

Northern California Medicare Open Enrollment Annual Report (2026)

A Granular Look at Sonoma County Medicare Insurance Trends

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Reporting Period: 2026 Medicare Open Enrollment

Executive Overview

This report presents a detailed analysis of Medicare Open Enrollment activity observed during the 2026 Medicare Open Enrollment period through direct client consultations conducted by Sackett & Associates Insurance Services. The findings reflect real enrollment outcomes, market disruptions, and planning priorities faced by Medicare beneficiaries across Sonoma County.

Unlike national Medicare reports that rely on aggregated enrollment totals or survey-based research, this report is grounded in one-on-one Medicare plan reviews. Each consultation included prescription analysis, provider and hospital network verification, and plan comparison based on individual needs and geographic availability. This approach provides a ground-level view of how Medicare decisions are made in a local Northern California market.

One of the most notable findings from the 2026 enrollment season is the extent to which Sonoma County diverges from state and national Medicare trends. While Medicare Advantage enrollment continues to expand nationally, local beneficiaries demonstrated a strong preference for Medicare Supplement coverage. This preference reflects local healthcare conditions, repeated plan instability, and sustained concern around provider access.

Study Population and Methodology

The findings in this report are based on Medicare plan reviews conducted with nearly 600 individuals during the 2026 Medicare Open Enrollment period. These reviews included both new Medicare enrollees and returning clients completing annual plan evaluations.

Each consultation addressed several core components of Medicare planning:

- Current plan performance and suitability
- Prescription drug coverage and tier placement
- Provider and hospital network access
- Carrier and plan availability by ZIP code

The data reflects actual enrollment decisions and required plan changes rather than hypothetical preferences. As a result, the insights presented highlight how Medicare operates under real-world constraints rather than idealized assumptions.

Medicare Enrollment Mix in Sonoma County

Enrollment outcomes during the 2026 Open Enrollment period showed a pronounced preference for Medicare Supplement plans among reviewed clients. Table 1 summarizes the enrollment mix observed during this season.

Table 1. Medicare Enrollment Mix in Sonoma County (2026)

Plan Type	Number of Clients	Share of Reviewed Clients
Medicare Supplement	512	87 percent
Medicare Advantage	78	13 percent
Total Reviewed	590	100 percent

Footnote: Data reflects enrollment outcomes from direct Medicare plan reviews conducted during the 2026 Medicare Open Enrollment period. Percentages are rounded. This table represents reviewed clients, not total county enrollment.

This distribution contrasts sharply with broader enrollment patterns observed at the state and national levels and underscores the importance of localized Medicare analysis.

Local Trends Compared to State and National Patterns

At the national level, Medicare Advantage enrollment now represents more than half of all Medicare beneficiaries. California mirrors this trend in many counties, particularly in urban areas with large integrated health systems and tightly managed provider networks.

Sonoma County does not fully align with these patterns. Table 2 places the local 2026 enrollment behavior observed by Sackett & Associates into broader context.

Table 2. Comparison of Local vs State and National Medicare Enrollment Trends (2026)

Plan Type	Sonoma County Sample	California Average	National Average
Medicare Advantage	13 percent	~45 percent	~48 percent
Medicare Supplement	87 percent	~55 percent	~52 percent

Footnote: California and national averages are based on publicly available CMS enrollment summaries and industry analyses for the most recent reporting year. Local data reflects Sackett & Associates client reviews and illustrates regional divergence rather than total population enrollment.

This divergence reflects local healthcare dynamics, including independent physician groups, multiple hospital systems, and frequent carrier network changes. These conditions increase sensitivity to access restrictions and reduce tolerance for managed-care limitations.

Primary Drivers of Medicare Plan Changes

Understanding why beneficiaries change plans provides deeper insight than enrollment totals alone. During the 2026 enrollment season, plan changes were driven primarily by required circumstances rather than discretionary shopping.

Table 4 outlines the primary drivers observed during client consultations.

Table 4. Primary Drivers of Medicare Plan Changes (2026)

Driver of Change	Frequency Observed	Impact on Enrollment
Prescription Drug Changes	High	Forced plan review and switch
Plan Exits from Service Area	High	Required carrier or plan change
Provider Network Changes	Moderate to High	Loss of doctor or hospital access
Premium Changes	Low	Rarely sole reason for switching

Footnote: Drivers are categorized based on repeated consultation themes observed during the 2026 Open Enrollment period. Frequency reflects relative prevalence across hundreds of individual reviews.

Prescription drug changes were the most consistent trigger for plan reviews. New medications, tier changes, and pharmacy network disruptions often resulted in meaningful cost differences, leaving beneficiaries with limited options outside of switching plans.

Plan exits also played a major role. When plans exited service areas or providers left networks, beneficiaries were required to re-evaluate coverage regardless of prior satisfaction.

Market Stability Indicators Observed in 2026

Beyond individual decision drivers, the 2026 Open Enrollment period revealed broader indicators of market instability. These signals help explain why passive enrollment is becoming less viable for Medicare beneficiaries in Sonoma County.

Table 8. Market Stability Indicators Observed in Sonoma County Medicare Plans (2026)

Indicator	Observed Condition	Implication for Beneficiaries
Plan Availability	Declining in select ZIP codes	Fewer replacement options
Drug Formularies	Increasing volatility	Higher risk of mid-year cost changes

Provider Networks	Ongoing contraction	Reduced continuity of care
Annual Plan Consistency	Decreasing	Annual review increasingly necessary

Footnote: Indicators are derived from carrier availability, client consultations, and enrollment outcomes observed during the 2026 Medicare Open Enrollment period. This table reflects market behavior rather than actuarial forecasting.

These indicators point to a Medicare environment where continuity cannot be assumed. Coverage that works one year may become unworkable the next, even without changes in health status.

Implications for Medicare Beneficiaries

The data from the 2026 Medicare Open Enrollment period suggests that Medicare beneficiaries in Northern California are operating in a market defined by change rather than stability. Carrier exits, formulary adjustments, and provider network shifts now play a central role in coverage decisions.

Beneficiaries who actively review their coverage each year are better positioned to respond to disruption. Those who do not face increasing risk of unexpected costs, loss of provider access, or forced mid-year changes.

Closing Perspective

Medicare Open Enrollment in Sonoma County during 2026 reflects a broader shift in how beneficiaries interact with the Medicare system. Decisions are increasingly reactive, shaped by plan exits, prescription volatility, and network contraction rather than optional optimization. The strong local preference for Medicare Supplement coverage reflects a practical response to these pressures, prioritizing access and predictability in an uncertain market.

This report captures Medicare as it is experienced at the county level during the 2026 enrollment season. Through direct client engagement, it highlights how beneficiaries adapt to ongoing disruption. As Medicare continues to evolve, understanding these local dynamics will remain essential for evaluating coverage decisions beyond state and national averages.

About Sackett & Associates Insurance Services

Sackett & Associates Insurance Services is an independent health insurance agency based in Sebastopol, California, serving individuals, families, and businesses throughout Sonoma County and surrounding Northern California communities. Established in 1979, the agency has more than four decades of experience helping clients navigate complex health insurance decisions with a focus on long-term coverage suitability rather than short-term plan selection.

As an independent broker, Sackett & Associates represents multiple insurance carriers and works directly for clients rather than insurance companies. The agency specializes in Medicare planning, including Medicare Supplement, Medicare Advantage, and prescription drug coverage, and provides ongoing annual plan reviews to help beneficiaries adapt to changes in carrier availability, provider networks, and prescription formularies. The data reflected in this report is derived from direct client consultations conducted during the 2026 Medicare Open Enrollment period.