

APPENDIX: SUPPLEMENTAL BENEFIT PREVALENCE AND AVERAGE VALUES BY PARENT ORGANIZATION¹

The exhibits show average MA and Part D (PD) values for selected benefits across seven largest parent organizations: UnitedHealth Group, Humana, CVS Health, Kaiser Permanente, Elevance Health, Centene, and Health Care Service Corporate (HCSC), plus an additional “all other carriers” group, with eight exhibits showing benefit values from 2022 through 2026, as outlined below.

- **Maximum Out-of-Pocket (MOOP):** This panel shows the average MOOP across all plans, and the share of enrollees who are subject to one. The average value is conditional on a plan having a MOOP. The MOOP is the in-network value drawn from CMS’s landscape files.²
- **Part B Premium Buydown (Part B Buydown):** This panel shows the share of enrollees that have a Part B buydown and the conditional Part B buydown average. The variable used for the calculation is pbp_d_mco_pay_reduct_amt from the CMS PBP data files.³
- **Medical Deductible:** This panel shows the average annual medical deductible, for plans that have a deductible, and the share of enrollees subject to a medical deductible. The variable used is pbp_d_ann_deduct_amt from the CMS PBP data files.
- **OTC/VBID/SSBCI:** This panel highlights the share of plans that have either one or a combination of over the counter (OTC), Value-Based Insurance Design (VBID, discontinued beginning in 2026), and/or Special Supplemental Benefits for the Chronically Ill (SSBCI) benefits and the annual average combined, where applicable, total benefit value.

For OTC benefits, we used pbp_b13b_maxplan_amt. For VBID and SSBCI we used either pbp_b19b_agg_amt (VBID when pbp_b19b_package_type is ‘1’ and SSBCI when pbp_b19b_package_type is ‘3’) or the sum of pbp_b13i_o1_maxplan_amt through pbp_b13i_o5_maxplan_amt (same package type breakdowns). For combined OTC/VBID/SSBCI packages, we used pbp_d_combo_max_plan_ben_amt_1 through pbp_d_combo_max_plan_ben_amt_5 and avoided double counting when benefits appeared both individually and in a package.

- **Percent of Brand Drugs Subject to Coinsurance:** This panel shows the share of enrollees subject to a coinsurance separately for preferred and non-preferred brand tiers.
- **Average Coinsurance and Copay for Brand Drugs:** This panel shows the average coinsurance/copay for enrollees subject to that cost sharing type for each of preferred and non-preferred brand drug tiers.
- **PD Deductible:** This panel shows the share of enrollees subject to a Part D deductible and the average value of such a deductible.

¹ This is an accompanying appendix to the ‘Medicare Advantage in 2026 – Actual Enrollment and Benefit Results, in Context (2026.06.08).pdf’ brief.

² CMS. Medicare Prescription Drug Coverage: Landscape Files. Accessed October 1, 2025. <https://www.cms.gov/medicare/coverage/prescription-drug-coverage>

³ CMS. Benefits Data. Accessed March 1, 2026. <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/benefits-data>

UnitedHealth Group



Humana



CVS Health



Kaiser Permanente



Elevance Health



Centene⁴



⁴ Centene includes Wellcare plans prior to acquisition.

HCSC⁵



⁵ HCSC includes Cigna plans prior to acquisition.

All Other Carriers

