

**2026**

# SEP Marketing Guide

Campaign Presets  
Carrier Intelligence  
Market Rankings

Prepared by EnrollHere Market Intelligence  
March 2026 Edition

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## Introduction

This guide is designed for Medicare Advantage agents, agencies, and carrier distribution teams who need to identify and prioritize enrollment opportunities outside the Annual Enrollment Period (AEP). It covers every recognized Special Enrollment Period (SEP) type, provides data-driven campaign presets for targeting specific populations, and includes carrier-level intelligence for the major national MA organizations.

<b>3,234</b> Counties Analyzed	<b>24,099,432</b> Forced Switchers	<b>556</b> Carriers Exiting	<b>18,663</b> Disaster SEP Counties
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### How to Use This Guide

- **Narrative sections** explain the 2026 SEP landscape, key policy changes, and each SEP type's mechanics and eligibility rules.
- **Campaign preset pages** provide ready-to-use targeting strategies. Each page lists the preset's weighted dimensions, top-ranked markets, and a strategy brief.
- **Carrier pages** profile the major national MA carriers with footprint stats, competitor exit opportunities, expansion targets, and competitive position.

**Data sources:** CMS Landscape files, CMS PBP, CMS Star Ratings, CMS Geographic Variation, U.S. Census ACS, CDC PLACES, FEMA OpenFEMA, CMS ACA Exchange PUFs, IRS migration data, USDA RUCC. All scores reflect the most recent pipeline refresh.

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# Special Enrollment Periods at a Glance

Outside the Annual Enrollment Period (October 15 through December 7), beneficiaries may only enroll in or switch Medicare Advantage plans through a **Special Enrollment Period** triggered by a qualifying life event. The sections below summarize every SEP type relevant to 2026 marketing.

## Dual-Eligible / Integrated Care SEP

**Timing:** Monthly (full-benefit duals into integrated D-SNPs)

**Eligible population:** ~12.8M dual-eligible beneficiaries nationwide

Full-benefit duals can enroll in integrated D-SNPs (FIDE SNPs, HIDE SNPs, AIPs) once per month via the Integrated Care SEP (effective January 2025). The revised Dual/LIS SEP allows monthly PDP switching but no longer permits MA enrollment.

## Forced Switcher / Carrier Exit SEP

**Timing:** Year-round (triggered by carrier exit from county)

**Eligible population:** Varies by year; see the SEP Landscape section for current figures

Beneficiaries whose MA carrier exits their county must choose a new plan. They qualify for a Special Enrollment Period and are among the most motivated buyers because they are required to actively select new coverage.

## FEMA Disaster SEP

**Timing:** From disaster declaration through close date (often months)

**Eligible population:** Varies; hundreds of counties may have active declarations

Residents of federally declared disaster areas gain an SEP. CMS proposed restricting agent-assisted disaster SEP enrollments in 2025 but withdrew the restriction on March 20, 2025. Agents may continue submitting directly.

## T65 / Initial Enrollment Period (IEP)

**Timing:** 7-month window around each individual's 65th birthday

**Eligible population:** About 4 million Americans turn 65 each year

Each person gets a one-time Initial Enrollment Period. The T65 pipeline is the single largest recurring enrollment opportunity and responds well to predictive outreach based on age-64 population data.

## 5-Star Plan SEP

**Timing:** Once per year, year-round

**Eligible population:** Residents of counties with 5-star rated plans (shrinking pool)

Beneficiaries in counties served by a 5-star MA plan can switch once per year. CMS tightened star rating cut-points for CY2026, reducing the eligible population significantly (Q1Medicare estimates a drop from ~28M to ~6M between 2024 and 2025).

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## Move-In SEP

**Timing:** Year-round; eligible for 2 months after address change

**Eligible population:** An estimated 1 to 2 million Medicare beneficiaries relocate annually

Beneficiaries who move out of their plan's service area qualify for an SEP. Counties with high net in-migration produce a steady stream of movers who need a new plan. Peak season runs May through September.

## C-SNP Enrollment (Chronic Conditions)

**Timing:** Year-round (continuous open enrollment for qualifying conditions)

**Eligible population:** Varies by condition; diabetes + CVD cover 95%+ of C-SNP enrollment

Beneficiaries with qualifying chronic conditions (diabetes, CHD, COPD, ESRD, etc.) can enroll in Chronic Special Needs Plans at any time. C-SNP enrollment grew 61% between 2020 and 2024.

## LIS / Extra Help SEP

**Timing:** Monthly PDP switching; MA pathway restricted to integrated D-SNPs

**Eligible population:** ~13M eligible; overlap with dual-eligible population

Low-Income Subsidy recipients can switch standalone Part D plans monthly via the revised Dual/LIS SEP. MA enrollment via this pathway is now limited to integrated D-SNPs under the Integrated Care SEP.

## Medicaid Loss SEP

**Timing:** 3-month window after Medicaid termination

**Eligible population:** Post-unwinding: volume declining from the 2023-2024 surge, now at steady state

Individuals who lose Medicaid coverage gain a 3-month SEP to enroll in MA or switch plans. The post-pandemic Medicaid unwinding wave has largely passed, but ongoing eligibility redeterminations continue producing a baseline flow.

## ESRD SEP

**Timing:** Year-round (21st Century Cures Act, effective January 2021)

**Eligible population:** MA ESRD enrollment growing rapidly; CMS projects +83K by 2026

The 21st Century Cures Act removed the ban on ESRD beneficiaries enrolling in MA. MA penetration among ESRD beneficiaries jumped from 24.8% to 37%+ within one year and continues growing.

## Institutional SEP (I-SNP)

**Timing:** Monthly for nursing facility residents

**Eligible population:** ~125K I-SNP enrollment; 26% NH participation rate

Nursing home residents can enroll in Institutional SNPs on a monthly basis. The pool is small in absolute volume, but the acuity and care coordination needs of this population drive strong per-member economics.

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## Incarceration Release SEP

**Timing:** 2-month window after release from incarceration (expanded 2025)

**Eligible population:** Roughly 40,000 to 50,000 Medicare-eligible releases per year

Formerly incarcerated individuals gain a 2-month SEP upon release. CMS expanded eligibility guidance in 2025. The smallest SEP pool by volume, though a handful of agencies have begun building dedicated outreach programs.

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## The 2026 SEP Landscape

Medicare Advantage enrollment has grown every year for over a decade, and the majority of Medicare beneficiaries now choose an MA plan over Original Medicare. At this level of market penetration, AEP alone cannot sustain growth targets. Special Enrollment Periods account for a growing share of net new enrollment, driven by carrier exits, dual-eligible integration, and aging-in volume.

For 2026, **556 carriers** are exiting markets, creating **24,099,432 forced switchers** across **3145** counties. These beneficiaries must select a new plan and represent the most motivated buyer pool available to agents.

The dual-eligible population (**4,791,100** individuals aged 65+ with both Medicare and Medicaid) can now enroll in integrated D-SNPs (FIDE SNPs, HIDE SNPs, AIPs) on a monthly basis via the Integrated Care SEP, effective January 2025. This replaced the former quarterly Dual/LIS SEP for MA enrollment and opened a true 12-month enrollment window.

Approximately **21,007,811** individuals are turning 65 this year, each entering a 7-month Initial Enrollment Period. This aging-in volume drives consistent IEP activity across every quarter.

**18663** counties currently have active FEMA disaster declarations creating SEP windows. CMS withdrew its proposed broker restriction on disaster SEP submissions (March 20, 2025), so agents may continue assisting with these enrollments.

The sections that follow provide campaign-specific targeting strategies and carrier intelligence designed to help your team act on these opportunities.



# Campaign: Balanced

Research-calibrated weights across all scoring dimensions

The **Balanced** preset applies research-calibrated weights across all 34 scoring dimensions, reflecting the peer-reviewed evidence on what drives Medicare Advantage enrollment outcomes. Use this as the default lens when no specific campaign theme applies. It is the broadest view of market opportunity.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">78</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">38</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: MA (8), NC (6), NJ (4)

## Dimension Weights

Dimension	Weight	
Addressable Audience	5	■■■■■■■■■■
Dual Eligible	5	■■■■■■■■■■
Provider Access	5	■■■■■■■■■■
Low Cost Sharing	5	■■■■■■■■■■
Population Density	4	■■■■■■■■
Forced Switchers	4	■■■■■■■■
Csnp Diabetes	4	■■■■■■■■
Csnp Cardiovascular	4	■■■■■■■■
Ma Growth Potential	4	■■■■■■■■
Benefit Richness	4	■■■■■■■■
Drug Coverage Depth	4	■■■■■■■■
T65 Demand	3	■■■■■■
Lis Opportunity	3	■■■■■■
Move Sep	3	■■■■■■
Medicaid Loss	3	■■■■■■
Esrd Opportunity	3	■■■■■■
Dsnp Gap	3	■■■■■■
Carrier Accessibility	3	■■■■■■
Commission Health	3	■■■■■■
Specialist Depth	3	■■■■■■
Switching Pressure	3	■■■■■■
Five Star Sep	2	■■■■
Disaster Sep	2	■■■■
Institutional Sep	2	■■■■
Csnp Lung	2	■■■■
Competitive Position	2	■■■■

Dimension	Weight	
Plan Entries	2	■■■■■
Sdoh Burden	2	■■■■■
Urban Rural Class	2	■■■■■
Er Utilization	2	■■■■■
Incarceration Sep	1	■■■
Digital Reachability	1	■■■
Readmission Risk	1	■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	New Castle County	DE	78.0	Addressable Audience, Incarceration Sep, Csnp Diabetes
2	Suffolk County	MA	77.4	Specialist Depth, Population Density, Provider Access
3	Essex County	MA	76.9	Addressable Audience, Institutional Sep, Dsnp Gap
4	Cook County	IL	76.8	Csnp Cardiovascular, Addressable Audience, Csnp Diabete
5	Shelby County	TN	76.7	Csnp Diabetes, Csnp Lung, Csnp Cardiovascular
6	Duval County	FL	76.6	Move Sep, Csnp Lung, Csnp Diabetes
7	Middlesex County	MA	76.5	Incarceration Sep, Addressable Audience, Institutional
8	Hinds County	MS	76.2	Specialist Depth, Sdoh Burden, Lis Opportunity
9	Norfolk County	MA	75.8	Addressable Audience, Institutional Sep, Dsnp Gap
10	Worcester County	MA	75.7	Institutional Sep, Incarceration Sep, Addressable Audie
11	Lake County	IN	75.7	Carrier Accessibility, Csnp Lung, Csnp Diabetes
12	Camden County	NJ	75.7	Population Density, Carrier Accessibility, Institutiona
13	Palm Beach County	FL	75.7	Csnp Cardiovascular, Addressable Audience, Csnp Lung
14	District of Columbia	DC	75.4	Population Density, Provider Access, Incarceration Sep
15	Plymouth County	MA	75.1	Plan Entries, Addressable Audience, Five Star Sep

# Campaign: C-SNP Cardiovascular

Targeting counties with high CHD prevalence for cardiovascular C-SNP

Focuses on counties with elevated **coronary heart disease (CHD)** prevalence. Cardiovascular C-SNPs are the second-largest C-SNP category. Markets with high CHD burden and underserved C-SNP supply represent strong product opportunities.

<h2>3,234</h2> <p>Counties Ranked</p>	<h2>91</h2> <p>Top Score</p>	<h2>44</h2> <p>Median Score</p>
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Top states in top 50: NC (15), FL (6), RI (4)

## Dimension Weights

Dimension	Weight	
Csnp Cardiovascular	5	■■■■■■■■■■■■■■■■
Specialist Depth	4	■■■■■■■■■■■■■■■
Provider Access	3	■■■■■■■■■■■■■
Commission Health	3	■■■■■■■■■■■■■
Drug Coverage Depth	3	■■■■■■■■■■■■■
Dual Eligible	2	■■■■■■■■■■■■■
Carrier Accessibility	2	■■■■■■■■■■■■■
Low Cost Sharing	2	■■■■■■■■■■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Providence County	RI	91.2	Csnp Cardiovascular, Specialist Depth, Drug Coverage De
2	Forsyth County	NC	86.2	Carrier Accessibility, Specialist Depth, Csnp Cardiovas
3	Jefferson County	AL	85.9	Carrier Accessibility, Specialist Depth, Csnp Cardiovas
4	Guilford County	NC	85.7	Carrier Accessibility, Csnp Cardiovascular, Specialist
5	Mecklenburg County	NC	85.7	Provider Access, Csnp Cardiovascular, Specialist Depth
6	Pitt County	NC	85.2	Specialist Depth, Provider Access, Drug Coverage Depth
7	Kent County	RI	84.7	Commission Health, Drug Coverage Depth, Csnp Cardiovasc
8	Marion County	IN	84.4	Csnp Cardiovascular, Specialist Depth, Provider Access
9	Buncombe County	NC	84.2	Carrier Accessibility, Provider Access, Csnp Cardiovasc
10	Durham County	NC	84.0	Specialist Depth, Carrier Accessibility, Provider Acces
11	King County	WA	83.9	Csnp Cardiovascular, Provider Access, Specialist Depth
12	Bristol County	RI	83.7	Specialist Depth, Provider Access, Drug Coverage Depth
13	Camden County	NJ	82.5	Carrier Accessibility, Specialist Depth, Csnp Cardiovas
14	Wake County	NC	82.3	Carrier Accessibility, Csnp Cardiovascular, Provider Ac

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Rank	County	State	Score	Top Dimensions
15	Bernalillo County	NM	82.2	Csnp Cardiovascular, Specialist Depth, Provider Access

# Campaign: C-SNP Diabetes

Targeting counties with high diabetes prevalence for C-SNP enrollment

Targets counties with high **diabetes prevalence** where Chronic Special Needs Plans are most needed. Diabetes accounts for over 60% of all C-SNP enrollment nationally. Ideal for carriers offering diabetes-focused C-SNPs or agents specializing in chronic condition populations.

<h2>3,234</h2> <p>Counties Ranked</p>	<h2>91</h2> <p>Top Score</p>	<h2>45</h2> <p>Median Score</p>
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Top states in top 50: NC (15), NJ (6), IN (4)

## Dimension Weights

Dimension	Weight	
Csnp Diabetes	5	■■■■■■■■■■■■■■■■
Specialist Depth	4	■■■■■■■■■■■■■■■
Provider Access	3	■■■■■■■■■■■■■
Commission Health	3	■■■■■■■■■■■■■
Drug Coverage Depth	3	■■■■■■■■■■■■■
Dual Eligible	2	■■■■■■■■■■■■■
Sdoh Burden	2	■■■■■■■■■■■■■
Carrier Accessibility	2	■■■■■■■■■■■■■
Low Cost Sharing	2	■■■■■■■■■■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Providence County	RI	90.6	Csnp Diabetes, Specialist Depth, Drug Coverage Depth
2	Jefferson County	AL	85.9	Carrier Accessibility, Specialist Depth, Csnp Diabetes
3	Pitt County	NC	85.2	Specialist Depth, Provider Access, Drug Coverage Depth
4	Forsyth County	NC	85.2	Carrier Accessibility, Specialist Depth, Csnp Diabetes
5	Guilford County	NC	85.2	Carrier Accessibility, Csnp Diabetes, Specialist Depth
6	Mecklenburg County	NC	84.3	Csnp Diabetes, Provider Access, Specialist Depth
7	Marion County	IN	84.2	Csnp Diabetes, Specialist Depth, Provider Access
8	Durham County	NC	82.8	Specialist Depth, Carrier Accessibility, Provider Acces
9	Essex County	NJ	82.4	Specialist Depth, Carrier Accessibility, Csnp Diabetes
10	Cumberland County	NC	82.3	Csnp Diabetes, Provider Access, Specialist Depth
11	Bernalillo County	NM	82.1	Csnp Diabetes, Specialist Depth, Provider Access
12	Mobile County	AL	82.1	Carrier Accessibility, Csnp Diabetes, Specialist Depth
13	Camden County	NJ	82.0	Carrier Accessibility, Specialist Depth, Csnp Diabetes

Rank	County	State	Score	Top Dimensions
14	Robeson County	NC	81.5	Sdoh Burden, Csnp Diabetes, Dual Eligible
15	Kent County	RI	81.5	Commission Health, Drug Coverage Depth, Csnp Diabetes

# Campaign: C-SNP Lung

Targeting counties with high COPD prevalence for respiratory C-SNP

Highlights counties with high **COPD prevalence** for respiratory C-SNP enrollment. Lung-condition C-SNPs represent less than 5% of total C-SNP enrollment, which leaves significant whitespace in high-burden counties.

<h2 style="color: #4a7ebb;">3,234</h2> <p>Counties Ranked</p>	<h2 style="color: #4a7ebb;">91</h2> <p>Top Score</p>	<h2 style="color: #4a7ebb;">44</h2> <p>Median Score</p>
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Top states in top 50: NC (10), WA (5), OR (4)

## Dimension Weights

Dimension	Weight	
Csnp Lung	5	■■■■■■■■■■
Specialist Depth	4	■■■■■■■■
Provider Access	3	■■■■■■
Commission Health	3	■■■■■■
Drug Coverage Depth	3	■■■■■■
Dual Eligible	2	■■■■
Carrier Accessibility	2	■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Providence County	RI	91.4	Csnp Lung, Specialist Depth, Drug Coverage Depth
2	Forsyth County	NC	87.5	Carrier Accessibility, Specialist Depth, Csnp Lung
3	Multnomah County	OR	87.2	Provider Access, Csnp Lung, Specialist Depth
4	Guilford County	NC	87.0	Carrier Accessibility, Csnp Lung, Specialist Depth
5	King County	WA	87.0	Csnp Lung, Provider Access, Specialist Depth
6	Jefferson County	AL	86.7	Carrier Accessibility, Specialist Depth, Csnp Lung
7	Pitt County	NC	86.0	Specialist Depth, Provider Access, Drug Coverage Depth
8	Mecklenburg County	NC	86.0	Csnp Lung, Provider Access, Specialist Depth
9	Bernalillo County	NM	85.8	Csnp Lung, Specialist Depth, Provider Access
10	Middlesex County	MA	85.5	Csnp Lung, Specialist Depth, Provider Access
11	Buncombe County	NC	85.5	Carrier Accessibility, Provider Access, Csnp Lung
12	Norfolk County	MA	84.9	Specialist Depth, Csnp Lung, Provider Access
13	Camden County	NJ	84.7	Carrier Accessibility, Specialist Depth, Csnp Lung
14	Durham County	NC	84.6	Specialist Depth, Carrier Accessibility, Provider Acces
15	Marion County	IN	84.6	Csnp Lung, Specialist Depth, Provider Access

# Campaign: D-SNP Gap

Counties with high dual-eligible populations underserved by D-SNP plans (monthly Integrated Care SEP)

Identifies counties with **high dual-eligible populations** that are **underserved by D-SNP plans**. These markets have strong demand but limited integrated D-SNP supply, creating product whitespace for carriers and a high-conversion target for agents.

<h2>3,234</h2> <p>Counties Ranked</p>	<h2>88</h2> <p>Top Score</p>	<h2>47</h2> <p>Median Score</p>
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Top states in top 50: FL (8), NM (6), AL (5)

## Dimension Weights

Dimension	Weight	
Dsnp Gap	5	■■■■■■■■■■■■■■■■
Dual Eligible	4	■■■■■■■■■■■■■■■
Sdoh Burden	3	■■■■■■■■■■■■■
Commission Health	3	■■■■■■■■■■■■■
Benefit Richness	3	■■■■■■■■■■■■■
Competitive Position	2	■■■■■■■■■■■■■
Carrier Accessibility	2	■■■■■■■■■■■■■
Provider Access	2	■■■■■■■■■■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	St. Louis city	MO	88.1	Provider Access, Carrier Accessibility, Dsnp Gap
2	Jefferson County	AL	87.4	Carrier Accessibility, Dsnp Gap, Provider Access
3	Hinds County	MS	86.5	Sdoh Burden, Dsnp Gap, Dual Eligible
4	Mobile County	AL	85.7	Carrier Accessibility, Dsnp Gap, Competitive Position
5	Maricopa County	AZ	83.7	Dsnp Gap, Carrier Accessibility, Benefit Richness
6	Orange County	FL	83.6	Dsnp Gap, Provider Access, Benefit Richness
7	Marion County	IN	83.4	Dsnp Gap, Competitive Position, Provider Access
8	Guilford County	NC	83.3	Carrier Accessibility, Dsnp Gap, Provider Access
9	Cuyahoga County	OH	83.0	Dsnp Gap, Carrier Accessibility, Provider Access
10	Dallas County	AL	82.8	Sdoh Burden, Dual Eligible, Provider Access
11	Miami-Dade County	FL	82.8	Dsnp Gap, Dual Eligible, Benefit Richness
12	Hillsborough County	FL	82.5	Dsnp Gap, Benefit Richness, Provider Access
13	Montgomery County	AL	82.2	Provider Access, Sdoh Burden, Dsnp Gap
14	Bernalillo County	NM	81.3	Dsnp Gap, Provider Access, Benefit Richness

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Rank	County	State	Score	Top Dimensions
15	Pima County	AZ	81.0	Carrier Accessibility, Dsnp Gap, Benefit Richness

# Campaign: Dual-Eligible

Targeting high dual-eligible concentration for D-SNP quarterly enrollment

Targets counties with the highest concentration of **dual-eligible** beneficiaries (Medicare + Medicaid). Since January 2025, full-benefit duals can enroll in integrated D-SNPs monthly via the Integrated Care SEP, making this a true 12-month opportunity.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">88</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">47</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: LA (9), MS (6), FL (6)

## Dimension Weights

Dimension	Weight	
Dual Eligible	5	■■■■■■■■■■■■■■■■
Dsnp Gap	4	■■■■■■■■■■■■■■■
Sdoh Burden	3	■■■■■■■■■■■■■
Commission Health	3	■■■■■■■■■■■■■
Benefit Richness	3	■■■■■■■■■■■■■
Provider Access	2	■■■■■■■■■■■■■
Carrier Accessibility	2	■■■■■■■■■■■■■
Medicaid Loss	2	■■■■■■■■■■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	St. Louis city	MO	88.3	Provider Access, Medicaid Loss, Carrier Accessibility
2	Orleans Parish	LA	84.9	Dsnp Gap, Dual Eligible, Provider Access
3	Ouachita Parish	LA	83.3	Medicaid Loss, Provider Access, Sdoh Burden
4	Butler County	MO	82.5	Benefit Richness, Medicaid Loss, Sdoh Burden
5	Otero County	NM	81.7	Benefit Richness, Commission Health, Sdoh Burden
6	East Baton Rouge Parish	LA	81.6	Dsnp Gap, Provider Access, Commission Health
7	Jefferson County	AL	81.6	Carrier Accessibility, Dsnp Gap, Provider Access
8	McKinley County	NM	81.3	Sdoh Burden, Dual Eligible, Provider Access
9	Halifax County	NC	81.1	Sdoh Burden, Dual Eligible, Medicaid Loss
10	Lenoir County	NC	81.1	Medicaid Loss, Sdoh Burden, Dual Eligible
11	Pemiscot County	MO	80.9	Benefit Richness, Sdoh Burden, Dual Eligible
12	Providence County	RI	80.8	Dsnp Gap, Commission Health, Dual Eligible
13	Dallas County	AL	80.8	Sdoh Burden, Dual Eligible, Provider Access
14	Mississippi County	MO	80.7	Dual Eligible, Benefit Richness, Sdoh Burden

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Rank	County	State	Score	Top Dimensions
15	Jefferson Parish	LA	80.6	Dsnp Gap, Provider Access, Commission Health

# Campaign: ESRD Opportunity

Kidney disease prevalence targeting ESRD-eligible MA beneficiaries (21st Century Cures Act)

Weights counties by **kidney disease prevalence** for ESRD-eligible MA enrollment. The 21st Century Cures Act (Jan 2021) opened MA to ESRD beneficiaries, and penetration continues to climb. ESRD members carry above-average revenue per beneficiary, making even small volumes meaningful.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">83</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">44</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: MO (12), ME (6), IN (6)

## Dimension Weights

Dimension	Weight	
EsrD Opportunity	5	■■■■■■■■■■■■■■■■
Specialist Depth	4	■■■■■■■■■■■■■■
Provider Access	3	■■■■■■■■■■■■
Drug Coverage Depth	3	■■■■■■■■■■■■
Commission Health	2	■■■■■■■■■■
Competitive Position	2	■■■■■■■■■■
Carrier Accessibility	2	■■■■■■■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	St. Louis city	MO	82.6	Specialist Depth, Provider Access, Carrier Accessibilit
2	Jasper County	MO	81.0	Specialist Depth, Carrier Accessibility, Provider Acces
3	Jackson County	MO	80.9	Specialist Depth, Provider Access, Competitive Position
4	Greene County	MO	80.4	Competitive Position, Specialist Depth, Provider Access
5	Wyandotte County	KS	80.0	Specialist Depth, Competitive Position, Provider Access
6	Johnson County	KS	79.6	Specialist Depth, Provider Access, EsrD Opportunity
7	Penobscot County	ME	79.0	EsrD Opportunity, Specialist Depth, Provider Access
8	Boone County	IN	78.5	Provider Access, Specialist Depth, Carrier Accessibilit
9	Olmsted County	MN	78.4	Specialist Depth, Provider Access, Drug Coverage Depth
10	Norfolk County	MA	78.3	Specialist Depth, Provider Access, Commission Health
11	Middlesex County	MA	78.2	Specialist Depth, Provider Access, Commission Health
12	Hamilton County	IN	78.1	Provider Access, Specialist Depth, Carrier Accessibilit
13	Sedgwick County	KS	77.8	Provider Access, EsrD Opportunity, Specialist Depth
14	Cumberland County	ME	77.6	Specialist Depth, Provider Access, EsrD Opportunity
15	Worcester County	MA	77.2	Specialist Depth, Provider Access, Commission Health

# Campaign: Forced Switchers

Counties where carrier exits force beneficiaries to choose new plans

Focuses on counties where **carrier exits** are forcing beneficiaries to choose new plans. Forced switchers must make an active plan selection, which makes them the most actionable SEP audience. Pair with competitive analysis to identify where your carrier is positioned to capture displaced members.

<h2>3,234</h2> <p>Counties Ranked</p>	<h2>86</h2> <p>Top Score</p>	<h2>48</h2> <p>Median Score</p>
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Top states in top 50: PA (18), IN (6), FL (4)

## Dimension Weights

Dimension	Weight	
Forced Switchers	5	■■■■■■■■■■■■■■■■
Switching Pressure	3	■■■■■■■■
Commission Health	3	■■■■■■■■
Competitive Position	2	■■■■■
Benefit Richness	2	■■■■■
Low Cost Sharing	2	■■■■■
Carrier Accessibility	2	■■■■■
Provider Access	2	■■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Allegheny County	PA	86.0	Forced Switchers, Provider Access, Carrier Accessibilit
2	Lehigh County	PA	83.3	Forced Switchers, Provider Access, Competitive Position
3	Marion County	IN	83.2	Forced Switchers, Competitive Position, Provider Access
4	Maricopa County	AZ	83.0	Forced Switchers, Carrier Accessibility, Benefit Richne
5	Dauphin County	PA	82.8	Forced Switchers, Provider Access, Carrier Accessibilit
6	Butler County	PA	82.3	Forced Switchers, Carrier Accessibility, Competitive Po
7	Northampton County	PA	82.1	Forced Switchers, Competitive Position, Carrier Accessi
8	Cumberland County	PA	82.1	Forced Switchers, Carrier Accessibility, Provider Acces
9	Philadelphia County	PA	81.8	Forced Switchers, Provider Access, Competitive Position
10	Washington County	PA	81.4	Forced Switchers, Carrier Accessibility, Low Cost Shari
11	Berks County	PA	81.4	Forced Switchers, Carrier Accessibility, Competitive Po
12	Hamilton County	IN	81.3	Provider Access, Carrier Accessibility, Forced Switcher
13	Lancaster County	PA	81.2	Forced Switchers, Carrier Accessibility, Commission Hea
14	Westmoreland County	PA	81.0	Forced Switchers, Carrier Accessibility, Benefit Richne

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Rank	County	State	Score	Top Dimensions
15	Johnson County	IN	80.9	Carrier Accessibility, Provider Access, Competitive Pos





# Campaign: LIS Opportunity

Low-income subsidy populations eligible for monthly PDP switching

Targets counties with large **Low-Income Subsidy (Extra Help)** populations. LIS beneficiaries can switch standalone PDPs monthly via the revised Dual/LIS SEP. Heavy overlap with dual-eligible populations; best paired with D-SNP Gap analysis.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">90</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">46</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: NC (31), NM (4), RI (2)

## Dimension Weights

Dimension	Weight	
Lis Opportunity	5	■■■■■■■■■■
Drug Coverage Depth	4	■■■■■■■■
Dual Eligible	3	■■■■■■
Low Cost Sharing	3	■■■■■■
Sdoh Burden	2	■■■■
Commission Health	2	■■■■
Carrier Accessibility	2	■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Providence County	RI	89.5	Lis Opportunity, Drug Coverage Depth, Commission Health
2	Robeson County	NC	84.8	Sdoh Burden, Lis Opportunity, Dual Eligible
3	Lenoir County	NC	83.2	Sdoh Burden, Dual Eligible, Lis Opportunity
4	Halifax County	NC	82.8	Sdoh Burden, Dual Eligible, Lis Opportunity
5	McKinley County	NM	82.5	Sdoh Burden, Dual Eligible, Lis Opportunity
6	Orangeburg County	SC	82.2	Dual Eligible, Sdoh Burden, Lis Opportunity
7	Columbus County	NC	81.8	Sdoh Burden, Drug Coverage Depth, Lis Opportunity
8	Guilford County	NC	81.4	Carrier Accessibility, Lis Opportunity, Commission Heal
9	Richmond County	NC	81.2	Sdoh Burden, Low Cost Sharing, Dual Eligible
10	Harnett County	NC	81.1	Carrier Accessibility, Lis Opportunity, Drug Coverage D
11	Jefferson County	AL	80.4	Carrier Accessibility, Lis Opportunity, Sdoh Burden
12	Cumberland County	NC	80.0	Lis Opportunity, Sdoh Burden, Drug Coverage Depth
13	Marion County	IN	80.0	Lis Opportunity, Low Cost Sharing, Sdoh Burden
14	Edgecombe County	NC	79.5	Sdoh Burden, Dual Eligible, Lis Opportunity
15	Warren County	NC	79.5	Carrier Accessibility, Sdoh Burden, Dual Eligible

# Campaign: Market Expansion

Identifying high-growth, low-saturation counties for market entry

Identifies **high-growth, low-saturation** counties where MA penetration is below the national average but demand signals are strong. Ideal for carriers evaluating new market entry or agencies expanding their geographic footprint.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">81</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">38</h2> <p style="margin: 0;">Median Score</p>
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**Top states in top 50:** VA (8), PA (6), IN (5)

## Dimension Weights

Dimension	Weight	
Ma Growth Potential	5	■■■■■■■■■■
Addressable Audience	4	■■■■■■■■
Carrier Accessibility	3	■■■■■■
Commission Health	3	■■■■■■
Competitive Position	3	■■■■■■
Provider Access	3	■■■■■■
T65 Demand	2	■■■■
Plan Entries	2	■■■■
Benefit Richness	2	■■■■
Population Density	2	■■■■
Digital Reachability	1	■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Hamilton County	IN	80.6	Digital Reachability, Provider Access, Plan Entries
2	New Castle County	DE	79.6	Addressable Audience, Population Density, Benefit Richn
3	Madison County	AL	79.3	Carrier Accessibility, Addressable Audience, Competitiv
4	Lake County	IL	79.2	Addressable Audience, Population Density, Digital Reach
5	Will County	IL	78.1	Addressable Audience, Plan Entries, Carrier Accessibili
6	Hillsborough County	NH	78.0	Benefit Richness, Carrier Accessibility, Addressable Au
7	Wake County	NC	77.8	Digital Reachability, Addressable Audience, Carrier Acc
8	Virginia Beach city	VA	77.8	Digital Reachability, Population Density, Addressable A
9	Loudoun County	VA	77.8	Digital Reachability, Provider Access, Addressable Audi
10	Delaware County	PA	77.6	Population Density, Addressable Audience, Provider Acce
11	Pulaski County	AR	77.3	Provider Access, Addressable Audience, Carrier Accessib
12	Monmouth County	NJ	76.9	Addressable Audience, Carrier Accessibility, Population

Rank	County	State	Score	Top Dimensions
13	Faulkner County	AR	76.5	Carrier Accessibility, Benefit Richness, Digital Reacha
14	DuPage County	IL	76.2	Addressable Audience, Population Density, Digital Reach
15	Chesapeake city	VA	76.2	Digital Reachability, Competitive Position, Population





# Campaign: T65 Campaign

Targeting counties with high aging-in populations turning 65

This preset elevates counties with the largest populations approaching their 65th birthday, known as the **T65 (turning-65) pipeline**. Each individual gets a 7-month Initial Enrollment Period, making them reachable through predictive outreach. Best for agents and agencies building an IEP-focused pipeline.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">82</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">39</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: NC (13), IN (7), TN (6)

## Dimension Weights

Dimension	Weight	
T65 Demand	5	■■■■■■■■■■
Addressable Audience	4	■■■■■■■■
Provider Access	4	■■■■■■■■
Low Cost Sharing	4	■■■■■■■■
Commission Health	3	■■■■■■
Ma Growth Potential	3	■■■■■■
Benefit Richness	3	■■■■■■
Drug Coverage Depth	3	■■■■■■
Carrier Accessibility	2	■■■■
Competitive Position	2	■■■■
Population Density	2	■■■■
Digital Reachability	1	■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Wake County	NC	81.6	Digital Reachability, Addressable Audience, Carrier Acc
2	New Castle County	DE	81.5	Addressable Audience, Population Density, Benefit Richn
3	Hamilton County	IN	81.0	Digital Reachability, Provider Access, Carrier Accessib
4	Madison County	AL	80.8	Carrier Accessibility, Addressable Audience, Competitiv
5	Shelby County	TN	79.5	Addressable Audience, Benefit Richness, Population Dens
6	Onslow County	NC	78.5	Commission Health, Drug Coverage Depth, Digital Reachab
7	Montgomery County	TN	78.1	T65 Demand, Digital Reachability, Benefit Richness
8	Durham County	NC	78.0	Carrier Accessibility, Provider Access, Population Dens
9	Union County	NC	78.0	Carrier Accessibility, Digital Reachability, T65 Demand
10	Boone County	IN	76.8	Provider Access, Digital Reachability, Carrier Accessib

Rank	County	State	Score	Top Dimensions
11	Pitt County	NC	76.6	Provider Access, Drug Coverage Depth, Addressable Audie
12	Williamson County	TN	76.6	Digital Reachability, Provider Access, Benefit Richness
13	Orange County	NC	75.5	Provider Access, Carrier Accessibility, Digital Reachab
14	Mecklenburg County	NC	74.7	Population Density, Addressable Audience, Provider Acce
15	Carteret County	NC	74.3	Drug Coverage Depth, Commission Health, Digital Reachab

# Campaign: Disaster SEP

Targeting counties with active FEMA disaster declarations (SEP eligible)

Prioritizes counties with **active FEMA disaster declarations** that trigger Special Enrollment Periods. Agents can submit disaster SEP applications directly with plans (CMS withdrew the proposed broker restriction on March 20, 2025). Best for rapid-response enrollment campaigns.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">85</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">36</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: VA (28), UT (7), WI (6)

## Dimension Weights

Dimension	Weight	
Disaster Sep	5	■■■■■■■■■■■■■■■■
Commission Health	2	■■■■
Ma Growth Potential	2	■■■■
Carrier Accessibility	2	■■■■
Provider Access	2	■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Dane County	WI	85.4	Carrier Accessibility, Provider Access, Disaster Sep
2	Madison County	AL	85.1	Carrier Accessibility, Disaster Sep, Provider Access
3	Benton County	WA	85.0	Disaster Sep, Provider Access, Ma Growth Potential
4	Charlottesville city	VA	84.8	Provider Access, Carrier Accessibility, Disaster Sep
5	Albemarle County	VA	84.7	Provider Access, Carrier Accessibility, Disaster Sep
6	Colonial Heights city	VA	84.6	Provider Access, Carrier Accessibility, Disaster Sep
7	York County	VA	84.5	Provider Access, Carrier Accessibility, Disaster Sep
8	Fredericksburg city	VA	83.1	Provider Access, Disaster Sep, Carrier Accessibility
9	Winchester city	VA	83.0	Provider Access, Carrier Accessibility, Disaster Sep
10	Virginia Beach city	VA	82.2	Carrier Accessibility, Disaster Sep, Provider Access
11	Grand County	UT	81.7	Ma Growth Potential, Provider Access, Disaster Sep
12	Poquoson city	VA	81.6	Carrier Accessibility, Disaster Sep, Provider Access
13	Loudoun County	VA	81.5	Provider Access, Disaster Sep, Commission Health
14	James City County	VA	81.4	Carrier Accessibility, Disaster Sep, Provider Access
15	Alexandria city	VA	81.3	Provider Access, Disaster Sep, Commission Health

# Campaign: Move SEP

Targeting high net in-migration counties for mover SEP enrollment

Ranks counties by **net in-migration** where movers qualify for a 2-month SEP. Peak moving season runs May through September. Counties with growing populations produce a steady stream of SEP-eligible beneficiaries throughout the year.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">83</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">39</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: PA (7), NC (6), IN (4)

## Dimension Weights

Dimension	Weight	
Move Sep	5	■■■■■■■■■■
Ma Growth Potential	3	■■■■■■
Commission Health	3	■■■■■■
Provider Access	3	■■■■■■
Carrier Accessibility	2	■■■■
Competitive Position	2	■■■■
Benefit Richness	2	■■■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	New Castle County	DE	82.9	Benefit Richness, Move Sep, Provider Access
2	Hillsborough County	NH	82.3	Benefit Richness, Carrier Accessibility, Move Sep
3	Madison County	AL	82.2	Carrier Accessibility, Move Sep, Competitive Position
4	Montgomery County	PA	82.2	Move Sep, Provider Access, Benefit Richness
5	Wake County	NC	81.8	Move Sep, Carrier Accessibility, Provider Access
6	Dane County	WI	81.3	Carrier Accessibility, Provider Access, Move Sep
7	Delaware County	PA	80.5	Move Sep, Provider Access, Carrier Accessibility
8	Pulaski County	AR	80.3	Provider Access, Carrier Accessibility, Move Sep
9	Hamilton County	IN	80.2	Provider Access, Carrier Accessibility, Move Sep
10	Palm Beach County	FL	80.1	Move Sep, Benefit Richness, Commission Health
11	Chester County	PA	79.8	Move Sep, Carrier Accessibility, Provider Access
12	Buncombe County	NC	79.5	Carrier Accessibility, Provider Access, Move Sep
13	Lehigh County	PA	79.4	Move Sep, Provider Access, Competitive Position
14	Northampton County	PA	79.4	Move Sep, Competitive Position, Carrier Accessibility
15	Rockingham County	NH	78.8	Carrier Accessibility, Move Sep, Benefit Richness



Dimension	Weight	
Incarceration Sep	1	■■
Sdoh Burden	1	■■
Digital Reachability	1	■■
Urban Rural Class	1	■■
Plan Entries	1	■■
Er Utilization	1	■■
Readmission Risk	1	■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	New Castle County	DE	77.7	Addressable Audience, Incarceration Sep, Csnp Diabetes
2	Shelby County	TN	77.6	Csnp Diabetes, Csnp Lung, Csnp Cardiovascular
3	Duval County	FL	76.9	Move Sep, Csnp Lung, Csnp Diabetes
4	Hinds County	MS	76.7	Specialist Depth, Sdoh Burden, Lis Opportunity
5	Suffolk County	MA	76.3	Specialist Depth, Population Density, Provider Access
6	Cook County	IL	76.1	Csnp Cardiovascular, Addressable Audience, Csnp Diabete
7	Essex County	MA	76.0	Addressable Audience, Institutional Sep, Dsnp Gap
8	Camden County	NJ	76.0	Population Density, Carrier Accessibility, Institutiona
9	Worcester County	MA	75.5	Institutional Sep, Incarceration Sep, Addressable Audie
10	Middlesex County	MA	75.5	Incarceration Sep, Addressable Audience, Institutional
11	Wake County	NC	75.2	Five Star Sep, Move Sep, Digital Reachability
12	Norfolk city	VA	75.1	Population Density, Incarceration Sep, Specialist Depth
13	Norfolk County	MA	74.8	Addressable Audience, Institutional Sep, Dsnp Gap
14	Madison County	AL	74.7	Carrier Accessibility, Disaster Sep, Move Sep
15	District of Columbia	DC	74.7	Population Density, Provider Access, Incarceration Sep

# Campaign: Rest of Year Q3

Jul-Sep strategy: peak moving season, hurricane season, dual quarterly switch

A **Q3 (July through September)** tactical preset emphasizing peak moving season, hurricane-season disaster SEPs, and continued monthly dual enrollment via the IC SEP. Summer months are the strongest period for move-in and disaster-triggered enrollment.

<h2 style="margin: 0;">3,234</h2> <p style="margin: 0;">Counties Ranked</p>	<h2 style="margin: 0;">78</h2> <p style="margin: 0;">Top Score</p>	<h2 style="margin: 0;">37</h2> <p style="margin: 0;">Median Score</p>
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Top states in top 50: MA (7), NJ (7), NC (6)

## Dimension Weights

Dimension	Weight	
Dual Eligible	5	■■■■■■■■■■
Move Sep	5	■■■■■■■■■■
T65 Demand	4	■■■■■■■■
Ma Growth Potential	4	■■■■■■■■
Provider Access	4	■■■■■■■■
Low Cost Sharing	4	■■■■■■■■
Forced Switchers	3	■■■■■■
Disaster Sep	3	■■■■■■
Lis Opportunity	3	■■■■■■
Csnp Diabetes	3	■■■■■■
Csnp Cardiovascular	3	■■■■■■
Dsnp Gap	3	■■■■■■
Commission Health	3	■■■■■■
Carrier Accessibility	3	■■■■■■
Benefit Richness	3	■■■■■■
Drug Coverage Depth	3	■■■■■■
Addressable Audience	3	■■■■■■
Five Star Sep	2	■■■■
Medicaid Loss	2	■■■■
Esrd Opportunity	2	■■■■
Competitive Position	2	■■■■
Specialist Depth	2	■■■■
Switching Pressure	2	■■■■
Population Density	2	■■■■
Csnp Lung	1	■■
Institutional Sep	1	■■

Dimension	Weight	
Incarceration Sep	1	■■
Sdoh Burden	1	■■
Digital Reachability	1	■■
Urban Rural Class	1	■■
Plan Entries	1	■■
Er Utilization	1	■■
Readmission Risk	1	■■

## Top Markets

Rank	County	State	Score	Top Dimensions
1	Shelby County	TN	77.8	Csnp Diabetes, Csnp Lung, Csnp Cardiovascular
2	New Castle County	DE	77.1	Addressable Audience, Incarceration Sep, Csnp Diabetes
3	Duval County	FL	76.4	Move Sep, Csnp Lung, Csnp Diabetes
4	Hinds County	MS	76.2	Specialist Depth, Sdoh Burden, Lis Opportunity
5	Suffolk County	MA	76.1	Specialist Depth, Population Density, Provider Access
6	Camden County	NJ	75.9	Population Density, Carrier Accessibility, Institutiona
7	Essex County	MA	75.7	Addressable Audience, Institutional Sep, Dsnp Gap
8	Cook County	IL	75.7	Csnp Cardiovascular, Addressable Audience, Csnp Diabete
9	Norfolk city	VA	75.5	Population Density, Incarceration Sep, Specialist Depth
10	Wake County	NC	75.3	Five Star Sep, Move Sep, Digital Reachability
11	Worcester County	MA	75.3	Institutional Sep, Incarceration Sep, Addressable Audie
12	Madison County	AL	75.3	Carrier Accessibility, Disaster Sep, Move Sep
13	Middlesex County	MA	75.3	Incarceration Sep, Addressable Audience, Institutional
14	Pierce County	WA	74.6	Move Sep, Incarceration Sep, Addressable Audience
15	Norfolk County	MA	74.6	Addressable Audience, Institutional Sep, Dsnp Gap

## Carrier: UnitedHealthcare

<b>2,140</b> Counties Served	<b>38</b> States	<b>11,686</b> Plan Options	<b>5,893</b> SNP Plans
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- UnitedHealthcare operates **31** contracts across **2,140** counties in **38** states, offering **11,686** plan options including **5,893** SNPs.
- **259,493** competitor county-level exits are occurring within UnitedHealthcare's footprint, affecting an estimated **19,434,843** beneficiaries who may be available for capture.
- UnitedHealthcare is exiting **134** counties, affecting **153** plan-county combinations.

### Top Markets

Rank	County	State	Score	Pop.
1	New Castle County	DE	78.0	570,567
2	Suffolk County	MA	77.4	785,443
3	Essex County	MA	76.9	806,103
4	Cook County	IL	76.8	5,225,367
5	Shelby County	TN	76.7	926,440
6	Duval County	FL	76.6	995,708
7	Middlesex County	MA	76.5	1,623,109
8	Hinds County	MS	76.2	226,541
9	Norfolk County	MA	75.8	722,112
10	Worcester County	MA	75.7	858,898
11	Lake County	IN	75.7	497,682
14	District of Columbia	DC	75.4	670,587
15	Plymouth County	MA	75.1	529,548
16	Montgomery County	MD	75.0	1,056,910
17	Hamilton County	IN	74.8	349,527

### Competitor Exits in Footprint

Counties where other carriers are leaving but UnitedHealthcare remains. Displaced beneficiaries must find a new plan.

County	ST	Carriers Leaving	Capturable Enroll.
Los Angeles County	CA	126	675,696
Maricopa County	AZ	118	292,057
Miami-Dade County	FL	128	290,477
Harris County	TX	125	273,509
San Diego County	CA	123	245,517
Orange County	CA	123	240,206

County	ST	Carriers Leaving	Capturable Enroll.
Cook County	IL	124	236,676
Riverside County	CA	124	216,069
San Bernardino County	CA	127	176,166
Queens County	NY	121	160,760

## Expansion Targets

Highest-scoring counties where UnitedHealthcare does **not** currently operate.

Nat'l Rank	County	State	Score
12	Camden County	NJ	75.7
13	Palm Beach County	FL	75.7
21	Lafayette Parish	LA	74.3
23	Calcasieu Parish	LA	74.2
24	Essex County	NJ	74.1
27	Ouachita Parish	LA	73.8
28	Richland County	SC	73.7
29	Greenville County	SC	73.7
37	Caddo Parish	LA	73.1
39	Middlesex County	NJ	72.9

## Carrier: Humana

<b>2,635</b> <small>Counties Served</small>	<b>47</b> <small>States</small>	<b>26,368</b> <small>Plan Options</small>	<b>6,454</b> <small>SNP Plans</small>
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- Humana operates **30** contracts across **2,635** counties in **47** states, offering **26,368** plan options including **6,454** SNPs.
- **318,680** competitor county-level exits are occurring within Humana's footprint, affecting an estimated **21,417,553** beneficiaries who may be available for capture.
- Humana is exiting **2,645** counties, affecting **3,353** plan-county combinations.

### Top Markets

Rank	County	State	Score	Pop.
1	New Castle County	DE	78.0	570,567
2	Suffolk County	MA	77.4	785,443
3	Essex County	MA	76.9	806,103
4	Cook County	IL	76.8	5,225,367
5	Shelby County	TN	76.7	926,440
6	Duval County	FL	76.6	995,708
8	Hinds County	MS	76.2	226,541
10	Worcester County	MA	75.7	858,898
11	Lake County	IN	75.7	497,682
12	Camden County	NJ	75.7	522,581
13	Palm Beach County	FL	75.7	1,494,805
14	District of Columbia	DC	75.4	670,587
16	Montgomery County	MD	75.0	1,056,910
17	Hamilton County	IN	74.8	349,527
18	Bristol County	MA	74.7	576,699

### Competitor Exits in Footprint

Counties where other carriers are leaving but Humana remains. Displaced beneficiaries must find a new plan.

County	ST	Carriers Leaving	Capturable Enroll.
Los Angeles County	CA	126	665,047
Maricopa County	AZ	118	289,365
Miami-Dade County	FL	127	285,608
Harris County	TX	124	268,820
San Diego County	CA	123	241,619
Orange County	CA	123	236,387
Cook County	IL	123	231,925

County	ST	Carriers Leaving	Capturable Enroll.
Riverside County	CA	124	212,794
San Bernardino County	CA	127	173,515
Broward County	FL	125	167,448

## Expansion Targets

Highest-scoring counties where Humana does **not** currently operate.

Nat'l Rank	County	State	Score
7	Middlesex County	MA	76.5
9	Norfolk County	MA	75.8
15	Plymouth County	MA	75.1
140	Yakima County	WA	68.4
181	Newport County	RI	66.8
203	Minnehaha County	SD	66.1
225	Washington County	RI	65.3
257	San Luis Obispo County	CA	64.3
297	Grafton County	NH	63.1
307	Otero County	NM	63.0

## Carrier: Aetna (CVS Health)

<b>1,788</b> <small>Counties Served</small>	<b>38</b> <small>States</small>	<b>9,101</b> <small>Plan Options</small>	<b>3,027</b> <small>SNP Plans</small>
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- Aetna (CVS Health) operates **33** contracts across **1,788** counties in **38** states, offering **9,101** plan options including **3,027** SNPs.
- **171908** competitor county-level exits are occurring within Aetna (CVS Health)'s footprint, affecting an estimated **17,175,779** beneficiaries who may be available for capture.
- Aetna (CVS Health) is exiting **3145** counties, affecting **81958** plan-county combinations.

### Top Markets

Rank	County	State	Score	Pop.
1	New Castle County	DE	78.0	570,567
2	Suffolk County	MA	77.4	785,443
3	Essex County	MA	76.9	806,103
4	Cook County	IL	76.8	5,225,367
5	Shelby County	TN	76.7	926,440
6	Duval County	FL	76.6	995,708
7	Middlesex County	MA	76.5	1,623,109
8	Hinds County	MS	76.2	226,541
9	Norfolk County	MA	75.8	722,112
10	Worcester County	MA	75.7	858,898
11	Lake County	IN	75.7	497,682
12	Camden County	NJ	75.7	522,581
13	Palm Beach County	FL	75.7	1,494,805
14	District of Columbia	DC	75.4	670,587
15	Plymouth County	MA	75.1	529,548

### Competitor Exits in Footprint

Counties where other carriers are leaving but Aetna (CVS Health) remains. Displaced beneficiaries must find a new plan.

County	ST	Carriers Leaving	Capturable Enroll.
Los Angeles County	CA	103	603,093
Maricopa County	AZ	95	260,657
Miami-Dade County	FL	102	246,262
Harris County	TX	100	231,707
San Diego County	CA	100	218,956
Orange County	CA	100	214,175

County	ST	Carriers Leaving	Capturable Enroll.
Cook County	IL	99	205,814
Riverside County	CA	100	183,630
Broward County	FL	101	150,978
San Bernardino County	CA	103	149,897

## Expansion Targets

Highest-scoring counties where Aetna (CVS Health) does **not** currently operate.

Nat'l Rank	County	State	Score
19	Sedgwick County	KS	74.7
31	Jasper County	MO	73.5
34	Newport News city	VA	73.2
38	Vigo County	IN	73.0
47	Pulaski County	AR	72.5
48	Wicomico County	MD	72.5
60	Washington County	MD	71.9
70	Craven County	NC	71.4
72	Johnson County	KS	71.3
74	Onslow County	NC	71.2

## Carrier: Cigna Healthcare

**575**

Counties  
Served

**29**

States

**2,317**

Plan  
Options

**587**

SNP  
Plans

- Cigna Healthcare operates **9** contracts across **575** counties in **29** states, offering **2,317** plan options including **587** SNPs.
- **68222** competitor county-level exits are occurring within Cigna Healthcare's footprint, affecting an estimated **10,074,849** beneficiaries who may be available for capture.
- Cigna Healthcare is exiting **3140** counties, affecting **8866** plan-county combinations.

### Top Markets

Rank	County	State	Score	Pop.
1	New Castle County	DE	78.0	570,567
4	Cook County	IL	76.8	5,225,367
5	Shelby County	TN	76.7	926,440
6	Duval County	FL	76.6	995,708
8	Hinds County	MS	76.2	226,541
12	Camden County	NJ	75.7	522,581
13	Palm Beach County	FL	75.7	1,494,805
14	District of Columbia	DC	75.4	670,587
22	Mecklenburg County	NC	74.2	1,115,403
24	Essex County	NJ	74.1	853,374
25	Wake County	NC	74.0	1,132,103
26	Madison County	AL	73.9	389,781
29	Greenville County	SC	73.7	528,251
36	Buncombe County	NC	73.1	269,449
40	Harrison County	MS	72.9	208,748

### Competitor Exits in Footprint

Counties where other carriers are leaving but Cigna Healthcare remains. Displaced beneficiaries must find a new plan.

County	ST	Carriers Leaving	Capturable Enroll.
Maricopa County	AZ	117	282,186
Miami-Dade County	FL	125	278,306
Harris County	TX	124	262,957
Cook County	IL	123	225,986
Broward County	FL	123	162,955
Queens County	NY	119	153,566

County	ST	Carriers Leaving	Capturable Enroll.
Clark County	NV	119	150,763
Kings County	NY	119	142,144
Bexar County	TX	124	135,930
Dallas County	TX	123	134,010

## Expansion Targets

Highest-scoring counties where Cigna Healthcare does **not** currently operate.

Nat'l Rank	County	State	Score
2	Suffolk County	MA	77.4
3	Essex County	MA	76.9
7	Middlesex County	MA	76.5
9	Norfolk County	MA	75.8
10	Worcester County	MA	75.7
11	Lake County	IN	75.7
15	Plymouth County	MA	75.1
16	Montgomery County	MD	75.0
17	Hamilton County	IN	74.8
18	Bristol County	MA	74.7

## Carrier: Elevance Health (Anthem)

<b>667</b> Counties Served	<b>10</b> States	<b>2,265</b> Plan Options	<b>585</b> SNP Plans
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- Elevance Health (Anthem) operates **12** contracts across **667** counties in **10** states, offering **2,265** plan options including **585** SNPs.
- **79231** competitor county-level exits are occurring within Elevance Health (Anthem)'s footprint, affecting an estimated **4,698,334** beneficiaries who may be available for capture.
- Elevance Health (Anthem) is exiting **3145** counties, affecting **8734** plan-county combinations.

### Top Markets

Rank	County	State	Score	Pop.
11	Lake County	IN	75.7	497,682
17	Hamilton County	IN	74.8	349,527
20	Norfolk city	VA	74.7	236,973
34	Newport News city	VA	73.2	185,118
38	Vigo County	IN	73.0	106,355
45	Richmond city	VA	72.6	227,171
49	Cobb County	GA	72.5	765,813
61	Vanderburgh County	IN	71.9	179,900
62	Virginia Beach city	VA	71.8	457,900
66	Johnson County	IN	71.7	161,952
68	Hendricks County	IN	71.5	175,639
75	St. Joseph County	IN	71.2	272,388
82	Tippecanoe County	IN	70.6	186,955
83	Loudoun County	VA	70.6	420,773
89	Elkhart County	IN	70.5	206,841

### Competitor Exits in Footprint

Counties where other carriers are leaving but Elevance Health (Anthem) remains. Displaced beneficiaries must find a new plan.

County	ST	Carriers Leaving	Capturable Enroll.
San Diego County	CA	121	231,697
Queens County	NY	118	150,483
Kings County	NY	118	139,290
Bronx County	NY	119	97,928
New York County	NY	119	89,731
Cuyahoga County	OH	115	89,562

County	ST	Carriers Leaving	Capturable Enroll.
Milwaukee County	WI	120	82,761
Franklin County	OH	114	66,534
Suffolk County	NY	118	60,223
Nassau County	NY	118	59,292

## Expansion Targets

Highest-scoring counties where Elevance Health (Anthem) does **not** currently operate.

Nat'l Rank	County	State	Score
1	New Castle County	DE	78.0
2	Suffolk County	MA	77.4
3	Essex County	MA	76.9
4	Cook County	IL	76.8
5	Shelby County	TN	76.7
6	Duval County	FL	76.6
7	Middlesex County	MA	76.5
8	Hinds County	MS	76.2
9	Norfolk County	MA	75.8
10	Worcester County	MA	75.7

## Carrier: Centene (Wellcare)

<b>999</b> Counties Served	<b>21</b> States	<b>5,643</b> Plan Options	<b>2,376</b> SNP Plans
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- Centene (Wellcare) operates **28** contracts across **999** counties in **21** states, offering **5,643** plan options including **2,376** SNPs.
- **121156** competitor county-level exits are occurring within Centene (Wellcare)'s footprint, affecting an estimated **10,594,904** beneficiaries who may be available for capture.
- Centene (Wellcare) is exiting **3082** counties, affecting **3165** plan-county combinations.

### Top Markets

Rank	County	State	Score	Pop.
8	Hinds County	MS	76.2	226,541
12	Camden County	NJ	75.7	522,581
21	Lafayette Parish	LA	74.3	243,175
22	Mecklenburg County	NC	74.2	1,115,403
24	Essex County	NJ	74.1	853,374
25	Wake County	NC	74.0	1,132,103
28	Richland County	SC	73.7	416,161
29	Greenville County	SC	73.7	528,251
30	Pierce County	WA	73.7	918,993
31	Jasper County	MO	73.5	122,788
36	Buncombe County	NC	73.1	269,449
37	Caddo Parish	LA	73.1	236,259
39	Middlesex County	NJ	72.9	860,147
40	Harrison County	MS	72.9	208,748
41	Cumberland County	NC	72.8	335,207

### Competitor Exits in Footprint

Counties where other carriers are leaving but Centene (Wellcare) remains. Displaced beneficiaries must find a new plan.

County	ST	Carriers Leaving	Capturable Enroll.
Los Angeles County	CA	126	673,760
Maricopa County	AZ	118	293,403
Harris County	TX	124	272,337
San Diego County	CA	123	244,808
Orange County	CA	123	239,512
Riverside County	CA	124	215,473

County	ST	Carriers Leaving	Capturable Enroll.
San Bernardino County	CA	127	175,684
Clark County	NV	120	157,244
Bexar County	TX	124	140,702
Sacramento County	CA	122	139,967

## Expansion Targets

Highest-scoring counties where Centene (Wellcare) does **not** currently operate.

Nat'l Rank	County	State	Score
1	New Castle County	DE	78.0
2	Suffolk County	MA	77.4
3	Essex County	MA	76.9
4	Cook County	IL	76.8
5	Shelby County	TN	76.7
6	Duval County	FL	76.6
7	Middlesex County	MA	76.5
9	Norfolk County	MA	75.8
10	Worcester County	MA	75.7
11	Lake County	IN	75.7

## Carrier: Devoted Health

<b>996</b> Counties Served	<b>29</b> States	<b>6,438</b> Plan Options	<b>3,200</b> SNP Plans
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- Devoted Health operates **42** contracts across **996** counties in **29** states, offering **6,438** plan options including **3,200** SNPs.
- **120231** competitor county-level exits are occurring within Devoted Health's footprint, affecting an estimated **10,326,037** beneficiaries who may be available for capture.
- Devoted Health is exiting **2** counties, affecting **2** plan-county combinations.

### Top Markets

Rank	County	State	Score	Pop.
1	New Castle County	DE	78.0	570,567
4	Cook County	IL	76.8	5,225,367
5	Shelby County	TN	76.7	926,440
6	Duval County	FL	76.6	995,708
8	Hinds County	MS	76.2	226,541
11	Lake County	IN	75.7	497,682
13	Palm Beach County	FL	75.7	1,494,805
17	Hamilton County	IN	74.8	349,527
22	Mecklenburg County	NC	74.2	1,115,403
26	Madison County	AL	73.9	389,781
29	Greenville County	SC	73.7	528,251
30	Pierce County	WA	73.7	918,993
31	Jasper County	MO	73.5	122,788
36	Buncombe County	NC	73.1	269,449
40	Harrison County	MS	72.9	208,748

### Competitor Exits in Footprint

Counties where other carriers are leaving but Devoted Health remains. Displaced beneficiaries must find a new plan.

County	ST	Carriers Leaving	Capturable Enroll.
Maricopa County	AZ	119	294,749
Miami-Dade County	FL	128	290,477
Harris County	TX	125	273,509
Cook County	IL	124	236,676
Broward County	FL	126	170,443
Bexar County	TX	125	141,298

County	ST	Carriers Leaving	Capturable Enroll.
Allegheny County	PA	119	124,701
Palm Beach County	FL	125	118,593
Hillsborough County	FL	125	109,787
Pinellas County	FL	124	108,198

## Expansion Targets

Highest-scoring counties where Devoted Health does **not** currently operate.

Nat'l Rank	County	State	Score
2	Suffolk County	MA	77.4
3	Essex County	MA	76.9
7	Middlesex County	MA	76.5
9	Norfolk County	MA	75.8
10	Worcester County	MA	75.7
12	Camden County	NJ	75.7
14	District of Columbia	DC	75.4
15	Plymouth County	MA	75.1
16	Montgomery County	MD	75.0
18	Bristol County	MA	74.7

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# Quick Reference

## Key Dates: 2026

- **Jan 1 through Mar 31:** MA Open Enrollment Period (OEP). Current MA enrollees may make one plan change.
- **Apr 1 through Jun 30:** Q2. Integrated Care SEP (monthly, full-benefit duals), T65 IEPs, forced switcher resolution, early move season.
- **Jul 1 through Sep 30:** Q3. Peak moving season, hurricane/disaster season, continued dual monthly enrollment.
- **Oct 15 through Dec 7:** Annual Enrollment Period (AEP). All Medicare beneficiaries may join, switch, or drop MA plans.
- **Year-round:** C-SNP enrollment (chronic conditions), I-SNP (institutional), ESRD enrollment, 5-star SEP (once/year), move-in SEP (2 months post-move), incarceration release SEP (2 months post-release).

## Key Terms

**SEP:** Special Enrollment Period. A window outside AEP when beneficiaries can change plans due to a qualifying life event.

**AEP:** Annual Enrollment Period (Oct 15 through Dec 7).

**IEP:** Initial Enrollment Period. A 7-month window around a person's 65th birthday.

**T65:** Individuals approaching their 65th birthday ("turning 65").

**D-SNP:** Dual Special Needs Plan, for dual-eligible beneficiaries.

**C-SNP:** Chronic Special Needs Plan, for beneficiaries with qualifying chronic conditions.

**I-SNP:** Institutional Special Needs Plan, for nursing facility residents.

**FIDE SNP / HIDE SNP / AIP:** Fully/Highly Integrated D-SNP and Applicable Integrated Plan. Represent different levels of Medicare-Medicaid integration.

**Integrated Care SEP:** Monthly enrollment window for full-benefit duals into integrated D-SNPs (effective January 2025).

**Dual/LIS SEP:** Monthly PDP switching for dual and LIS-eligible individuals (revised January 2025; does not permit MA enrollment).

**Forced Switcher:** Beneficiary whose carrier is exiting their county; must choose a new plan.

**MA Penetration:** Percentage of Medicare eligibles enrolled in MA vs. Original Medicare.

**Composite Score:** Weighted average (0 to 100) of all scoring dimensions for a county. Higher scores indicate stronger market opportunity.

*Disclaimer: This guide is based on publicly available CMS, Census, CDC, and FEMA data. Scores reflect relative opportunity and are not guarantees of enrollment outcomes. Contact EnrollHere for methodology details.*