

What changed in \$0 plans for 2027.

I compared CMS benefit filings for 2025 through 2027. Here's how non-SNP Medicare Advantage plans with Part D and a \$0 premium compare.

Have a medical deductible

26.1%

from 12.4% in 2025

Have a \$0 Part D deductible

9.6%

from 40.6% in 2025

Offer an OTC allowance

59.4%

from 73.6% in 2025

Average MOOP

\$6,068

from \$5,269 in 2025

Offer meals

43.7%

from 64.9% in 2025

Worldwide emergency

87.1%

from 99.1% in 2025

SWIPE →

% of non-SNP MAPD plans with a \$0 premium (2,421 in 2025; 2,112 in 2027). Each plan segment counts once. Source: CMS PBP benefit and landscape files, plan years 2025 to 2027.

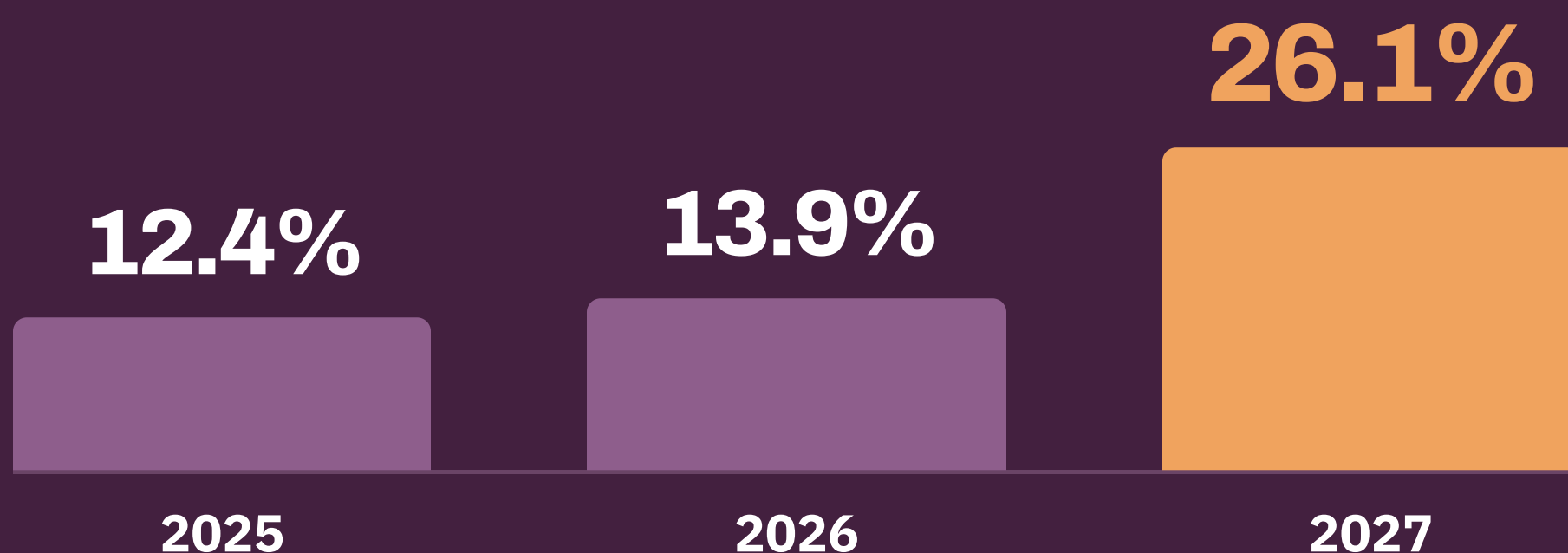
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Medical deductibles are **twice as common.**

Share of \$0-premium non-SNP MAPD plans with a medical deductible



Median deductible: \$275

Down from \$370 in 2025. 41% of 2027 deductibles are \$200 or less.

Where the deductible applies

Outpatient surgery 99%

Imaging 92%

Inpatient 85%

SNF 83%

PCP <1% · Specialist 5%

Service shares: % of the 551 plans with a medical deductible in 2027 whose deductible applies to each service. Source: CMS PBP benefit and landscape files, plan years 2025 to 2027.

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Average hospital copays are up 24%.

Average MOOP and physical therapy copays also increased.

\$0 - PREMIUM PLANS	2025	2027	CHANGE
MOOP (in-network)	\$5,269	\$6,068	+15%
Eligibles with \$0 + MOOP ≤ \$5.5K	87.1%	65.5%	−22 pts
Five-day hospital stay	\$1,393	\$1,722	+24%
Outpatient hospital	\$297	\$387	+30%
Diagnostic radiology	\$225	\$292	+30%
Specialist	\$30	\$36	+21%
Emergency room	\$120	\$128	+7%
Physical therapy	\$22	\$31	+42%

Among 1,753 returning plans, 63% raised their MOOP and 55% raised the five-day hospital copay. Average changes across the returning group were +\$522 and +\$187.

Filed in-network copays. Hospital uses Tier 1 charges for days 1–5; other dollar rows use the top filed copay range. Documented no-cost-sharing plans count as \$0. Deductibles and other charges can add to member costs. See methods for exclusions.

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Fewer plans offer OTC.

Plans with an OTC allowance

59.4%

from 73.6% in 2025

Average annual OTC allowance, all plans

\$167

from \$240 in 2025 (–30%)

Plans offering comprehensive dental

86.4%

from 89.5% in 2025

Median annualized eyewear limit

\$150

down from \$200 in 2025 (–25%)

PART B GIVEBACK

Plans offering a giveback

29.6%

from 37.6% in 2025

but

Average monthly giveback among those plans

\$96/mo

from \$54/mo in 2025

Among plans with an OTC allowance, the average annual allowance fell from \$325 to \$281. Across all returning plans, counting no OTC as \$0, it fell \$75 on average. Among returners with a dental maximum in both years, 36% lowered it and 14% raised it.

OTC amounts are annualized and include the full budget of shared benefit wallets. Plans without an allowance count as \$0 in the all-plan average. The \$325 → \$281 comparison uses each year's plans with an allowance, not matched plans.

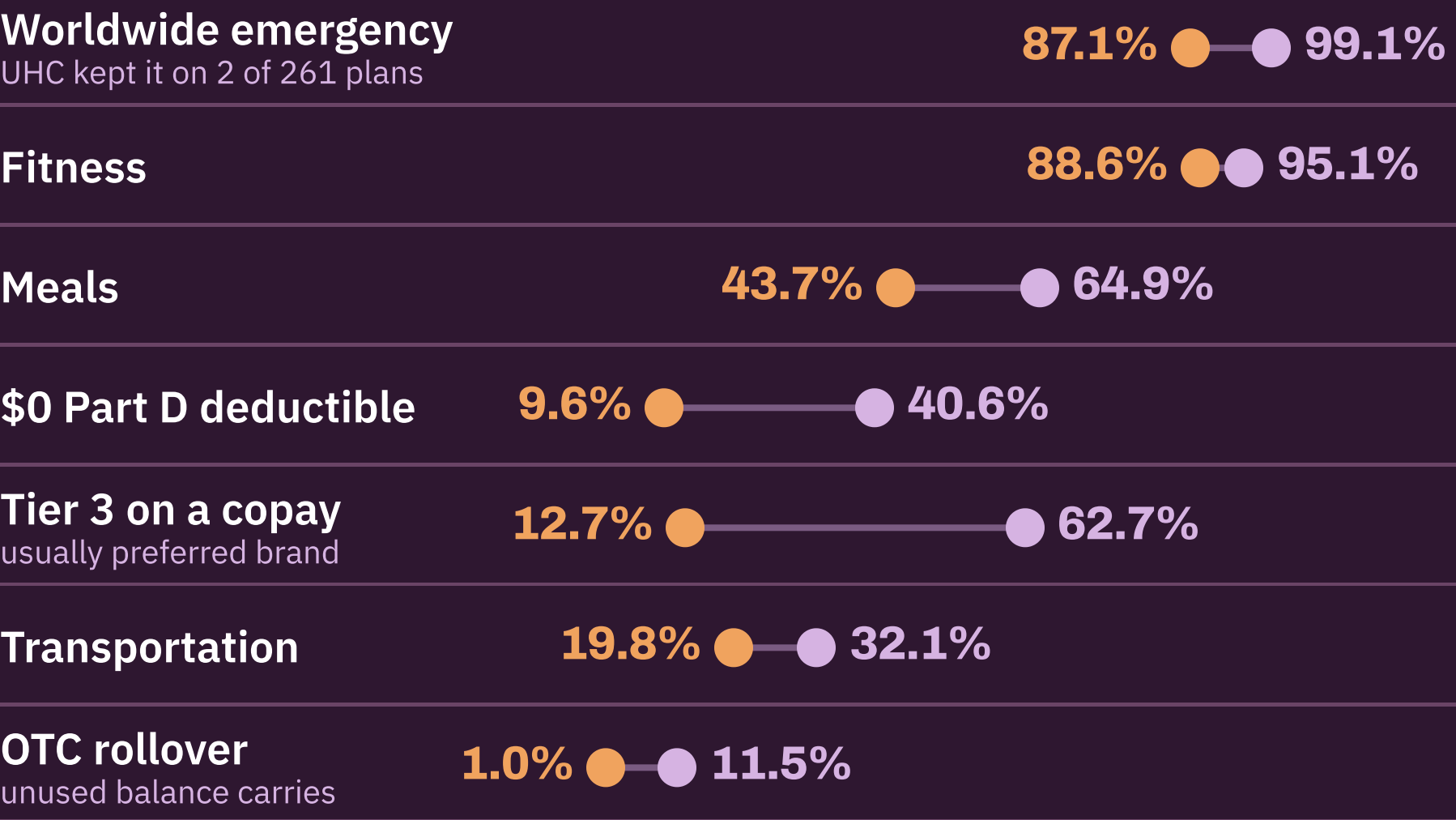
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Only 1 in 10 \$0 plans has a \$0 drug deductible.

● 2025 ● 2027 % of \$0-premium plans



UnitedHealthcare removed worldwide emergency coverage from almost every \$0 non-SNP MAPD plan for 2027, keeping it on 2 of 261. Other carriers still include it on 99% of their \$0 plans.

Tier 3 is usually preferred brand, but tier labels vary. Figures use one-month fills at the lowest-cost retail pharmacy; most plans outside the copay group use coinsurance. Meals, transportation and fitness are base-plan benefits; targeted-only and optional benefits are excluded.

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More plans are using coinsurance.

Radiation therapy and several drug tiers show a shift toward percentage-based cost sharing.

SHARE OF PLANS CHARGING COINSURANCE

Radiation therapy

Typical copay was \$60; typical coinsurance is 20%.



Tier 4 drugs

Typical copay was \$100; typical coinsurance is 28%.



Tier 3 drugs

Typical copay was \$47; typical coinsurance is 20%.



Typical = median among 2025 copay plans and among 2027 coinsurance plans; these are separate groups, not matched switches. Drug tier meanings can change between years. Source: CMS PBP benefit and landscape files, plan years 2025 to 2027.

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What are you seeing **for** **2027?**

BROKERS

Which changes are coming up in your 2027 plan reviews? Medical deductibles, hospital copays, drug cost sharing, or OTC?

PLAN TEAMS

How are you explaining these changes to members?

I'm interested in what you're seeing in your market.

Non-SNP MAPD plans with a \$0 premium. Source: CMS PBP benefit and landscape files, plan years 2025 to 2027.

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A few notes on the data.

Eyewear. Large filed limits affect the average. The main slide uses the median annualized limit: \$200 in 2025 and \$150 in 2027.

Dental. Among returning plans with known limits in both years, the median change was \$0. 36% lowered the limit and 14% raised it. Cigna/HealthSpring's filed \$20,000 maximums for 2025–2026 aren't in their EOCs and are excluded.

UnitedHealthcare. Its broader 2027 MA file has 849 No and 3 Yes worldwide-emergency filings across 852 plan segments, including SNPs and plans without Part D. Within this deck's \$0 non-SNP MAPD group, 2 of 261 retain coverage.

Shared OTC budgets. If OTC shares a wallet with other benefits, this analysis counts the wallet's full annualized budget. That budget also supports the other included benefits.

Benefit scope. Base meals include limited meals and meal benefits filed under readmission-prevention programs. SSBCI/VBID-only benefits and optional riders are excluded.

Cost sharing. Copay figures are filed in-network amounts. Deductibles and other applicable charges can add to member costs.

Source: CMS PBP benefit and landscape files, plan years 2025 to 2027.

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How I ran the analysis.

PLANS	Non-SNP MAPD plans with a \$0 monthly premium: 2,421 in 2025, 2,190 in 2026 and 2,112 in 2027. Each contract-plan-segment counts once.
COUNTING UNIT	I also checked contract-plan counts. For example, 2025 plans with a \$0 Part D deductible were 40.6% by segment and 38.2% by contract-plan.
RETURNING	Same contract, plan and segment identifier offered in 2026 and 2027: 1,753 of 2,190 baseline \$0 plans. 70 charge a premium in 2027. This is an identifier-based comparison.
ELIGIBLES	September counts from the year before each plan year, including reported counties without a qualifying plan. A partial-county service area counts for the whole county. Only CMS-reported geographies are used: Connecticut isn't reported in any of the three files, and Alaska only in September 2024.
MEDICAL AMOUNTS	Documented no-cost-sharing plans count as \$0. Unknown values and coinsurance-only plans are excluded from dollar-copay averages. Hospital uses Tier 1 charges for days 1–5; other services use the top filed copay range.
ALLOWANCES	Monthly, quarterly and multi-year limits are annualized from filed periods. This doesn't change when a benefit resets or how much can be used in a given year. Inherited and shared limits are kept explicit.
DENTAL CHANGES	1,208 returning segments with known maxima in both years, after excluding the Cigna/HealthSpring filings noted on page 8.
SOURCES	CMS PBP and MA Landscape 2025–2027; CMS State/County Penetration, September 2024–2026.

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