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31 million beneficiaries choose Medicare Advantage, or 51% of the Medicare population

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Enrollment in Medicare Advantage has doubled over the last decade

3

27% of Medicare Advantage beneficiaries identify as Black, Latino, or Asian, compared to 17% in FFS Medicare

4

69% of Latino beneficiaries, 65% of Black beneficiaries, and 60% of Asian beneficiaries choose Medicare Advantage

5

40% of beneficiaries living in rural areas choose Medicare Advantage, four times the share of beneficiaries in 2010

6

19% of growth in Medicare Advantage enrollment in 2023 was in Special Needs Plans (SNPs)

99.7%



Medicare Advantage access is nearly universal with 99.7% of Medicare beneficiaries having access to a Medicare Advantage plan

>92%



Over 92% of Medicare Advantage beneficiaries are enrolled in an MA-PD plan, which is a Medicare Advantage plan that includes prescription drug coverage

99%



99% of beneficiaries have access to a \$0 premium MA-PD plan

99.9%



99.9% of Medicare Advantage plans offer supplemental benefits

95% OF BENEFICIARIES REPORT BEING SATISFIED WITH THEIR COVERAGE

KEY FACTS



AFFORDABILITY AND VALUE

\$2,400 in annual savings

Medicare Advantage beneficiaries report spending over \$2,400, or 44%, less on out-of-pocket costs and premiums annually

\$18 premiums

The average monthly premium in 2023 is \$18, a 16-year low

\$32.5 billion in value

Medicare Advantage provides \$32.5 billion annually in additional value to beneficiaries and the federal government

24% less than FFS Medicare

Medicare Advantage covers all Medicare-covered services like hospital and physician services for 24% less than FFS Medicare

OUTCOMES

-43% Lower rate of avoidable hospitalizations for any condition

+21% Higher rate of seeing a physician within 14 days of a hospital discharge

Lower rates of inpatient utilization and emergency room visits for beneficiaries with certain chronic conditions, including diabetes, hyperlipidemia, and hypertension

Medicare Advantage beneficiaries with prediabetes who develop type 2 diabetes are diagnosed, on average, nearly 5 months earlier than similar FFS beneficiaries

More likely than FFS beneficiaries to receive preventative care such as diabetes-related office visits for beneficiaries with chronic diabetes