail (30-day)	$0/$0/$47/$100/31% • Insulin: $35
Rx Mail Order (100-day)	$0/$0/$131 • Insulin: $95

Ancillary Benefits

Dental
$2,500 towards covered services, most at $0 copay; 50% for bridges and dentures

Eyewear
$0 for a routine eye exam and standard lenses; $300 every 2 years for eyewear

Hearing Aids
$99 - $1,249 copay per device; 2 devices every year through UHC Hearing

Fitness
Free gym membership with premium network

OTC
$60/quarter OTC credit

Other Benefits

- Post-Discharge Meals: 28 meals over 14 days, unlimited times per year

Service Area

Florida
Lake, Marion, Sumter

Plan Grid

01 Plan Grid helps you see plans at a glance

Have a column for each plan, group by Carrier or Area

02 You really learn the Plans and Plan Benefits well when you create the spreadsheet

03 Can compare years

Can have a column for 2024 and 2025 to easily see the changes in benefits

		2025
Plan Info	Plan Name	UHC The Villages Medicare Advantage FL-0004
	Plan Type(HMO, PPO, etc)	HMO-POS
	Plan ID Number	H1045-025-000
	Counties offered	Lake, Marion, Sumter
	Star Rating	
Plan Overview	Monthly Premium	$0
	Part B Premium Reduction	$16
	Health Plan Deductible	$0
	MOOP	$2,700
Benefits	Hospital Inpatient (in/out network)	$175/day, days 1-6
	Hospital Outpatient (in/out network)	ASC-$75, OP H-$175
	PCP copay (in/out network)	$0
	Specialist (in/out)	$30
	Emergency Care	
	Urgent Care	
	Ambulance Co-Pay (ground/air)	
	Lab Services (in/out)	$0
	Skilled Nursing Facility(per benefit period)	$0/day days 1-20, $203/day days 21-100
	Home Health Care	
	Medical Equipment	
	Transportation	No coverage
	Fitness	Yes-$0 copay
	Hearing	$0 exam, $99-$1249 copay per aid, 2/year
	Preventative Dental	$2500 max, $0 copay most, 50% bridges, denures
	Comp Dental	$2500 max, $0 copay most, 50% bridges, denures
	Vision	$0 exam and lenses, $300/yr eyewear
	OTC	$60/qtr
	Flex Card	No
Initial Coverage Phase: Preferred Retail Drug Tiers (1 Month)	RX Deductible	$0 Tiers 1, 2; $175 Tiers3-5
	Tier 1	$0
	Tier 2	$0
	Tier 3	$47
	Tier 4	$100
	Tier 5	31%
	Insulin	$35
Notes		Post discharge meals-28 meals

Compare Plans Year over Year

A	B	C	D
		2025	2024
Plan Info	Plan Name	UHC The Villages Medicare Advantage FL-0004	UHC The Villages Medicare Advantage FL-0004
	Plan Type(HMO, PPO, etc)	HMO-POS	HMO-POS
	Plan ID Number	H1045-025-000	H1045-025-000
	Counties offered	Lake, Marion, Sumter	Lake, Marion, Sumter
	Star Rating		4.5
Plan Overview	Monthly Premium	$0	$0
	Part B Premium Reduction	$16	$0
	Health Plan Deductible	$0	$0
	MOOP	$2,700	$2,700
Benefits	Hospital Inpatient (in/out network)	$175/day, days 1-6	$175/day, days 1-6
	Hospital Outpatient (in/out network)	ASC-$75, OP H-$175	ASC-$75, OP H-$175
	PCP copay (in/out network)	$0	$0
	Specialist (in/out)	$30	$30
	Emergency Care		$135
	Urgent Care		$40
	Ambulance Co-Pay (ground/air)		$215 ground
	Lab Services (in/out)	$0	$0/day days 1-20, $25/day days 21-100
	Skilled Nursing Facility(per benefit period)	$0/day days 1-20, $203/day days 21-100	$0/day days 1-20, $25/day days 21-100
	Home Health Care		
	Medical Equipment		
	Transportation	No coverage	
	Fitness	Yes-$0 copay	Renew Active - $0 copay
	Hearing	$0 exam, $99-$1249 copay per aid, 2/year	
	Preventative Dental	$2500 max, $0 copay most, 50% bridges, denures	$2500 max, $0 copay most, 50% bridges, denures
	Comp Dental	$2500 max, $0 copay most, 50% bridges, denures	$2500 max, $0 copay most, 50% bridges, denures
	Vision	$0 exam and lenses, $300/yr eyewear	$0 exam, $250/yr eyewear
	OTC	$60/qtr	$60/qtr
	Flex Card	No	No
Initial Coverage Phase: Preferred Retail Drug Tiers (1 Month)	RX Deductible	$0 Tiers 1, 2; $175 Tiers3-5	$0 All Tiers
	Tier 1	$0	$0
	Tier 2	$0	$0
	Tier 3	$47	$45
	Tier 4	$100	$95
	Tier 5	31%	33%
	Insulin	$35	$35
Notes		Post discharge meals-28 meals	Post discharge meals-28 meals
			Foot care: $0-$30 INN, 6 visits/year

Humana

Plan information by market

Click on the link to view details about individual markets.

Broward	MA/MAPD: 12 ; DSNP: 4 ; PDP: 3
Daytona	MA/MAPD: 12 ; DSNP: 4 ; PDP: 3
Florida Outstate	MA/MAPD: 3 ; DSNP: 0 ; PDP: 3
Fort Myers - Port Charlotte - Naples	MA/MAPD: 12 ; DSNP: 3 ; PDP: 3
Greater Tampa Bay	MA/MAPD: 15 ; DSNP: 4 ; PDP: 3
Jacksonville	MA/MAPD: 12 ; DSNP: 4 ; PDP: 3
Miami	MA/MAPD: 12 ; DSNP: 4 ; PDP: 3
Orlando	MA/MAPD: 15 ; DSNP: 4 ; PDP: 3
Palm Beach	MA/MAPD: 12 ; DSNP: 4 ; PDP: 3
Panhandle	MA/MAPD: 12 ; DSNP: 4 ; PDP: 3
Polk	MA/MAPD: 13 ; DSNP: 4 ; PDP: 3
Space Coast	MA/MAPD: 10 ; DSNP: 2 ; PDP: 3
Treasure Coast	MA/MAPD: 10 ; DSNP: 2 ; PDP: 3

If you would like to explore
CarePlus markets please click the button below

See CarePlus Plan Markets →



Log in to your Humana Vantage broker portal>Sales & Marketing> 2025 Agent First Look>Product Guides or Plan Details

Click on the state and area you want to view, the pdf will download

You can then compare with 2024 on Medicare.gov

MA/MAPD

Key selling points

- $0 monthly plan premium.
- This HMO plan offers routine Dental, Vision, Hearing, OTC and SilverSneakers Fitness Benefits.
- $0 Office Visit Copay.

Ideal for consumers who prioritize

Gives me the most benefits and the best value: I want the most value and I'm ok staying in network to get it.

Humana Gold Plus (HMO): H1036-146-000

Premium - $0.00

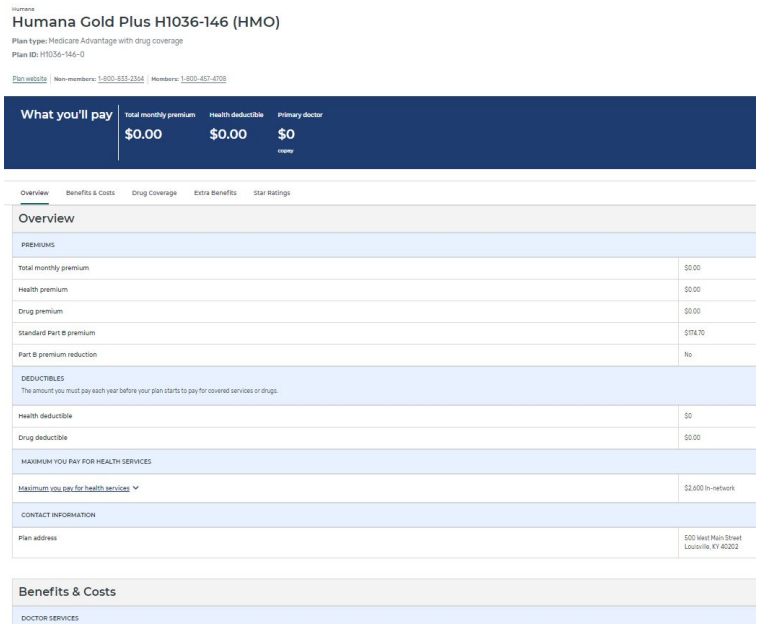


Coverage area New area

Medical benefits	
MOOP	$2600 IN
Deductible	N/A
Part B deductible in medical benefits	N/A
Part B Giveback	N/A
PCP copay	$0 copayment
Specialist copay	$5 copayment
Inpatient hospital	$50 per day, Days(1-4);
Skilled nursing	$0 per day, days (1-20)
Outpatient surgery	$75 copayment Ambulatory Surgical Center; $75 copayment Outpatient Hospital
Advanced imaging	$50 copayment; $75 copayment

Rx benefits	
Deductible	No Deductible
Rx-retail 30-day supply	$0/$0/$30/32%/33%
100-day mail order	$0 copay for Tiers 1 & 2 through mail order from CenterWell Pharmacy

Supplemental benefits	
Dental	$1500 annually; $0 copayment covers: exams, x-rays, cleanings, fillings, crowns, recementation, scaling and root planing, scaling for moderate inflammation
Vision	$0 copayment for annual exam and $300 allowance per year for eyewear or contact lenses including fittings, or 2 pairs of select eyeglasses at no cost
OTC	OTC $100/Quarter
Hearing	$0 copay for annual exam, fitting and $699 copayment for Advanced Technology hearing aid per ear per year and $1299 copayment for Premium Technology hearing aid per ear per year and $199 copayment for Value Technology hearing aid per ear per year plus one month supply of batteries.
Transportation	Transportation 50 one way trip(s) per year, unlimited miles per trip



Humana

Humana Gold Plus H1036-146 (HMO)

Plan type: Medicare Advantage with drug coverage

Plan ID: H1036-146-0

Plan website | Non-members: 1-800-833-2554 | Members: 1-800-457-4708

What you'll pay

Total monthly premium $0.00 | Health deductible $0.00 | Primary doctor $0 copay

Overview | Benefits & Costs | Drug Coverage | Extra Benefits | Star Ratings

Overview

PREMIUMS

Total monthly premium	$0.00
Health premium	$0.00
Drug premium	$0.00
Standard Part B premium	$174.70
Part B premium reduction	No

DEDUCTIBLES

The amount you must pay each year before your plan starts to pay for covered services or drugs.

Health deductible	$0
Drug deductible	$0.00

MAXIMUM YOU PAY FOR HEALTH SERVICES

Maximum you pay for health services	$2,600 In-network

CONTACT INFORMATION

Plan address	500 West Main Street Louisville, KY 40202

Benefits & Costs

DOCTOR SERVICES

2025 MAPD Changes

01

Carrier exits

We don’t know the full picture yet, but some carriers are exiting markets/decreasing number of Plans available

02

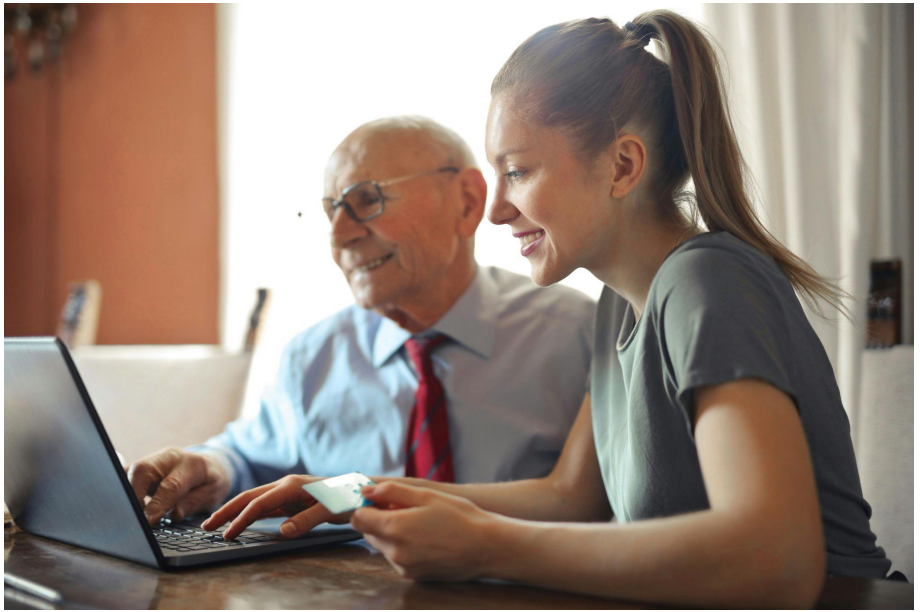
Medical and Supplemental Benefits

Expect some cuts to benefits, especially the supplemental like dental, etc. and possible increase in MOOP’s

03

Changes to Part D portion of MAPD

Expect deductibles on drug coverage, especially higher tiers. Look for increases in co-pay amounts



Q & A

Need help?

- Access our Help Center 24/7 through the footer of any page in your Spark platform.
  Or reach out to us at support@sparkadvisors.com.
- Check out our previously recorded webinars that include in-depth training videos in the Spark Help Center
- Stay up to date on upcoming trainings in our Training Calendar.
- AEP 2025 Help Center page - Resources for AEP Prep!



Thank You

CONTACT

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