AHIP
Guiding Greater Health

The State of Medicare Supplement Coverage

TRENDS IN ENROLLMENT AND DEMOGRAPHICS

April 2026

Executive Summary

Medicare Supplement protects the health and financial security of more than 14 million American seniors.

Seniors should be able to access affordable coverage options that provides them with access to high-quality health care, protecting both their health and financial security. Medicare Supplement delivers for them, helping to fill the gaps and pay for costs that fee-for-service (FFS) Medicare does not cover. Policy changes that would lead to increased Medicare Supplement premiums could make coverage more difficult to afford for many Americans, particularly low income seniors in rural communities.

Key Takeaways

- Among fee-for-service (FFS) Medicare enrollees without additional insurance coverage (such as Medicaid, employer-provided insurance, etc.), **54% had Medicare Supplement coverage in 2023.**
- Between December 2019 and December 2024, the share of FFS Medicare enrollees who purchase Medicare Supplement coverage increased from 38% to 43%.
- **Medicare enrollees with Medicare Supplement coverage were 2 times less likely to have problems paying medical bills compared to enrollees without Medicare Supplement policies.**
- Less than 3% of enrollees with Medicare Supplement coverage reported having difficulty paying medical bills in the last 12 months, compared to more than 6% of FFS Medicare enrollees without Medicare Supplement coverage.

What Is Medicare Supplement?

Medicare Supplement (also called Medigap) plans are a type of private health insurance coverage that seniors may choose to help them pay for the costs that FFS Medicare doesn't cover. Seniors purchase Medicare Supplement coverage to protect themselves from high out-of-pocket costs not covered by FFS Medicare, to budget for medical expenses, and to avoid the confusion and inconvenience of handling complex bills from health care providers.

Medicare Supplement policies are guaranteed renewable – so seniors will never lose access to their coverage or lose benefits year to year. There are several standardized Medicare Supplement plan designs from which Medicare beneficiaries may choose. In 2024, Plan G and Plan F were the most popular, with 43% and 33% of all Medicare Supplement enrollees, respectively.

This report describes Medicare Supplement coverage options, demographics of enrollees with Medicare Supplement policies, and the most recent enrollment trends by using the latest available data sources: 2024 National Association of Insurance Commissioners (NAIC) data, 2024 California Department of Managed Health Care data, and 2023 Medicare Current Beneficiary Survey (MCBS) results.

Medicare Supplement Enrollees Value Their Coverage[1]

93% of seniors said they are satisfied with their Medicare Supplement plan, with **80% saying they are very or extremely satisfied.**

91% of seniors said they would be concerned about losing their financial security if they didn't have Medicare Supplement coverage, and **90% would be concerned** about paying co-pays and/or co-insurance.

83% of seniors rated the value of their Medicare Supplement coverage as **excellent or good.**

96% of seniors said they agree that Medicare Supplement coverage allows them to **see doctors and specialists they know and trust** without worrying too much about out-of-pocket costs.

How Does Medicare Supplement Work?

This report describes Medicare Supplement coverage options, demographics of enrollees with Medicare Supplement policies, and the most recent enrollment trends by using the latest available data sources: 2024 National Association of Insurance Commissioners (NAIC) data[2], 2024 California Department of Managed Health Care data, and 2023 Medicare Current Beneficiary Survey (MCBS) results.

Medicare Supplement (also known as Medigap) is a key source of additional coverage for Medicare enrollees to more fully protect their health and financial security. Seniors purchase Medicare Supplement coverage to protect themselves from high out-of-pocket costs not covered by original Medicare, to budget for medical expenses, and to avoid the confusion and inconvenience of handling complex bills from health care providers.

In 2024, the original Medicare program had a $1,632 deductible per benefit period for inpatient hospital care (Part A) and coinsurance beginning with day 61 of hospitalization.[3] Part B required 20% coinsurance for outpatient and physician care after an annual deductible of $240.[4] The original Medicare program does not have a limit on enrollees' potential out-of-pocket costs.

Appendix A, found at the end of this report, provides detailed information on the benefits and cost sharing features of 2024 standardized Medicare Supplement plans.

Standardized Plans. Over the last 30 years, Medicare Supplement plans have undergone major changes to benefit designs. First, the provisions of the Omnibus Budget Reconciliation Act of 1990 (OBRA 1990) required that policies sold after July 1992 conform to 1 of 10 uniform benefit packages, known among Medicare Supplemental plans as Plans A through J. Then in 2003, the Medicare Modernization Act (MMA) required elimination of prescription drug benefits from Medicare Supplement coverage, authorized 2 new plans (Plans K and L) with cost sharing features, and encouraged development of standardized benefit designs with additional cost-sharing features.

Further changes to standardized plans occurred in 2008 with the passage of the Medicare Improvements for Patients and Providers Act (MIPPA)[5] and included:

- Elimination of the at-home recovery benefit in favor of a new hospice benefit (described below).
- Addition of a new core hospice benefit that covers the cost sharing under Medicare FFS for palliative drugs and inpatient respite care.
- Removal of the preventive care benefit in recognition of the increased Medicare FFS coverage under Part B.
- Introduction of two new Medicare Supplement policies (Plans M and N) with increased enrollee cost-sharing features.
- Elimination of several standardized plans (Plans E, H, I, J and J with high deductible) that became duplicative or unnecessary due to benefit design changes.

All Medicare Supplement plans are "guaranteed renewable" regardless of when they were purchased. Therefore, some policyholders continue to maintain plans with previous benefits even though the plans can no longer be sold.

Most Medicare Supplement plans cover enrollees' Part A deductible and Part B coinsurance. Two plans—standardized plans C and F—offer full coverage for the Part B deductible.

Plans F and G can also be sold as a high-deductible plan. These plans also cover Part B coinsurance and copayment amounts, as do most, but not all, standardized plans.

Plans K and L do not cover the Medicare Part B deductible and cover a portion of enrollees' Part B coinsurance. However, there is a limit on enrollees' annual out-of-pocket costs for Medicare eligible expenses —$7,060 for Plan K and $3,530 for Plan L in 2024.[6]

New Plans M and N entered the market in June of 2010. Plan M covers half of the Part A deductible and does not cover the Part B deductible. Plan N covers all of the Part A deductible and does not cover the Part B deductible. Plan N also includes cost-sharing amounts of up to $20 for certain physician visits and up to $50 for certain emergency department visits.

Medicare SELECT plans are identical to standardized Medicare Supplement plans but require policyholders to use provider networks to receive the full insurance benefits. For this reason, Medicare SELECT plans generally cost less than other Medicare Supplement plans.

In April 2015, Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This new law provided that beginning on January 1, 2020, Medicare Supplement insurance carriers can no longer sell Medicare Supplement plans covering the Part B deductible to individuals who are "newly eligible" for Medicare. People who attained age 65 before January 1, 2020, and those who were eligible for Medicare due to disability before that date, continued to have access to Plans C and F, which are the only standardized plans currently available for sale that cover the Part B deductible.

Waivered States. Three states (Massachusetts, Minnesota, and Wisconsin) offer standardized Medicare Supplement plans but are exempt from the OBRA 1990 standardized plan provisions (and subsequent revisions under the MMA or MIPPA). Standardized plans may therefore be changed by waivered states without federal approval. Individuals who purchase Medicare Supplement plans in 1 of these 3 states may keep their plans if they move to other states.

Pre-Standardized Plans. Historically, Medicare Supplement changes have been phased in for new purchasers, and existing policyholders were allowed to retain their pre-standardized policies. Although OBRA 1990 prohibited the sale of new pre-standardized plans, some enrollees still have pre-standardized policies.

Who Enrolls in Medicare Supplement?

In 2024, Medicare Supplement insurance coverage continued to grow and reached a record 43.0% of all Medicare fee-for-service enrollees (see Figure1). And, despite the fact that the enrollment in traditional, FFS Medicare has been decreasing for several years (shrinking by 385,000 enrollees in 2023-24 alone), the national Medicare Supplement enrollment in 2024 increased by 1.3% (see Table 1).

Table 1. Trends in National Medicare Supplement Enrollment, 2020-2024

Statistic	Year				
	2020	2021	2022	2023	2024
• **Enrollment reported to NAIC**	13,900,107	14,077,889	13,790,813	13,579,353	13,746,692
• **Enrollment reported to California DMHC**	495,681	514,179	528,839	536,659	546,507
Total national Medicare Supplement enrollment	14,395,788	14,592,068	14,319,652	14,116,012	14,293,199
Annual percentage change in total national Medicare Supplement enrollment, %	-0.6%	1.4%	-1.9%	-1.4%	1.3%

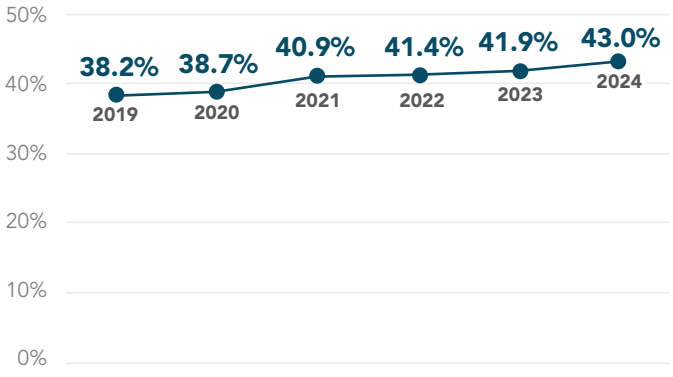
Source: AHIP Center for Policy and Research analysis of the NAIC Medicare Supplement Insurance Experience Exhibits, for the Years Ended Dec. 31, 2019; Dec. 31, 2020; Dec. 31, 2021; Dec. 31, 2022; Dec.31, 2023 and Dec.31, 2024 and of the California DMHC Enrollment Summary Reports, 2019-2024.

The updated data demonstrate that the share of FFS beneficiaries enrolled in Medicare Supplement has been steadily growing in recent years. This growth continued in 2024 when the proportion of FFS Medicare enrollees with Medicare supplement increased from 41.9% to 43.0% (See Figure 1).

Demographic Characteristics of Medicare Supplement Enrollees

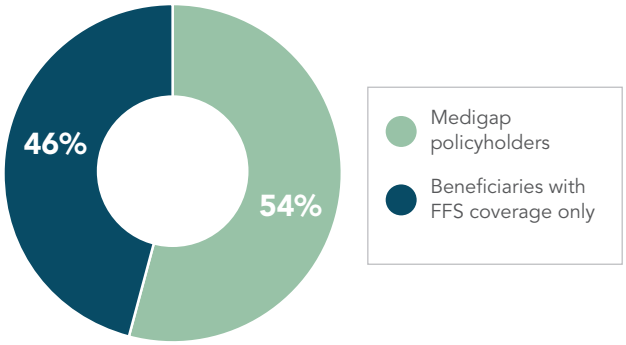
Nationwide, Medicare Current Beneficiary Survey (MCBS) estimates show that 54% of all non-institutionalized FFS Medicare enrollees without any additional coverage (i.e., Medicaid, Veterans Affairs coverage, employer-provided insurance, retiree drug subsidy plan, self-purchased specialty plan, etc.) chose Medicare Supplement policies in 2023.

Figure 1. Share of Medicare Fee-For-Service Enrollees with Medicare Supplement Insurance, 2019-2024



Source: National Association of Insurance Commissioners (2019-2024), California's Department of Managed Health Care (2019-2024).

Figure 2. Medicare Enrollees Without Any Additional Insurance Coverage That Had Medicare Supplement Coverage, 2023



Source: Medicare Current Beneficiary Survey Limited Data Set Files, 2023 (CMS).

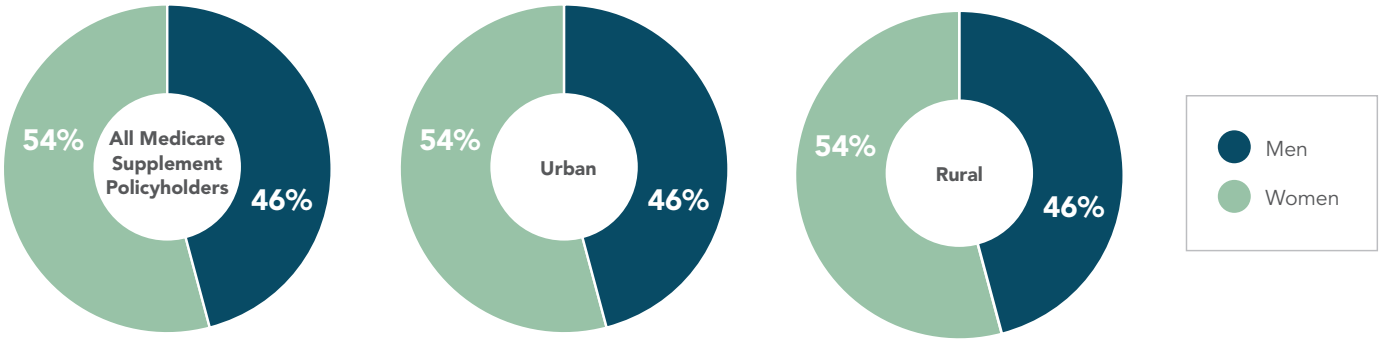
Demographic Characteristics of Medicare Supplement Enrollees

The demographic characteristics of Medicare Supplement enrollees are based on the Medicare Current Beneficiary Survey (MCBS) 2023 data, which is the latest year for which data is available.

Gender

Across the country, a majority—54% —of Medicare Supplement enrollees in 2023 were women (see Figure 3). This gender distribution experienced little change in the last several years.

Figure 3. Gender Distribution of Medicare Supplement Policyholders, by Geographic Location, 2023

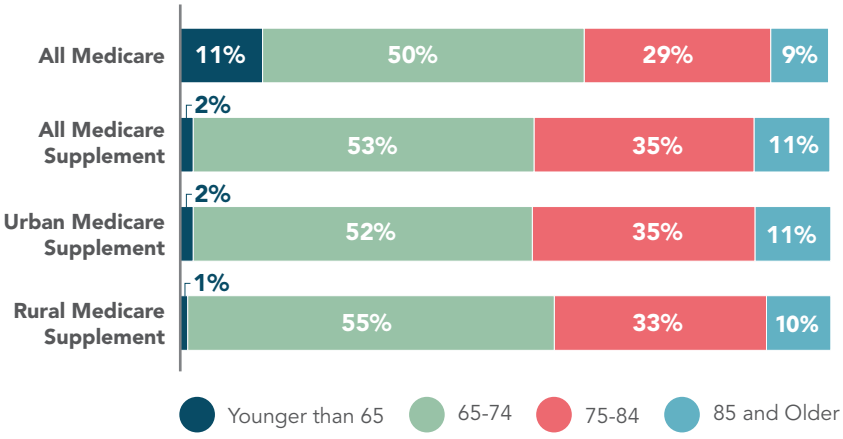


Source: Medicare Current Beneficiary Survey Limited Data Set Files, 2023 (CMS).
Note: Calculations based on responses by non-institutionalized Medicare enrollees reporting gender.

Age

Medicare enrollees with Medicare Supplement insurance were older than the general Medicare population: 46% of Medicare Supplement policyholders were 75 years old or older compared with 39% for all Medicare enrollees (see Figure 4).

Figure 4. Age Distribution of Medicare Supplement Policyholders, by Geographic Location, 2023



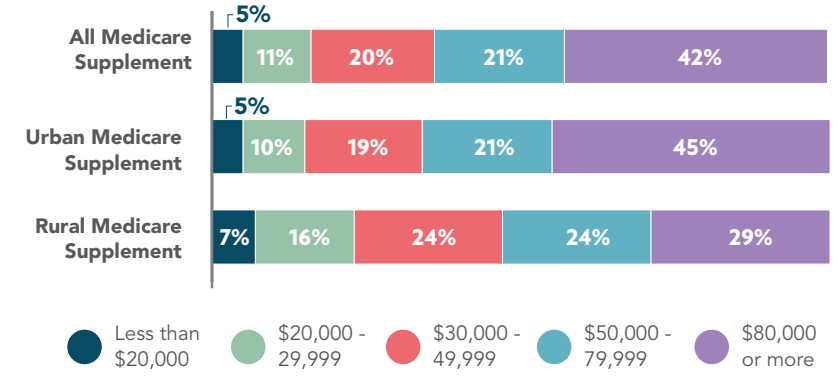
Source: Medicare Current Beneficiary Survey Limited Data Set Files, 2023 (CMS).

Note: Calculations based on responses by non-institutionalized Medicare enrollees reporting income. The percentages in this table may not sum to 100 due to rounding.

Income and Financial Security

A significant number of Medicare Supplement policyholders were individuals with lower incomes: 5% had annual household incomes below $20,000 and 17% had incomes below $30,000. This pattern was more significant in rural areas, where 7% of Medicare Supplement policyholders had incomes below $20,000 and almost a quarter (23%) - below $30,000 (see Figure 5).

Figure 5. Income Range of Medigap Policyholders (Combined Income of Beneficiary and Spouse), By Geographic Location, 2023

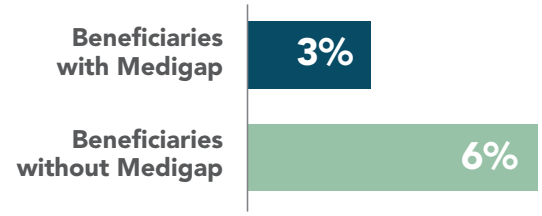


Source: Medicare Current Beneficiary Survey Limited Data Set Files, 2023 (CMS).

Note: Calculations based on responses by non-institutionalized Medicare enrollees reporting income. The percentages in this table may not sum to 100 due to rounding.

FFS Medicare enrollees with Medicare Supplement coverage were two times less likely to have problems paying medical bills compared to enrollees without Medicare Supplement policies (see Figure 6).

Figure 6. Share of Fee-For-Service Medicare Enrollees Who Had Problems Paying Medical Bills in Last 12 Months, by Medicare Supplement Insurance Status, 2023



Source: Medicare Current Beneficiary Survey Limited Data Set Files, 2023 (CMS).

Note: The category of Medicare enrollees without Medicare Supplement excluded any enrollees who reported being enrolled in a Medicare Advantage plan at any time during the calendar year of the interview.

Geography

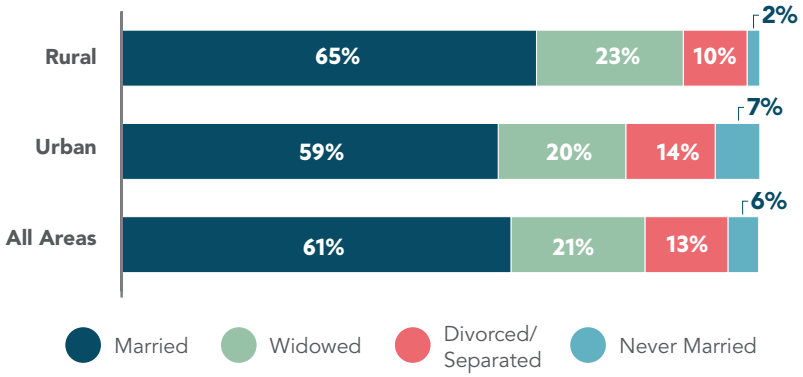
Data shows that 22% of Medicare Supplement policyholders lived in non-metropolitan areas (which, for the purpose of this report, include any area with an urban cluster of less than 50,000 people) in 2023.

Rural Medicare Supplement policyholders had substantially fewer financial resources than urban policyholders: only 29% of rural Medicare Supplement policyholders had household incomes of $80,000 or more compared to 45% for urban Medicare Supplement policyholders (see Figure 5).

Marital Status

Many Medicare Supplement enrollees live without a partner and thus have less robust support networks to rely on in case of financial or health problems: 39% of Medicare Supplement enrollees were widowed, divorced, separated, or never married in 2023 (See Figure 7). Medicare Supplement coverage provides an important source of security for this potentially vulnerable group.

Figure 7. Marital Status of Medicare Supplement Policyholders, by Geographic Location, 2022



Source: Medicare Current Beneficiary Survey Limited Data Set Files, 2023 (CMS).

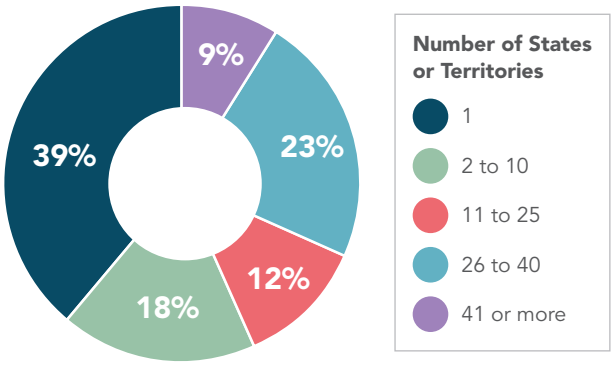
Note: Calculations based on responses by non-institutionalized Medicare enrollees reporting age. The percentages in this table may not sum to 100 due to rounding.

Companies That Offer Medicare Supplement

As of December 2024, 9% of companies offering standardized Medicare Supplement policies covered individuals in 41 or more states or territories, 23% of companies covered individuals in 26 to 40 states or territories, 12% covered individuals in 11 to 25 states or territories, and 18% of companies covered individuals with standardized Medicare Supplement plans in 2 to 10 states or territories. In addition, 39% of all Medicare Supplement companies had standardized policies in force in a single state or territory (see Figure 8).

This distribution has changed very little in the last several years.

Figure 8. Distribution of Medicare Supplement Companies with Standardized Medicare Supplement Policies in Force, by Market Size, December 2023



Source: AHIP Center for Policy and Research analysis of the NAIC Medicare Supplement Insurance Experience Exhibit, for the Year Ended Dec. 31, 2024.

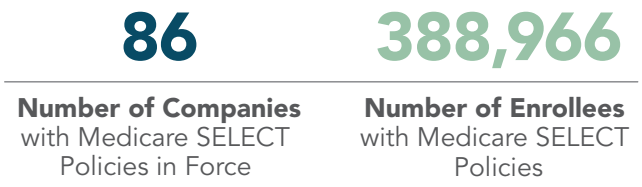
Notes: The enrollment data for this Figure does not include Medicare Supplement enrollment numbers reported by insurance providers in 2024 to the California DMHC. Data in this table depicting the number of states is based on companies with standardized Medicare Supplement policies in force; data do not include companies with only pre-standardized policies in force. The data for standardized policies include Medicare SELECT plans and those issued in 3 states (MA, MN, and WI) that received waivers from the standardized product provisions of OBRA 1990. The number of companies with standardized Medicare Supplement policies in force reporting to the NAIC for 2024 was 314. The U.S. territories are Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands. Percentages may not sum to 100 due to rounding.

Eighty-six companies had Medicare SELECT policies in force for about 390,000 Medicare enrollees on December 31, 2024 (see Figure 9). Companies with Medicare SELECT policies in force were located across the country in 39 states on December 31, 2024.

Overall, the percentage distribution of reporting companies with standardized Medicare Supplement policies in force by plan type experienced only minor changes in the last 5 years (see Table 2). In 2024, the most commonly offered plans were Plan F (87%), Plan G (78%), and Plan A (78%).

In continuation of previous trends, Plan N continued to increase in popularity and further rose from 70% to 71% of insurance providers with policies in force. Another plan that had more companies selling it was Plan D, growing from 45% in 2023 to 47% in 2024. Conversely, Plan E continued a slow, but sustained decline of previous several years: the share of companies offering it in 2024 compared to the prior year decreased from 19% to 18%. And, while previously exhibiting a steady decline for several years, Plan A and Plan B not only stopped decreasing in popularity, but actually somewhat rebounded: from 76% in 2023 to 78% in 2024 for Plan A, and from 50% to 51% for Plan B.

Figure 9. Number of Companies with Medicare Select Policies in Force and Number of Enrollees with Medicare Select Plans, December 2024



Source: AHIP Center for Policy and Research analysis of the NAIC Medicare Supplement Insurance Experience Exhibit, for the Year Ended December 31, 2024.

Notes: The enrollment data for this Figure do not include Medicare Supplement enrollment numbers reported by insurers in 2024 to the California DMHC.

Table 2. Percent of Companies with Standardized Medicare Supplement Policies in Force, by Plan Type, 2020 – 2024

Percent of Companies					
Plan Type	**2020**	**2021**	**2022**	**2023**	**2024**
A	82%	79%	77%	76%	78%
B	53%	53%	51%	50%	51%
C	69%	69%	68%	68%	68%
D	47%	45%	46%	45%	47%
E	22%	21%	20%	19%	18%
F	85%	86%	85%	86%	87%
G	73%	75%	75%	77%	78%.
H	20%	20%	19%	19%	19%
I	18%	17%	17%	17%	17%
J	21%	20%	20%	20%	19%
K	15%	15%	15%	15%	15%
L	15%	14%	13%	13%	14%.
M	8%	9%	8%	10%	9%
N	64%	67%	68%	70%	71%
Waivered State Plans	35%	33%	35%	36%	36%

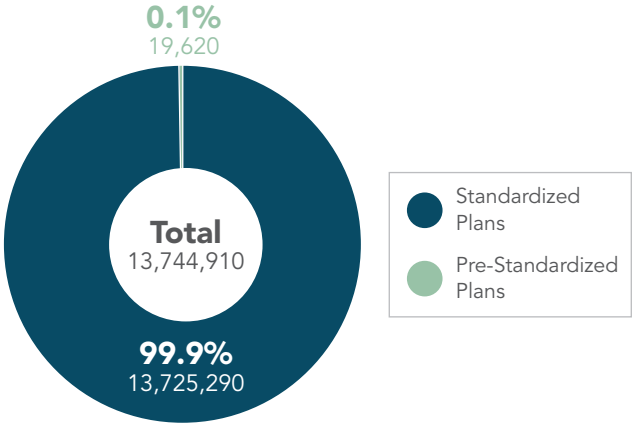
Source: AHIP Center for Policy and Research analysis of the NAIC Medicare Supplement Insurance Experience Exhibits, for the Years Ended, December 31, 2020, December 31, 2021, December 31, 2022, December 31, 2023, and December 31, 2024.

Notes: The enrollment data for this Figure does not include Medicare Supplement enrollment numbers reported by insurance providers to the California DMHC. The data for standardized policies include Medicare SELECT plans and those issued in 3 states (MA, MN, and WI) that received waivers from the standardized product provisions of OBRA 1990. The number of companies with standardized Medicare Supplement policies in force was 295 for 2020, 299 in 2021, 307 in 2022, 312 in 2023 and 314 in 2024. All plans offering new coverage must offer Plan A. Plans E, H, I and J are no longer sold but some policyholders have retained their coverage for these plans.

Medicare Supplement Policies in Force

According to the NAIC data, almost all of Medicare Supplement policies in force on December 31, 2024, were standardized plans, at 99.9%. Pre-standardized plans, which were no longer sold after July 1992, account for only 0.1% of all Medicare Supplement policies (see Figure 10).

Figure 10. Number of Policies for Standardized and Pre-Standardized Medicare Supplement Plans, December 31, 2024



Source: AHIP Center for Policy and Research analysis of the NAIC Medicare Supplement Insurance Experience Exhibit, for the Year Ended December 31, 2024.

Note: The data for standardized plans contain both pre- and post-MIPPA plans. See page 3-4 for further explanation.

Three quarters of Medicare Supplement enrollees were in two plans, Plan G (43%) and Plan F (33%). While these two plans accounted for >70% of the Medicare Supplement enrollment for several years, Plan G kept gaining the marked share, while Plan F has been steadily losing it. This trend continued in 2024, when the enrollment in Plan G increased from 39% in 2023 to 43%, while the enrollment in Plan F decreased from 36% in 2023 to 33%. (see Table 3).

Despite the variety of standardized Medicare Supplement plans in the market, 4 plan types (F, G, N and waivered plans) accounted for 93% of the total enrollment. At the same time, 5 standardized Medicare Supplement plans with the lowest enrollment (E, H, I, L, and M) combined added up to less than 1% of all standardized policies (see Table 3).

Table 3. Distribution of Enrollment by Standardized Plan Type, 2021-2024

Percent of Enrollment				
Standardized Plan	**2021**	**2022**	**2023**	**2024**
A	1%	1%	1%	< 0.5%
B	1%	1%	1%	1%
C	3%	3%	3%	2%
D	1%	1%	1%	1%
E	< 0.5%	< 0.5%	< 0.5%	< 0.5%
F*	41%	39%	36%	33%
G**	32%	36%	39%	43%
H	< 0.5%	< 0.5%	< 0.5%	< 0.5%
I	< 0.5%	< 0.5%	< 0.5%	< 0.5%
J	2%	2%	2%	2%
K	1%	< 0.5%	< 0.5%	< 0.5%
L	< 0.5%	< 0.5%	< 0.5%	< 0.5%
M	< 0.5%	< 0.5%	< 0.5%	< 0.5%
N	10%	10%	10%	10%
Waivered State Plans	6%	6%	6%	6%

* Includes high-deductible Plan F.

** Includes high-deductible Plan G.

Source: AHIP Center for Policy and Research analysis of the NAIC Medicare Supplement Insurance Experience Exhibits, for the Years Ended December 31, 2021; December 31, 2022; December 31, 2023, and December 31, 2024.

Notes: The enrollment data for this Figure do not include Medicare Supplement enrollment numbers reported by insurance providers to the California DMHC. The data for standardized policies include Medicare SELECT plans and those issued in 3 states (MA, MN, and WI) that received waivers from the standardized product provisions of OBRA 1990. Percentages may not sum to 100 due to rounding.

Medicare Supplement Plan Enrollment Trends and Market Dynamics

While in 2023 the only plan that posted the enrollment increases was Plan G, in 2024 four plan types increased their enrollment: Plan M by 103%, Plan G by 11%, Plan N by 5% and waivered state plans by 1%. (see Table 4).

In the continuation of a multi-year trend of rapid growth, the enrollment in Plan G, which covers all Medicare deductible and coinsurance amounts except the Part B deductible, increased by 11% from 2023 to 2024, by 605,000 enrollees. Plan G also has a high-deductible option, the deductible for which was $2,800 in 2024[7].

The enrollment in every other type of standardized Medicare Supplement plans declined in 2024, with the change ranging from the decline of 6% (Plan K) to 21% (Plan A).

The enrollment in the formerly largest Medicare Supplement plan (and, by now, the second largest), Plan F, decreased by 7% in 2024 compared to the previous year. The regular version of Plan F provides coverage for Medicare deductibles and coinsurance amounts. Like Plan G, Plan F also includes a high-deductible option that allows for a deductible amount of $2,700 (in 2024) before the policy can begin paying benefits.

Similarly, the enrollment in other Medicare Supplement plan types continued to decline. Double-digit enrollment declines occurred in Plan A (-21%), Plan E (-14%), Plan C (-13%), Plan B (-12%), Plan D (-11%), Plan H (-11%), Plan I (-11%), and Plan G (-10%)

Table 4. Change in Medicare Supplement Enrollment, Standardized, Pre-Standardized and Waivered-State Policies, December 2020 to December 2024, by Plan Type

Plan Type	Enrollment				Change in Enrollment 2023-2024	Percent Change 2023-2024
	2021	2022	2023	2024		
A	92,828	96,899	75,525	59,796	-15,729	-21%
B	181,741	159,437	124,832	110,222	-14,610	-12%
C	478,702	401,964	364,390	315,284	-49,106	-13%
D	151,327	124,701	93,107	82,541	-10,566	-11%
E	38,371	33,452	30,862	26,584	-4,278	-14%
F	5,749,712	5,332,340	4,920,780	4,564,848	-355,932	-7%
G	4,513,504	4,856,256	5,336,942	5,941,731	604,789	11%
H	21,891	18,858	18,586	16,484	-2,102	-11%
I	46,350	40,096	37,832	33,666	-4,166	-11%
J	300,074	269,401	252,075	226,284	-25,791	-10%
K	69,866	64,054	58,508	54,790	-3,718	-6%
L	33,648	30,612	27,603	25,575	-2,028	-7%
M	4,546	4,469	3,514	7,125	3,611	103%
N	1,384,304	1,377,952	1,367,254	1,433,745	66,491	5%
Waivered State Plans	840,834	825,223	821,780	828,397	6,617	1%
Pre-Standardized Plans	170,191	155,099	45,763	19,620	-26,143	-57%[8]
Total	**14,077,889**	**3,790,813**	**13,579,353**	**13,746,692**	**167,339**	**1%**

Sources: AHIP Center for Policy and Research analysis of the NAIC Medicare Supplement Insurance Experience Exhibit, for the Years Ended December 31, 2021, 2022, 2023 and 2024.

Notes: The enrollment data for this Figure do not include Medicare Supplement enrollment numbers reported by insurance providers in 2021- 2024 to the California DMHC. The data for standardized policies include Medicare SELECT plans and those issued in 3 states (MA, MN, and WI) that received waivers from the standardized product provisions of OBRA 1990.

Medicare Supplement Policies by State

Table 5 shows enrollment in Medicare Supplement by jurisdiction—including the District of Columbia and U.S. territories—and plan type as of December 31, 2024.

Figure 11 is a map of the United States representing the number of Medicare Supplement enrollees by state, the District of Columbia, and U.S. territories. Figure 12 is a map of the United States showing Medicare Supplement enrollees as a percentage of FFS Medicare enrollees by state, the District of Columbia, and U.S. territories.

Table 5: Enrollment: Plan Type by State and Territory, As Reported to the NAIC, December 2024

State	A	B	C	D	E	F	G	H	I	J	K	L	M	N	Waivered	Pre-standardized	Total covered lives (state)
AK	162	66	230	38	14	8,365	10,175	4	92	506	283	171	.	2,399	.	17	22,522
AL	227	50,996	1,201	296	39	47,908	50,711	10	56	587	286	101	2	11,324	.	29	163,773
AR	382	543	7,120	1,054	22	56,273	91,560	6	93	8,970	252	125	4	10,714	.	207	177,325
AZ	915	403	4,420	462	164	127,905	186,035	434	476	5,197	1,430	661	13	28,294	.	123	356,932
CA	4,036	1,560	4,634	999	346	291,025	218,565	305	1,939	27,565	4,817	1,820	10	64,714	.	782	623,117
CO	868	475	1,095	570	75	69,525	140,135	211	440	2,920	1,082	799	6	24,077	.	93	242,371
CT	1,097	801	1,929	356	174	39,387	43,266	2,716	408	8,384	1,233	557	.	34,886	.	6,736	141,930
DC	88	55	164	26	16	5,861	4,085	2	56	701	96	43	2	988	.	25	12,208
DE	328	340	1,019	1,323	151	24,462	25,306	50	462	1,957	531	186	.	10,276	.	43	66,434
FL	4,551	12,070	24,592	23,759	3,502	443,182	271,860	704	2,720	39,658	6,686	2,358	86	100,368	.	1,257	937,353
GA	996	953	5,197	1,064	2,356	123,032	196,795	38	513	5,379	1,077	416	10	37,102	6	276	375,210
GU	22	21	86	.	.	351	129	.	.	10	5	4	.	48	.	.	676
HI	64	32	152	12	5	5,681	4,649	1	27	274	190	54	1	2,625	.	8	13,775
IA	1,039	101	629	629	774	144,263	138,110	60	74	1,270	173	333	3	10,625	.	444	298,527
ID	326	117	420	100	25	29,250	52,879	96	53	1,669	621	138	9	8,588	.	22	94,313
IL	1,781	1,449	7,052	6,295	419	299,387	372,223	2,509	356	3,181	1,026	1,010	7	58,109	.	772	755,576
IN	1,013	819	3,026	1,823	425	108,652	218,159	280	524	3,152	618	501	32	33,052	1	272	372,349
KS	533	212	8,885	745	230	93,371	130,142	13	168	835	763	200	7	21,980	.	105	258,189

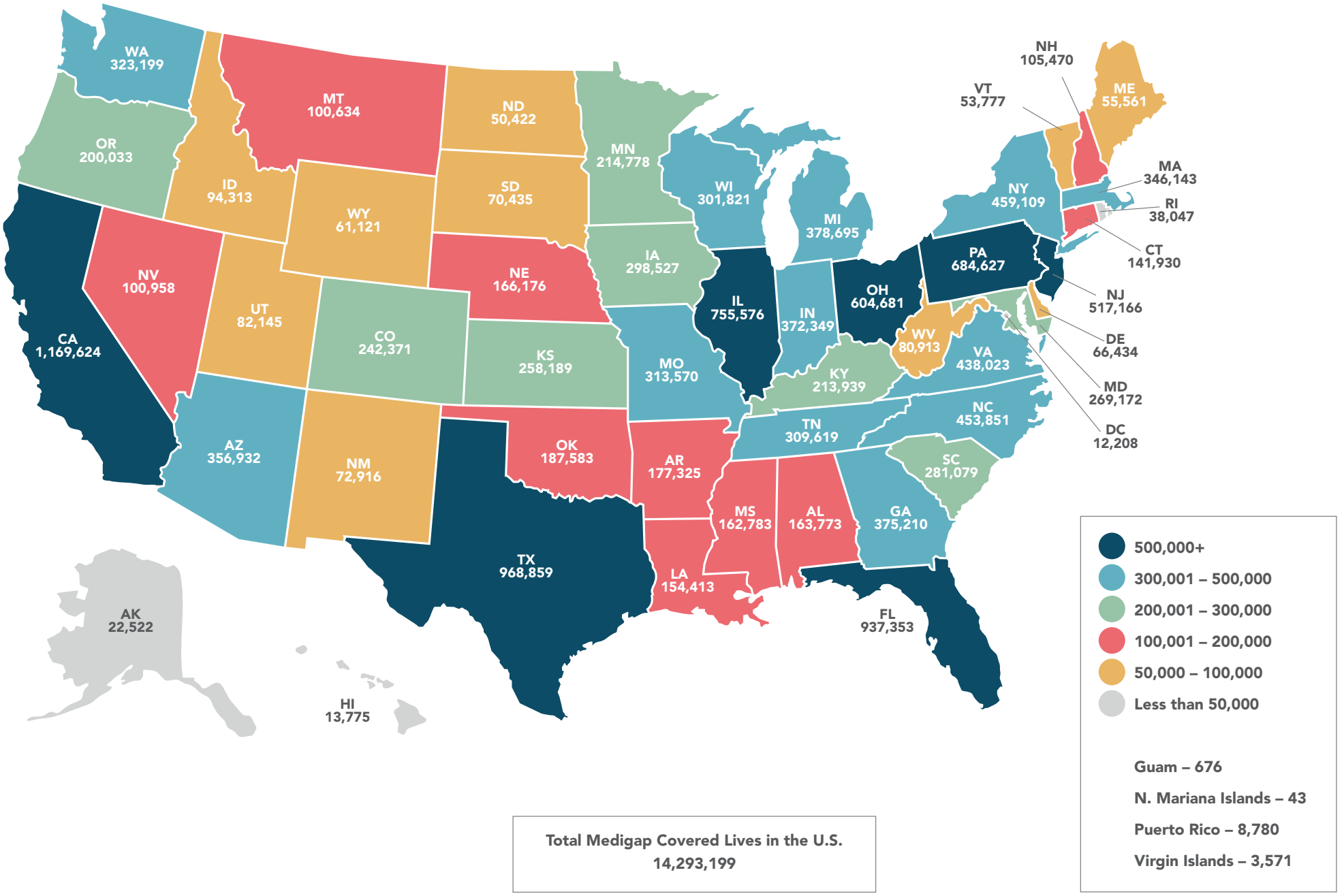
State	A	B	C	D	E	F	G	H	I	J	K	L	M	N	Waivered	Pre-standardized	Total covered lives (state)
KY	573	1,231	5,055	600	1,919	81,709	99,247	631	338	1,318	526	259	4	20,282	.	247	213,939
LA	221	871	823	196	44	57,124	79,687	53	205	553	438	257	1	13,769	.	171	154,413
MA	88	34	367	25	42	2,896	564	12	92	642	90	21	6,135	905	334,127	103	346,143
MD	3,163	1,859	3,997	1,233	191	91,641	114,136	420	1,136	5,151	1,918	1,370	46	42,580	.	331	269,172
ME	464	254	2,027	171	187	23,571	18,203	12	516	1,529	239	112	42	8,221	.	13	55,561
MI	3,440	442	51,546	2,270	120	90,258	174,151	40	392	2,876	1,164	391	3	50,199	.	1,403	378,695
MN	40	1,108	113	10	4,212	1,732	426	17	76	780	45	29	353	1,262	204,493	82	214,778
MO	981	804	3,624	2,010	235	106,701	172,753	142	759	3,996	598	474	5	20,192	.	296	313,570
MP	.	.	4	.	.	16	13	.	.	.	.	1	.	9	.	.	43
MS	432	348	1,002	302	39	66,404	78,582	17	72	1,609	343	192	2	13,325	.	114	162,783
MT	286	146	1,451	334	24	30,852	58,972	78	169	939	318	121	2	6,898	.	44	100,634
NC	1,220	956	3,827	2,178	320	162,132	239,301	109	1,076	9,674	1,057	530	45	31,111	.	315	453,851
ND	109	20	338	30	2	26,539	21,107	6	22	226	25	13	.	1,967	.	18	50,422
NE	203	200	974	326	11	59,362	97,105	70	76	682	137	246	12	6,618	.	154	166,176
NH	605	302	693	348	202	29,512	46,152	73	128	5,874	419	277	103	20,438	.	344	105,470
NJ	3,340	1,298	29,453	6,393	193	144,174	211,365	1,244	4,039	15,535	2,408	2,002	8	94,783	.	931	517,166
NM	383	314	621	329	27	27,814	34,017	19	279	1,662	363	175	4	6,865	.	44	72,916
NV	333	173	610	92	40	36,625	48,792	62	171	1,780	577	262	.	11,420	.	21	100,958
NY	6,564	7,745	10,263	712	1,483	180,430	99,699	965	2,942	3,998	7,957	1,889	6	133,994	.	462	459,109
OH	1,580	1,357	19,259	2,711	539	168,753	317,897	243	1,145	5,701	1,735	1,814	29	81,510	.	408	604,681
OK	2,161	314	928	767	80	72,074	93,405	18	158	1,461	500	421	4	15,155	.	137	187,583
OR	556	163	1,099	386	55	48,724	124,164	30	239	1,282	818	280	1	22,093	.	143	200,033
PA	2,727	7,247	63,470	3,333	4,781	191,111	279,093	3,355	4,913	6,536	1,581	1,038	15	115,136	.	291	684,627
PR	17	64	3,012	226	4	3,632	1,121	5	10	465	14	9	.	195	.	6	8,780
RI	343	71	7,848	197	21	14,911	9,097	1	50	491	112	58	1	4,837	.	9	38,047

State	A	B	C	D	E	F	G	H	I	J	K	L	M	N	Waivered	Pre-standardized	Total covered lives (state)
SC	787	885	3,536	6,670	109	106,815	133,646	57	302	2,717	653	400	4	24,367	.	131	281,079
SD	148	41	153	40	38	29,349	36,877	5	14	203	85	45	2	3,315	1	119	70,435
TN	1,044	737	5,367	2,836	957	114,835	155,753	73	500	4,733	656	253	27	21,650	.	198	309,619
TX	3,045	1,681	5,757	3,697	335	300,671	557,529	706	1,555	11,382	2,777	1,322	63	77,916	.	423	968,859
UT	272	111	783	338	72	29,454	41,091	123	106	1,039	349	186	1	8,175	.	45	82,145
VA	1,622	1,090	2,920	855	351	163,364	219,980	257	1,909	10,692	1,186	655	11	32,485	.	646	438,023
VI	51	51	287	33	.	2,044	594	3	14	180	35	19	.	259	.	1	3,571
VT	718	263	7,032	1,970	860	15,003	12,271	61	20	2,015	243	128	.	13,134	.	59	53,777
WA	1,572	398	2,936	688	260	114,472	139,205	40	1,388	3,966	3,722	505	4	53,723	.	320	323,199
WI	1,631	6,217	237	109	16	1,941	860	1	23	283	34	30	.	432	289,769	238	301,821
WV	410	313	1,477	479	53	30,030	37,396	63	306	1,333	236	186	.	8,522	.	109	80,913
WY	239	101	544	96	25	20,293	32,696	34	69	766	263	128	.	5,834	.	33	61,121

Source: National Association of Insurance Commissioners (2024).

Notes: Table 5 shows enrollment in Medicare Supplement by jurisdiction—including the District of Columbia and U.S. territories—and plan type as of December 31, 2024. The statistics in the table do not include the data from the California companies reporting to the California Department of Managed Health Care.

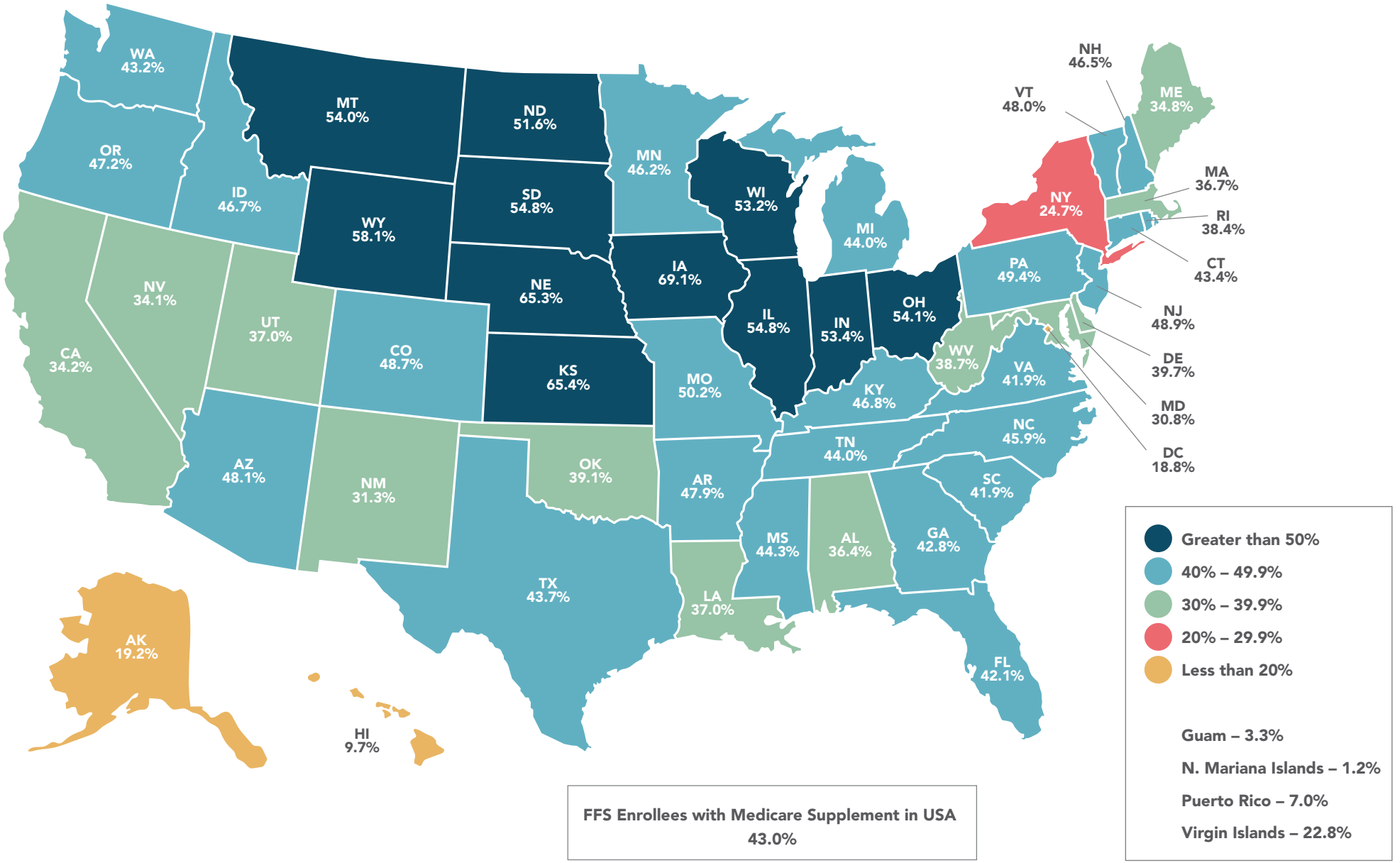
Figure 11: Number of Medicare Supplement Enrollees by State and U.S. Territory, December 2024



Source: National Association of Insurance Commisioners (2024), California's Department of Managed Health Care (2024).

Notes: The enrollment data for this Figure include Medicare Supplement enrollment numbers reported by insurers in 2024 to the California DMH (546,507 covered lives).

Figure 12: Percent of FFS Enrollees with Medicare Supplement, by State and U.S. Territory, December 2024



Source: National Association of Insurance Commisioners (2024), California's Department of Managed Health Care (2024).

Notes: The enrollment data for this Figure include Medicare Supplement enrollment numbers reported by insurers in 2024 to the California DMH (546,507 covered lives).

Methodology

For this report we analyzed 2024 Medicare Supplement data from the National Association of Insurance Commissioners (NAIC). Health insurance providers submit their annual statement data directly to the NAIC using an electronic filing portal. Each state sets its own requirements for filing.

Data from 3 health insurance providers are not included in the 2024 NAIC data; they are required to report their data to the California's Department of Managed Health Care (DMHC), which does not report Medicare Supplement enrollment data to the NAIC. Since, as in previous years, the DMHC does not provide the breakdown of the Medicare Supplement enrollment by plan type or market size, the data from the three Medicare Supplement insurance providers reporting to DMHC were included only in the tables and graphs presenting national and state Medicare Supplement enrollment and penetration, while all of the tables further subdividing Medicare Supplement enrollment by market size, Medicare Select policies, and Medicare Supplement plan type have been calculated using exclusively the data from the NAIC.

To assure the validity of the data, the AHIP research staff screen for the presence of contradictions in the required state filings and recode them to match other information in the same filing whenever possible. After reviewing the data, we identified and recoded several filing mistakes in the filings of three insurers where the submitted plan type contradicted the corresponding policy marketing/trade name in the 2024 filings and the plan approval date after the date when the new pre-standardized policies could have been legally sold. For these filings we changed the plan type to align with their stated marketing trade names, which substantially reduced the total number of the current pre-standardized Medicare Supplement policies in 2024.

We derived the total Medicare Supplement enrollment during 2024 by adding 2 variables together: 1) the number of policies issued before 2011, and 2) the total number of policies issued from 2011 to 2024. The NAIC requires Medicare Supplement companies to report these data separately. Only 1 person is covered per Medicare Supplement policy.

All analyses in the report contain data from the 50 states, the District of Columbia, and the U.S. territories. The territories are Guam, Northern Mariana Islands, Puerto Rico, and Virgin Islands.

The NAIC data set is structured so that reported enrollment is a point-in-time measure for December 31, 2024. Other data set measures, such as those for premiums and claims, are for the full year. Therefore, it is possible that a company may submit information on a plan type even though at the end of the year enrollment was zero. To show the number of companies with policies in force as of December 31, 2024, we selected records where the number of people covered was greater than zero.

We calculated the percent of fee-for-service (FFS) enrollees with Medicare Supplement plans for 2020 to 2024 by dividing the number of Medicare Supplement enrollees by the number of FFS Medicare enrollees for each year. For the numerator we obtained the number of Medicare Supplement enrollees from the current and previous AHIP reports on Medicare Supplement trends.[9] The denominator was the number of FFS Medicare enrollees from the Centers for Medicare & Medicaid Services (CMS) data for December of each year.[10] The CMS data set provided the number of enrollees eligible for Medicare and the number of enrollees enrolled in Medicare Advantage. We subtracted the number of enrollees with Medicare Advantage from the number of eligible Medicare enrollees to get the number of FFS Medicare enrollees. Figures 11 and 12 show these data by state and territory.

Data describing the demographic makeup of Medicare Supplement enrollees came from the 2023 Medicare Current Beneficiary Survey (MCBS) Access to Care Limited Data Sets Files (LDS), maintained by CMS. Likewise, we used SAS Enterprise Guide® 7.15[11] software to analyze the data.

Our analysis includes data on non-institutionalized enrollees in the 50 states, the District of Columbia, and Puerto Rico eligible for Medicare as of January 1, 2023. June 2023 was the point in time for which enrollees' records were selected for inclusion.

Medicare enrollees were identified as Medicare Supplement policyholders based on survey responses indicating the June 2023 coverage via a self-purchased, non-specialty private insurance. Additionally, in case of multiple insurance coverage, those enrolled in Medicare Advantage plans according to CMS administrative data, were excluded from the Medicare Supplement covered category.

The current MCBS data format does not allow for the separation of enrollees enrolled in Medicare Advantage plans from enrollees enrolled in non-Medicare Advantage capitated plans. As a result, all of the statistics in this report presented as Medicare Advantage may include some enrollees in non-Medicare Advantage capitated plans.

In the MCBS dataset, Medicare enrollees were classified as residing in either metropolitan, micropolitan or rural areas in 2023 based on CMS administrative data. CMS used information from the Office of Management and Budget to define a metropolitan statistical area, which is used to define the "urban" category in this report. The "urban" category in our report includes individuals living in Metropolitan Statistical Areas (MSA), which are defined by the Office of Management and Budget as urban clusters with a population of 50,000 or more, while the "rural" category includes all enrollees living outside of the MSAs.

As a general rule, all records in the MCBS dataset containing data values such as "unknown" or "refused" were dropped from the analyses.

Data Limitations

As noted, the total number of enrollees with Medicare Supplement is slightly understated because California does not require all insurance companies to report their data to the NAIC; only 3 companies in California are required to report their data to the California Department of Managed Health Care. Data from these companies represent 546,507 Medicare Supplement enrollees[12], about 4% of all Medicare Supplement enrollment in the United States and are not included in the subset of analyses describing Medicare Supplement insurers by market size, Medicare SELECT policies, and Medicare Supplement plan type.

Enrollees have an option to purchase Plan F as a high-deductible plan. However, due to the way data are reported to the NAIC we are unable to determine what percentage of enrollees in Plan F have a high-deductible policy or what percentage of companies offer high-deductible Plan F. Therefore, data in this report representing Plan F may also include the high-deductible version.

Medicare Supplement plans are guaranteed renewable; therefore policyholders may keep their plans even though the plan may have been discontinued or the standard benefit design changed. This report does not make a distinction among standardized Medicare Supplement policies in force in December 2024 with respect to whether their benefit designs comply with requirements under OBRA 1990, MMA, or MIPPA.

Appendix A

Medicare Supplement Benefits 2024	Standardized Medicare Supplement Plans									
	A	B	C	D	F*	G**	K	L	M	N
Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Part B coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes****
Blood (first 3 pints)	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A hospice care coinsurance or copayment	Yes	Yes	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Skilled nursing facility care coinsurance	No	No	Yes	Yes	Yes	Yes	50%	75%	Yes	Yes
Part A deductible	No	Yes	Yes	Yes	Yes	Yes	50%	75%	50%	Yes
Part B deductible	No	No	Yes	No	Yes	No	No	No	No	No
Part B excess charges	No	No	No	No	Yes	Yes	No	No	No	No
Foreign travel exchange (up to plan limits)	No	No	80%	80%	80%	80%	No	No	80%	80%
Out-of-pocket limit***	N/A	N/A	N/A	N/A	N/A	N/A	$7,060	$3, 530	N/A	N/A

Notes: This table reflects the benefit design for standardized Medicare Supplement plans under the 2015 Medicare Access and CHIP Reauthorization Act of 2015. Plans C and F (and F with a high deductible) will be available ONLY for enrollees eligible prior to January 1, 2020. Plans C and F are redesignated Plans D and G for enrollees newly eligible after January 1, 2020.

*Plan F also offers a high-deductible plan. If the enrollee chooses this option, he/she must pay Medicare covered costs up to the deductible amount of $2,800 in 2024 before the Medicare Supplement plan pays anything.

**Plan G offers a high deductible for those enrollees newly eligible after January 1, 2020.

*** For Plans K and L, after meeting the out-of-pocket yearly limit and the yearly Part B deductible ($240 in 2024), the Medicare Supplement plan pays 100% of covered services for the rest of the year.

**** Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits, and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

Questions About This Report?

For further information, please contact AHIP's Center for Policy and Research at 202.778.3200 or visit our website at www.ahip.org/research.

Endnotes

1 According to a survey carried out by Global Strategy Group on behalf of AHIP in January 2023. https://www.ahip.org/news/press-releases/new-research-seniors-continue-to-be-overwhelmingly-satisfied-with-their-medicare-supplement-coverage

2 Data Source: National Association of Insurance Commissioners, by permission. The NAIC does not endorse any analysis or conclusions based upon the use of its data.

3 There is no coinsurance for inpatient hospital care for the first 60 days of hospitalization, per benefit period. Enrollees would pay $408 in coinsurance per day per benefit period from days 61 to 90; and would pay $816 for coinsurance per each "lifetime reserve day" per benefit period after day 90 (up to 60 days over lifetime). After that all inpatient costs are borne by the enrollee. https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles

4 Ibid.

5 Effective June 1, 2010.

6 https://www.cms.gov/files/document/cy-2024-oop-limits-medigap-plans-kl.pdf

7 https://www.cms.gov/files/document/cy-2024-medigap-high-deductible-options-fjg.pdf

8 AHIP identified and corrected potentially erroneous filings of several insurers in the 2024 filings, which lead to the recoding of a substantial number of enrollees from pre-standardized into standardized plans. For more information, please see Methodology

9 State of Medicare Supplement Coverage (2021, 2022, 2023, 2024, 2025) accessed December 16, 2025, at https://www.ahip.org/research/

10 CMS Medicare Advantage Penetration Reports, 2019-2024, accessed December 16, 2025 at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-State

11 SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

12 California Department of Managed Health Care, Enrollment Summary Report 2024, accessed December 16, 2025 at http://www.dmhc.ca.gov/DataResearch/FinancialSummaryData.aspx