Percent of Medicare Eligible in Maine enrolled in MA Plans*, by County and Type of Plan March 2026

County	*State*	*Metro Rural***	*Medicare Eligibles*	*Percent Enrolled in MA+ Prepaid*	*Percent Enrolled in MA*	*Percent Enrolled in PFFS*	*Percent Enrolled in HMO POS*	*Percent Enrolled in PPOs*
Androscoggin	ME	Metro	25,023	72.1%	72.0%	0.0%	45.2%	26.7%
Aroostook	ME	Rural	19,919	56.7%	56.6%	0.2%	30.2%	26.2%
Cumberland	ME	Metro	71,227	66.1%	66.0%	0.0%	45.1%	20.9%
Franklin	ME	Rural	8,544	71.9%	71.4%	0.2%	39.9%	31.4%
Hancock	ME	Rural	16,356	55.6%	55.3%	0.1%	26.6%	28.6%
Kennebec	ME	Micro	32,222	70.0%	69.9%	0.0%	34.8%	35.0%
Knox	ME	Rural	12,663	60.0%	59.5%	0.0%	26.6%	32.9%
Lincoln	ME	Rural	11,869	63.1%	62.6%	0.0%	31.1%	31.5%
Oxford	ME	Rural	17,086	65.5%	65.2%	0.0%	29.1%	36.1%
Penobscot	ME	Metro	38,146	62.5%	62.3%	0.1%	34.4%	27.8%
Piscataquis	ME	Rural	5,619	61.7%	61.1%	0.0%	36.4%	24.7%
Sagadahoc	ME	Metro	10,579	63.4%	62.9%	0.0%	43.6%	19.3%
Somerset	ME	Rural	14,379	64.3%	64.1%	0.0%	43.3%	20.8%
Waldo	ME	Rural	11,874	63.3%	62.9%	0.1%	35.3%	27.5%
Washington	ME	Rural	9,616	49.9%	49.5%	0.0%	25.0%	24.5%
York	ME	Metro	56,178	58.1%	58.0%	0.0%	35.5%	22.5%
Total***	ME		361,300	63.3%	63.1%	0.0%	36.8%	26.2%

*Excludes enrollment in any county/plan if the plan enrolls 10 or fewer beneficiaries in that county (restrictions on data released by CMS).
**Counties are classified using Urban Influence Codes: Metropolitan (UIC: 1,4), Micropolitan (UIC: 2,5,7), and Rural (UIC: 3,6,8,9). In general, metropolitan counties include those with an urban area of 50,000 or more people. Micropolitan counties include an urban area with at least 10,000 and fewer than 50,000 people. Rural counties have no urban areas with 10,000 people. Metropolitan and micropolitan areas also include outlying counties that are economically tied to the central counties as measured by labor force commuting.
***State totals do not include persons with pending county designations.
Source of Data: Centers for Medicare and Medicaid Services (CMS) data, as of March 2026.
Compiled by the Rural Policy Research Institute (RUPRI) https://ruprihealth.org