BETTER MEDICARE ALLIANCE

Medicare Beneficiary Spending 2025

Average out-of-pocket spending increased for both Medicare Advantage and Fee-for-Service Medicare enrollees in 2022, and the gap between the two programs continues to grow.

Analysis conducted by
ATI Advisory

Background

Out of the 62 million individuals enrolled in Medicare Part A and B in September 2024, 55 percent, or 34 million beneficiaries, received their health care coverage through Medicare Advantage.[1] Beneficiaries could choose from an average of 43 Medicare Advantage plans available in their county in 2025.[2] These plans manage cost, service utilization, and quality through benefit, premium, cost sharing, and utilization management strategies.[3] Most Medicare Advantage plans offer additional benefits not included in Fee-for-Service Medicare, such as vision, dental, and hearing, and many do not charge a premium beyond the standard Medicare Part B premium.[4]

The Medicare Advantage program limits annual enrollee out-of-pocket costs due to out-of-pocket spending caps required in Medicare Advantage that do not exist in Fee-for-Service. In addition, Medicare Advantage Organizations may require deductibles or cost-sharing amounts that differ from Fee-for-Service Medicare, which may be higher or lower for a given service but must be actuarially equivalent in the aggregate.[5] Medicare Advantage Organizations can also deploy utilization management strategies that beneficiaries enrolled in Fee-for-Service are not typically subject to, including prior authorization for items and services, which are designed to help determine medical necessity, manage risk, and deliver high-value care.

Beyond Medicare Advantage, supplemental sources of health care coverage for Medicare beneficiaries include employer-sponsored insurance (ESI) plans, Medicaid, or Medigap (only Fee-for-Service beneficiaries are permitted to participate in Medigap). In 2022, 15 percent of Fee-for-Service Medicare beneficiaries in the community were enrolled in Fee-for-Service Medicare only without supplemental coverage.[6] Individuals with Medigap, including those with Medigap and ESI, accounted for 36 percent of Fee-for-Service Medicare enrollees, and individuals in ESI alone made up 36 percent of Fee-for-Service Medicare enrollees.[7] Among Medicare Advantage beneficiaries, around 64 percent were enrolled in Medicare Advantage only in 2022, while the remaining individuals were also enrolled in Medicaid and/or ESI.[8] This analysis examines the total out-of-pocket health care spending for beneficiaries (inclusive of supplemental coverage), along with their related cost burden and experience with health care access and quality.

The Better Medicare Alliance engaged ATI Advisory to analyze Medicare beneficiary demographics and spending. The analysis uses Medicare Current Beneficiary Survey (MCBS) data and compares community-dwelling[9] Medicare Advantage and Fee-for-Service Medicare enrollees' average annual individual out-of-pocket health care spending for 2022[10] (inclusive of supplemental plan premiums and cost sharing)

by income, race and ethnicity, number of chronic conditions, and geography with the goal of understanding how programs can better serve beneficiaries' health care needs.

This analysis does not examine the specific financial impact of utilization management or other policies that Medicare Advantage plans leverage to manage service use. This analysis also provides information on beneficiaries' perception of their access to certain types of services, such as annual wellness visits, where possible.

All comparisons of Medicare Advantage and Fee-for-Service Medicare populations within a given year in this report were tested for statistical significance at the 5% level (with a p-value less than 0.05). Data meeting this criterion for statistical significance are marked with an asterisk (*) in the figures. In this brief, ATI also expands on previous years' analyses and includes previously available 2020 and 2021 data to analyze trends. Year-over-year changes within and between programs were not tested for significance and solely reflect observational differences between annual point estimates. See the Methods section for more details.

Overview

Medicare Advantage enrollees spent on average $3,486 less on out-of-pocket health care costs than Fee-for-Service Medicare enrollees in 2022. Between 2021 and 2022, average out-of-pocket health care spending per beneficiary increased in both programs; however, spending for Fee-for-Service beneficiaries grew more on average than Medicare Advantage beneficiaries.

The difference in average spending between Fee-for-Service Medicare and Medicare Advantage grew 37 percent from 2021 to 2022, or about $945.

Enrollees' reported income varied between the Medicare Advantage and Fee-for-Service Medicare programs. More than half of Medicare Advantage enrollees reported income less than 200 percent of the Federal Poverty Level (FPL)[11], compared to approximately a third of enrollees in Fee-for-Service Medicare. Despite higher income levels, Fee-for-Service Medicare enrollees are more likely to experience cost burden[12] from health care expenses compared to Medicare Advantage enrollees, which persists across race, ethnicity, and geography. Dual eligible individuals, who receive help with Medicare premiums or cost-sharing, are more likely to enroll in Medicare Advantage, which may contribute to the lower cost burden observed among Medicare Advantage enrollees.

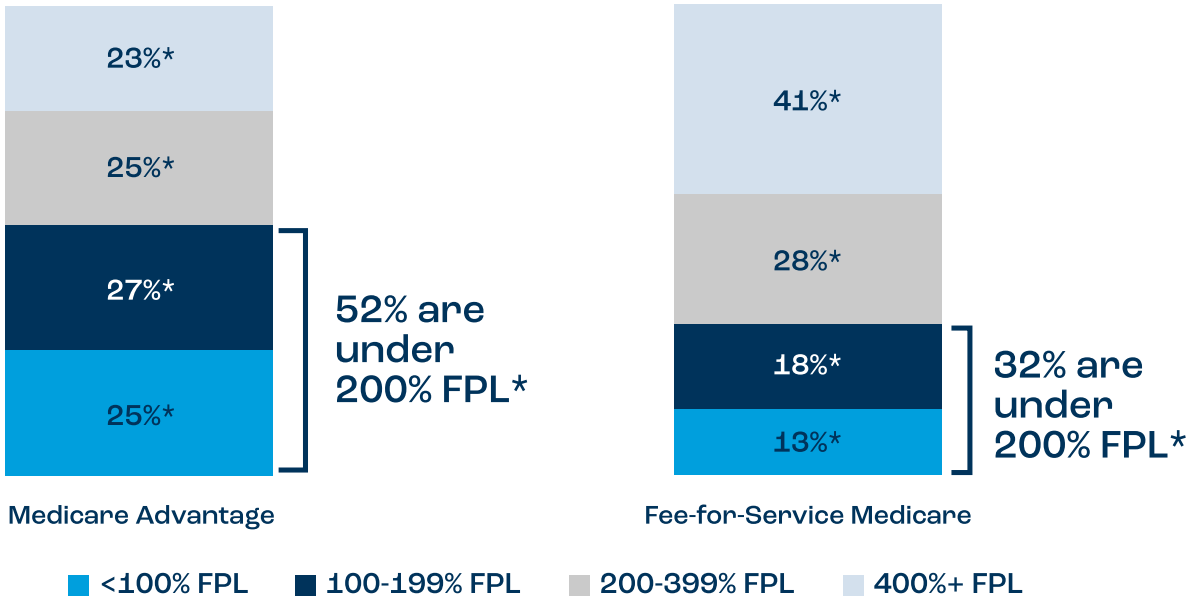
Although there is a significant difference in beneficiaries' demographic composition and health care spending, Medicare Advantage and Fee-for-Service Medicare enrollees reported similar satisfaction levels with their access to health care and the quality of care they receive.

Findings

INDIVIDUALS IN MEDICARE ADVANTAGE WERE MORE LIKELY TO REPORT LOWER INCOMES COMPARED TO THOSE IN FEE-FOR-SERVICE MEDICARE

The distribution of Medicare beneficiaries by income as a percentage of the FPL varied significantly between the Medicare Advantage and Fee-for-Service Medicare programs in 2022. Over half of Medicare Advantage enrollees reported income under 200 percent FPL, compared to about one third of Fee-for-Service Medicare enrollees, as shown in **Figure 1.** The portion of Medicare beneficiaries by income in Medicare Advantage is distributed evenly across the four income brackets, compared to Fee-for-Service Medicare in which beneficiaries are more likely to report incomes in higher brackets. Fee-for-Service Medicare enrollees are 78 percent more likely to report incomes at or above 400 percent FPL compared to Medicare Advantage enrollees.

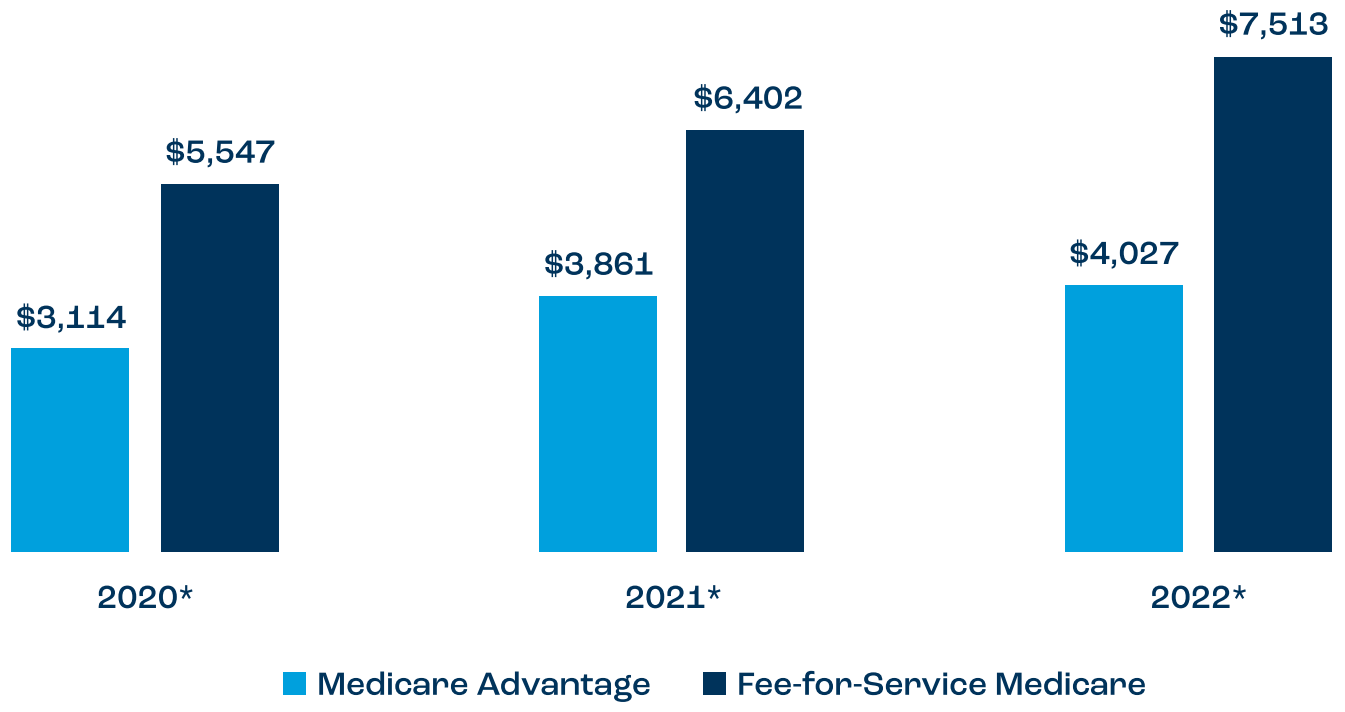
Figure 1: Distribution of Medicare Beneficiaries by Income as a Percent of the FPL, 2022



MEDICARE ADVANTAGE ENROLLEES SPENT LESS ON HEALTH CARE THAN FEE-FOR-SERVICE MEDICARE ENROLLEES

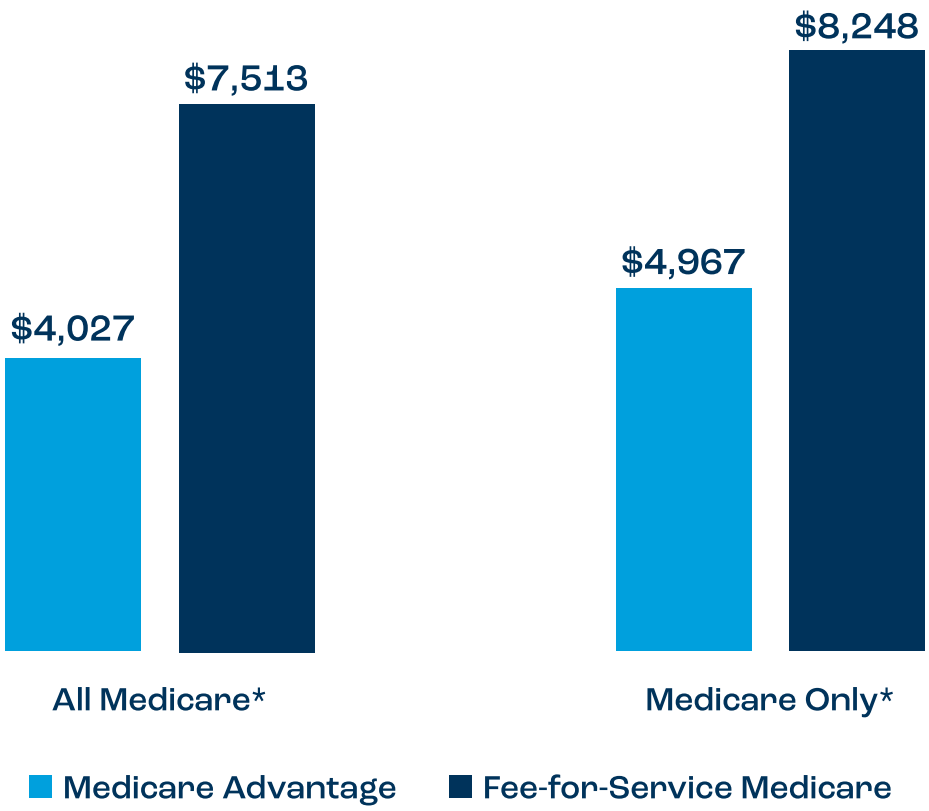
In 2022, Medicare Advantage enrollees spent an average of $3,486 (46 percent) less on out-of-pocket health care expenses than Fee-for-Service Medicare enrollees, as shown in **Figure 2.** From 2021 to 2022, the average out-of-pocket health care spending for individuals living in the community increased for both Medicare Advantage and Fee-for-Service Medicare beneficiaries, rising 4 percent and 17 percent, respectively. The difference in average out-of-pocket health care spending in Medicare Advantage and Fee-for-Service Medicare increased by $945, or 37 percent, from 2021 and 2022.

Figure 2: Average Out-of-Pocket Health Care Spending Among Medicare Beneficiaries from 2020 to 2022, by Program



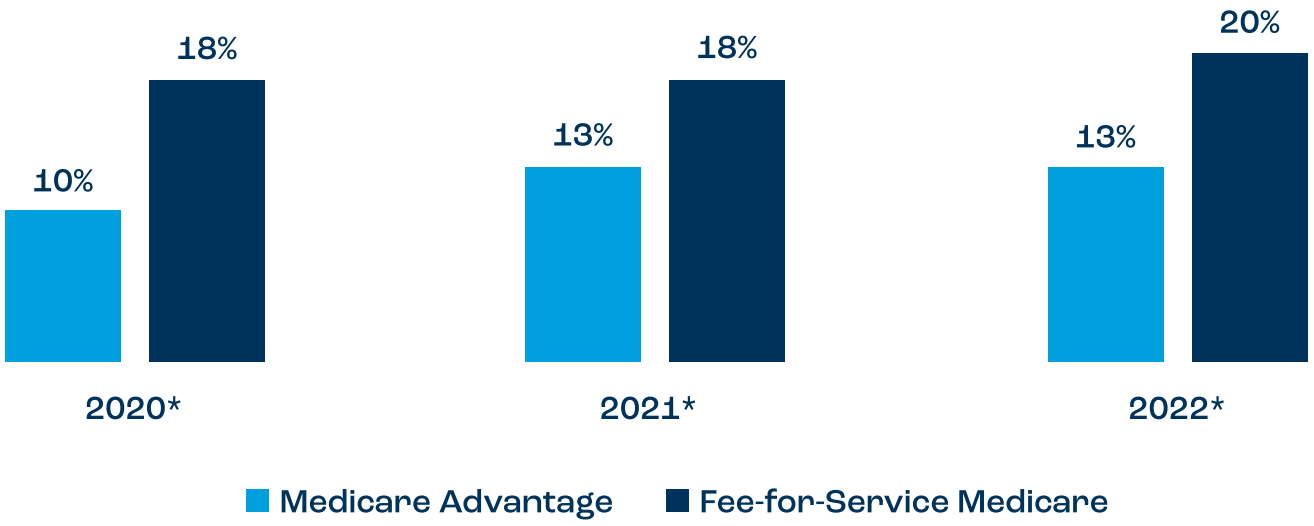
Dual eligible beneficiaries are Medicare enrollees who are also enrolled in Medicaid or receive help with Medicare premiums or cost-sharing through the Medicare Savings Programs (MSP). Medicaid covers substantial health care costs for Medicare dual eligible beneficiaries. Individuals dually eligible for Medicaid are more likely to enroll in Medicare Advantage than Fee-for-Service Medicare compared to individuals who have Medicare only (65 percent of full and partial dual eligible individuals chose Medicare Advantage compared to 46 percent of Medicare-only enrollees in September 2024).[13] ATI isolated the average out-of-pocket health care spending among Medicare-only individuals (excluding those dually eligible for Medicare and Medicaid) to account for the potential impact of Medicaid on beneficiaries' spending for dual eligible individuals. Even when the comparison is isolated to Medicare-only beneficiaries, out-of-pocket spending among Fee-for-Service Medicare enrollees remained higher than Medicare Advantage enrollees. Among Medicare-only individuals, the average out-of-pocket health care spending in Medicare Advantage was $4,967 compared to $8,248 in Fee-for-Service Medicare **(Figure 3)**.

Figure 3: Average Out-of-Pocket Health Care Spending Among All Medicare Beneficiaries and Medicare-Only Beneficiaries, by Program, 2022



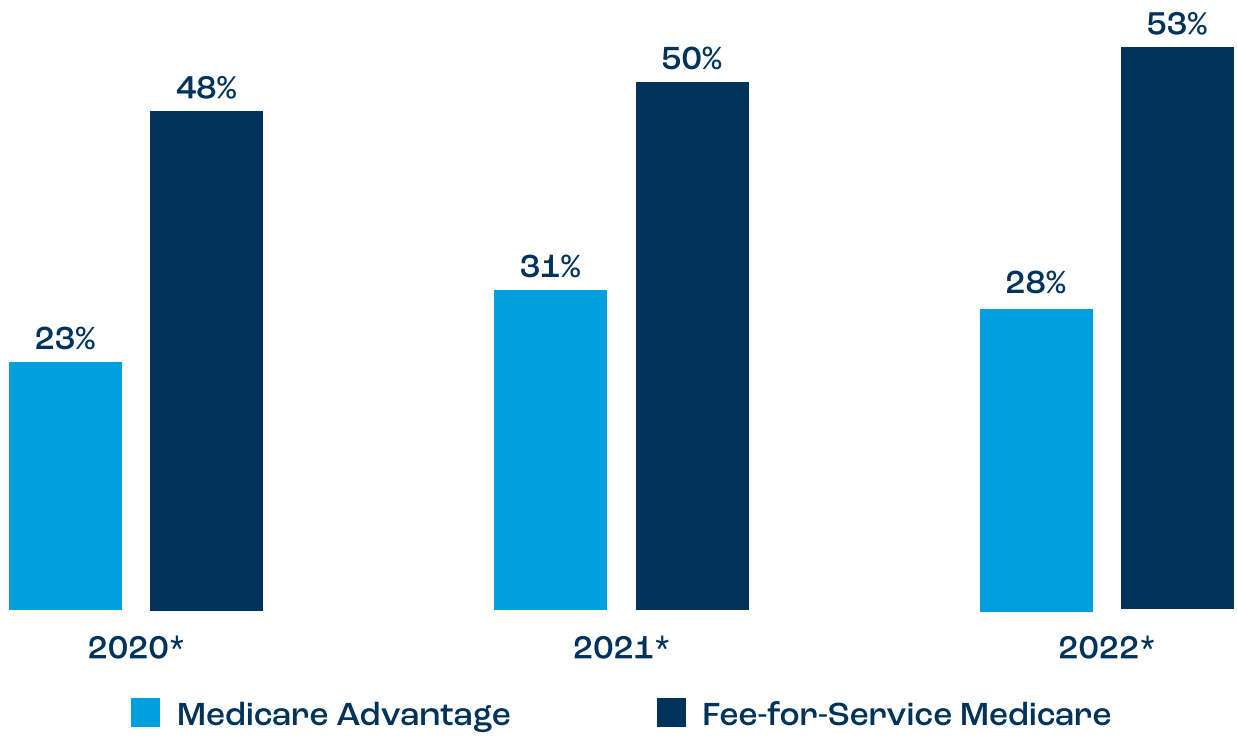
Despite having a higher proportion of enrollees reporting income under 200 percent of the FPL, a lower percent of Medicare Advantage enrollees experienced being cost burdened by health care expenses than enrollees in Fee-for-Service Medicare. In this report, we define the presence of "cost burden" as spending over 20 percent of one's income on health care, such as out-of-pocket costs and premiums (refer to Variable Definitions on page 18 for more details). Among all Medicare beneficiaries in 2022, Medicare Advantage enrollees were 35 percent less likely than Fee-for-Service enrollees to experience cost burden from health care expenditures, as shown in **Figure 4.** ATI assessed the rate of cost burden among Medicare-only individuals to account for the potential impact of Medicaid on beneficiaries' spending for dual eligible individuals. Medicare Advantage enrollees were still less likely to be cost burdened; among Medicare-only beneficiaries, 14 percent of individuals in Medicare Advantage experienced cost burden compared to 21 percent of Fee-for-Service Medicare beneficiaries.

Figure 4: Percentage of Medicare Beneficiaries Who Experience Cost Burden from Health Care Expenses from 2020 to 2022, by Program



As shown in **Figure 5**, the rate of cost burden by health care expenses among all Medicare beneficiaries (including dual eligible individuals) was also higher among Fee-for-Service Medicare enrollees than Medicare Advantage enrollees when restricted to Medicare beneficiaries who reported incomes less than 200 percent of the FPL. Fewer than 30 percent of Medicare Advantage enrollees who reported incomes less than 200 percent of the FPL experienced cost burden by their health care expenses in 2022 compared to over half of Fee-for-Service Medicare enrollees.

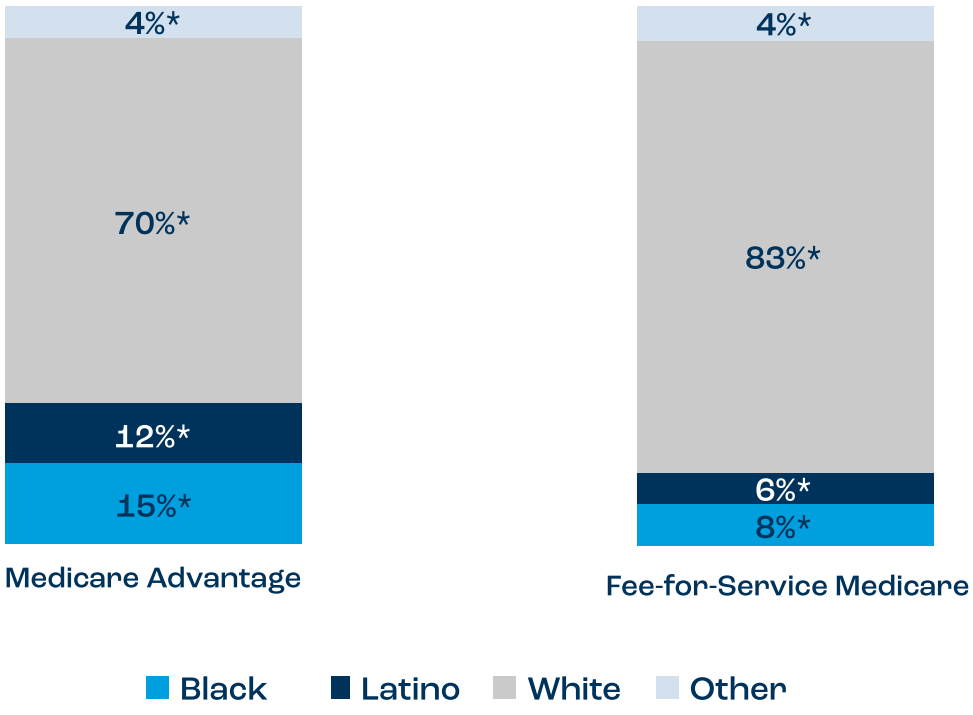
Figure 5: Percentage of Beneficiaries with Reported Incomes Less Than 200 Percent of the FPL Who Experience Cost Burden from Health Care Expenses from 2020 to 2022, by Program



LOWER OUT-OF-POCKET HEALTH CARE SPENDING IN THE MEDICARE ADVANTAGE PROGRAM HOLDS ACROSS RACIAL AND ETHNIC GROUPS*

In 2022, Black and Latino enrollees made up a larger portion of the Medicare Advantage population than of the Fee-for-Service Medicare population. Black and Latino enrollees made up 27 percent of the Medicare Advantage population and 14 percent of the Fee-for-Service population, as shown in **Figure 6.** This is a slight increase in Medicare Advantage from 2021, when Black and Latino enrollees made up 25 percent of the Medicare Advantage population.

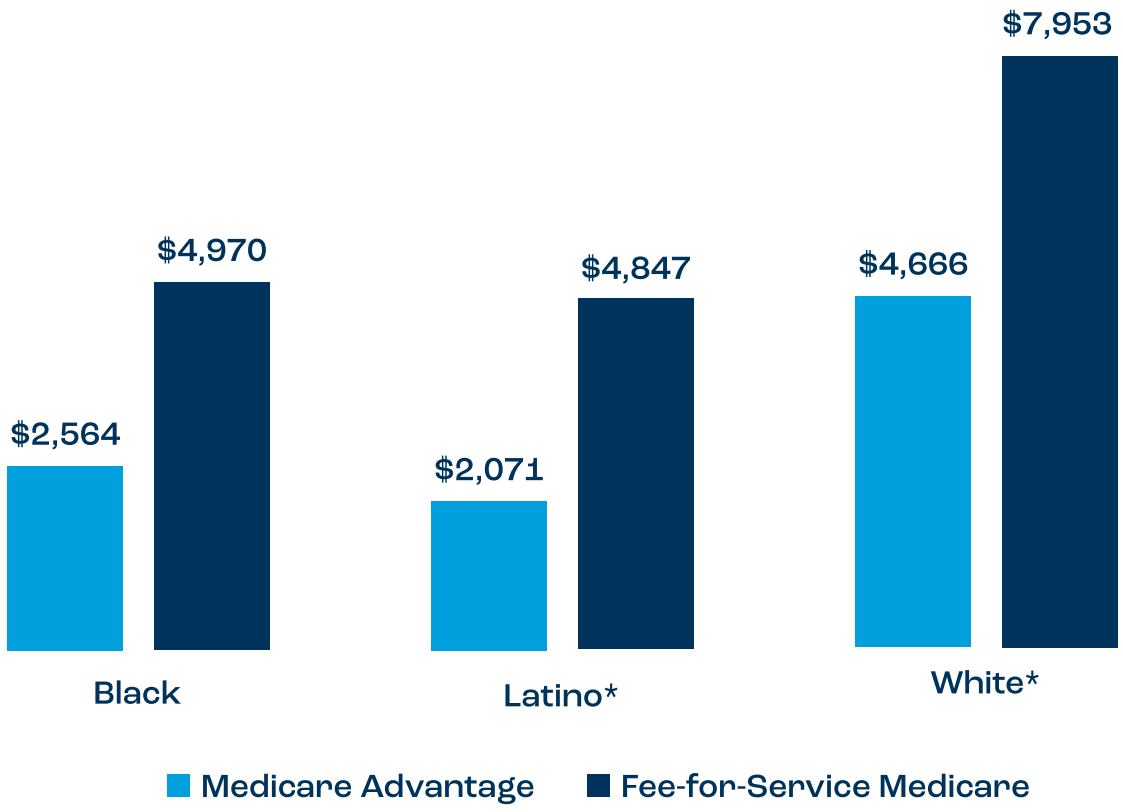
Figure 6: Race/Ethnicity of Medicare Beneficiaries, by Program, 2022



**Due to sample size, spending data on beneficiaries identifying as Asian, North American Native, or Other is not available and not shown.*

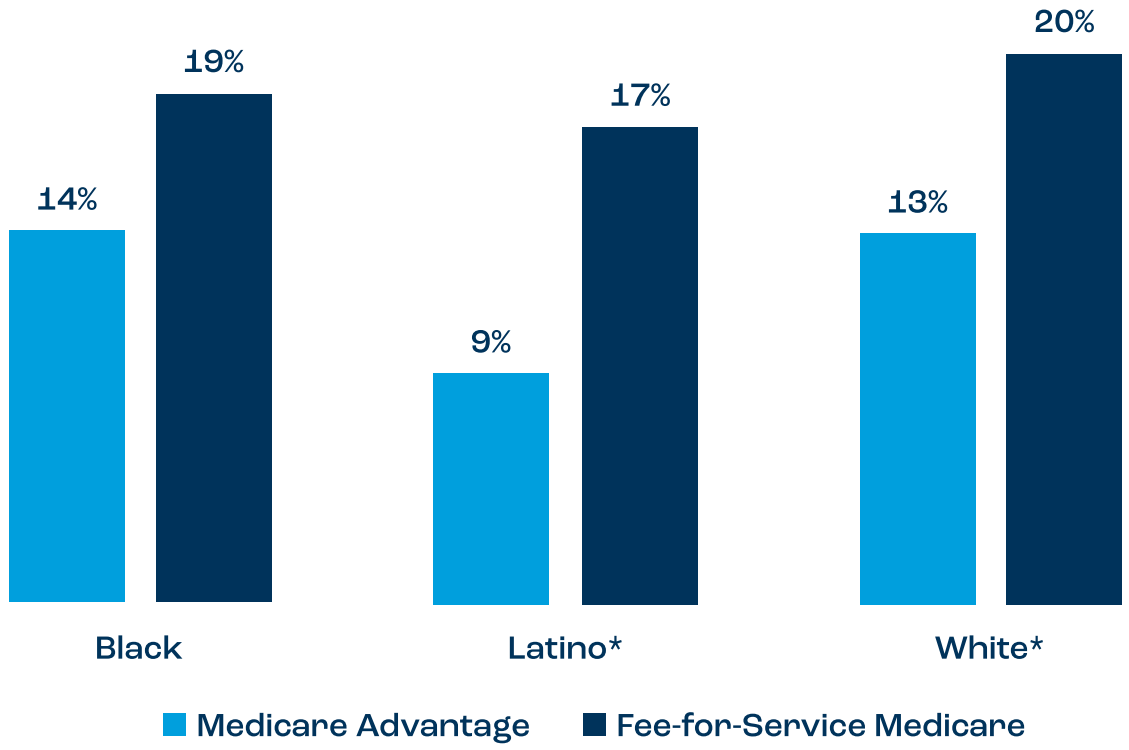
Out-of-pocket health care spending varied by race and ethnicity between the two programs in 2022, as shown in **Figure 7.** Among Black, Latino, and white enrollees, white enrollees had the highest out-of-pocket spending in both programs, while Latino enrollees had the lowest out-of-pocket spending in both programs. Out-of-pocket spending was an average of $3,486 (46 percent) lower overall for enrollees in the Medicare Advantage program compared to those in Fee-for-Service Medicare. This trend persisted across race and ethnicity, with consistently higher average out-of-pocket spending in the Fee-for-Service program compared to Medicare Advantage.

Figure 7: Average Out-of-Pocket Health Care Spending Among Medicare Beneficiaries, by Race and Ethnicity and Program, 2022



Latino Fee-for-Service Medicare enrollees were 89 percent more likely to experience cost burden compared to Latino Medicare Advantage enrollees in 2022. White Fee-for-Service Medicare enrollees were also 54 percent more likely to experience cost burden from health care expenses compared to white Medicare Advantage enrollees, shown in **Figure 8.** Though the difference was not statistically significant, Black Fee-for-Service enrollees experienced cost burden at higher rates than Medicare Advantage enrollees in 2022.

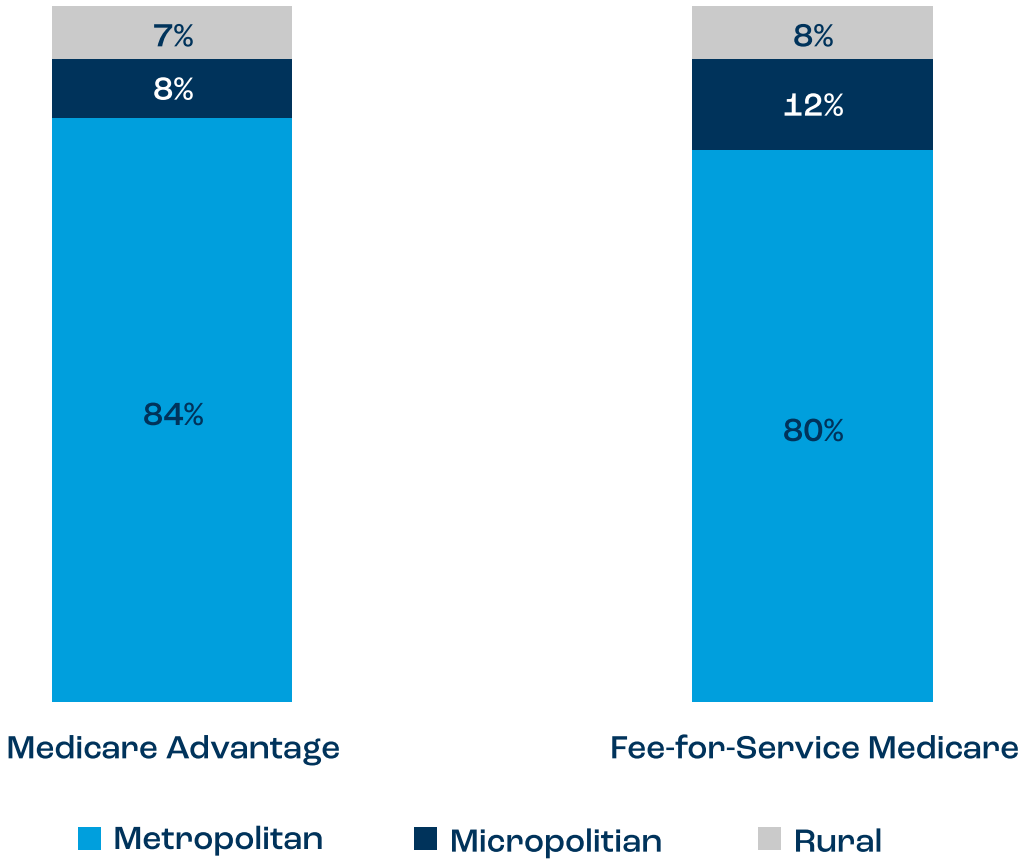
Figure 8: Percent of Medicare Beneficiaries Who Experience Cost Burden from Health Care Expenses, by Race and Ethnicity and Program, 2022



LOWER OUT-OF-POCKET HEALTH CARE SPENDING IN THE MEDICARE ADVANTAGE PROGRAM HOLDS ACROSS RURAL-URBAN GEOGRAPHIC CATEGORIES

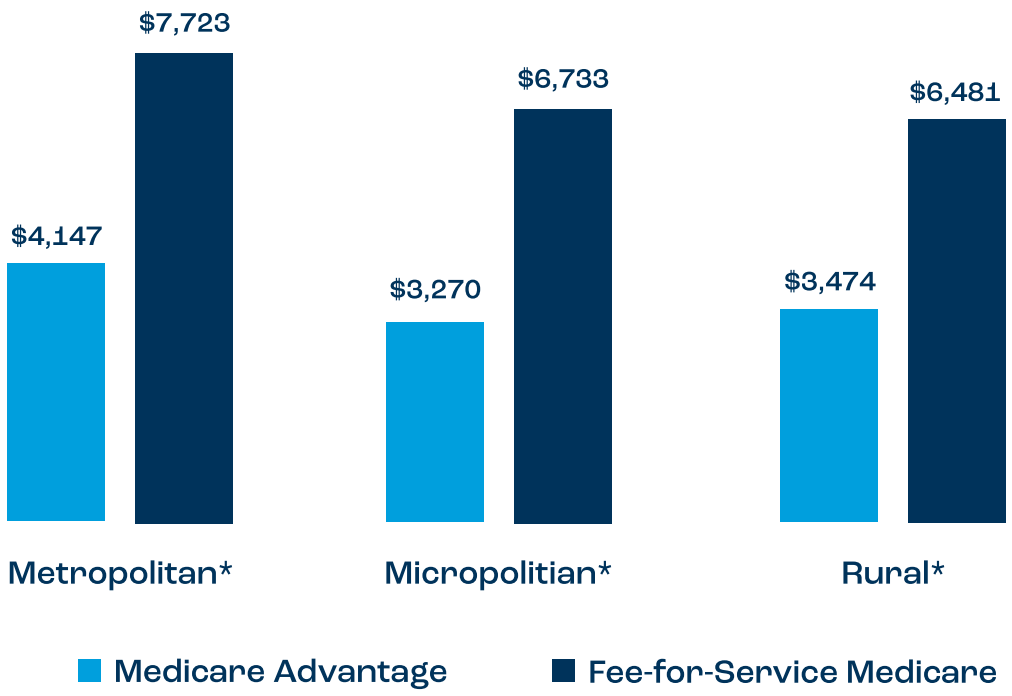
The distribution of enrollees living in different geographic areas did not vary significantly between the Medicare Advantage and Fee-for-Service Medicare programs in 2022, as shown in **Figure 9**. The majority of enrollees in both Fee-for-Service Medicare and Medicare Advantage reported living in metropolitan areas compared to micropolitan and rural (refer to Variable Definitions on page 18 for more details on metropolitan, micropolitan, and rural designations).

Figure 9: Geography of Medicare Beneficiaries, by Program, 2022



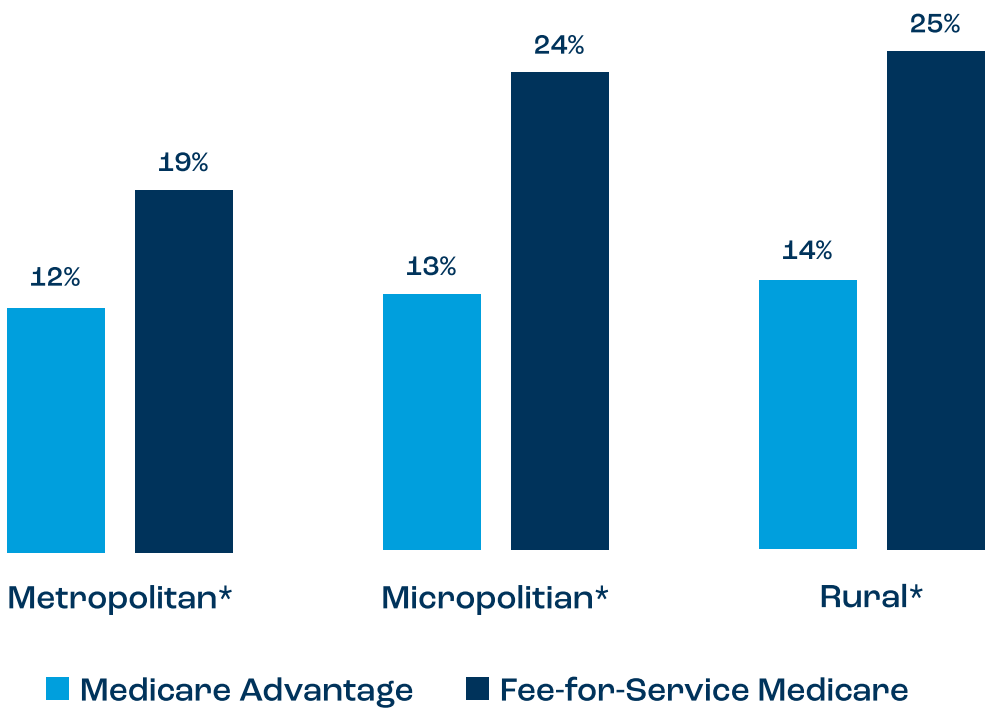
Across geographic categories in 2022, enrollees in Fee-for-Service Medicare had higher average out-of-pocket health care spending compared to those in Medicare Advantage. In particular, Fee-for-Service Medicare enrollees who live in micropolitan areas had average out-of-pocket health care spending that was more than double the average of Medicare Advantage enrollees living in micropolitan areas **(Figure 10).**

Figure 10: Average Out-of-Pocket Health Care Spending Among Medicare Beneficiaries by Geography, by Program, 2022



In 2022, geographic differences in rates of experiencing cost burden from health care expenses by program reflected overall program patterns, with Fee-for-Service Medicare enrollees experiencing cost burden at higher rates compared to those in Medicare Advantage, as shown in **Figure 11.** The difference in the percentage of beneficiaries who experience cost burden between Medicare Advantage and Fee-for-Service Medicare is greater in micropolitan and rural areas than in metropolitan areas. Fee-for-Service Medicare enrollees are 79 percent more likely to experience cost burden than Medicare Advantage enrollees in micropolitan and rural areas, while Fee-for-Service Medicare enrollees are 58 percent more likely to experience cost burden than Medicare Advantage enrollees in metropolitan areas.

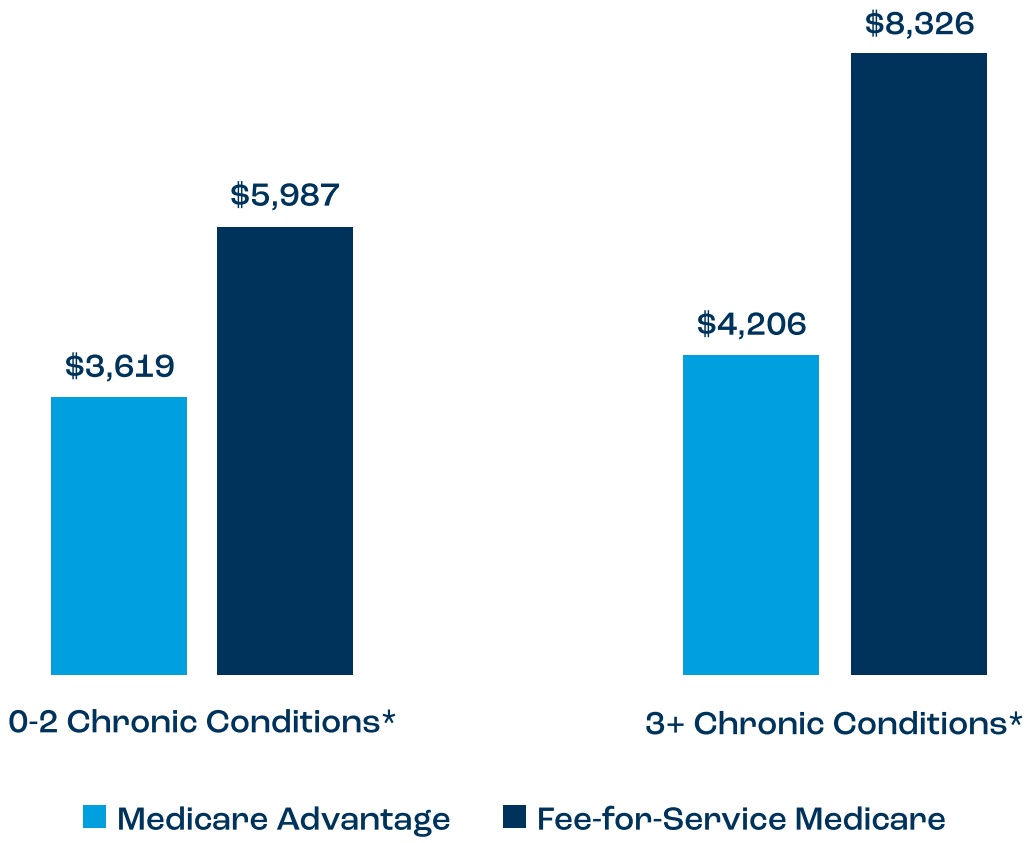
Figure 11: Percentage of Medicare Beneficiaries Who Experience Cost Burden from Health Care Expenses, by Geography and Program, 2022



AVERAGE OUT-OF-POCKET HEALTH CARE SPENDING INCREASED WITH NUMBER OF CHRONIC CONDITIONS IN BOTH MEDICARE ADVANTAGE AND FEE-FOR-SERVICE MEDICARE

In both Medicare Advantage and Fee-for-Service Medicare, beneficiaries' average out-of-pocket health care spending increased as the reported number of chronic conditions increased. Sixty-seven percent of Medicare Advantage enrollees reported 3+ chronic conditions, compared to 63 percent of Fee-for-Service Medicare enrollees in 2022 (data not shown). Among beneficiaries reporting 0-2 chronic conditions, Fee-for-Service Medicare enrollees spent an average of $2,368, or 65 percent, more on out-of-pocket health care expenses annually than Medicare Advantage enrollees, as shown in **Figure 12.** Among beneficiaries with 3+ chronic conditions, Fee-for-Service Medicare enrollees had $4,120 more, or close to double, in out-of-pocket health care spending compared to Medicare Advantage enrollees.

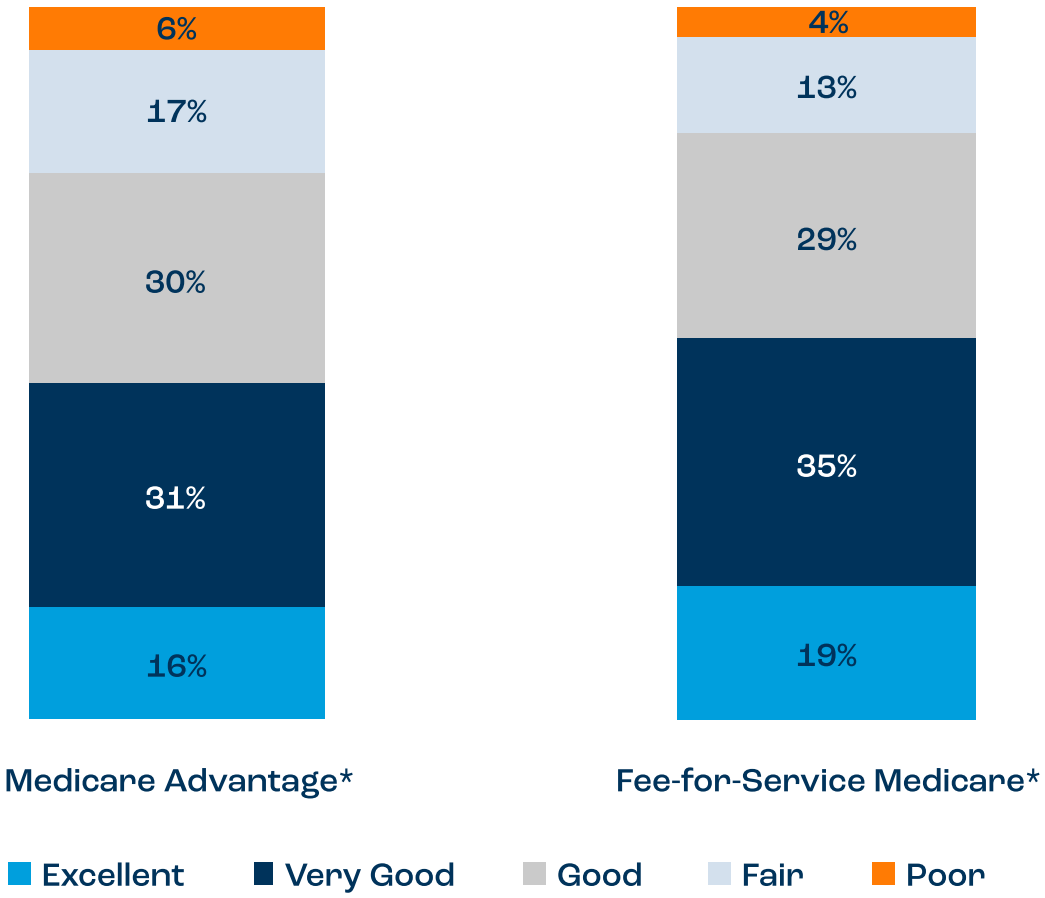
Figure 12: Average Out-of-Pocket Health Care Spending Among Medicare Beneficiaries by Number of Chronic Conditions, by Program, 2022



FEE-FOR-SERVICE MEDICARE ENROLLEES WERE MORE LIKELY TO REPORT HIGHER LEVELS OF SELF-RATED HEALTH THAN MEDICARE ADVANTAGE ENROLLEES

As shown in **Figure 13**, a larger portion of Fee-for-Service Medicare enrollees reported very good or excellent self-rated health compared to Medicare Advantage enrollees. More than half of Fee-for-Service enrollees reported very good or excellent self-rated health in 2022, compared to 47 percent of Medicare Advantage enrollees. Additionally, Medicare Advantage enrollees were 35 percent more likely to report Fair or Poor health compared to Fee-for-Service Medicare enrollees.

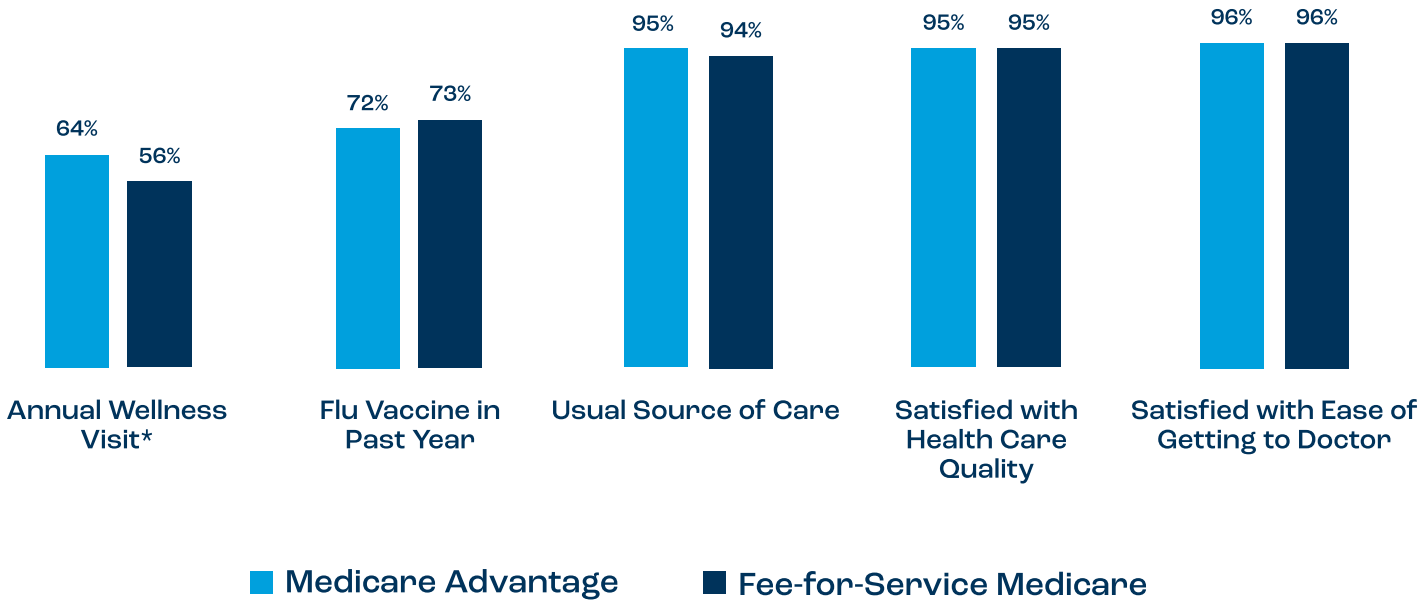
Figure 13: Self-Rated Health of Medicare Beneficiaries, by Program, 2022



ACCESS TO AND QUALITY OF CARE WAS SIMILAR AMONG MEDICARE ADVANTAGE AND FEE-FOR-SERVICE MEDICARE ENROLLEES

Medicare Advantage and Fee-for-Service Medicare enrollees reported similar levels of access to and quality of care in 2022 through a variety of measures, as shown in **Figure 14.** Similar percentages of beneficiaries in both programs reported satisfaction with their ability to get to their doctor, having a usual source of care, being satisfied with the quality of health care they received, and having received a flu vaccine in 2022. However, rates of annual wellness visits differ between the programs, with Medicare Advantage enrollees being 14 percent more likely to report having an annual wellness visit compared to Fee-for-Service Medicare enrollees. This gap narrowed in 2022 compared to 2021, when Medicare Advantage enrollees were 20 percent more likely to report an annual wellness visit compared to Fee-for-Service Medicare enrollees.

Figure 14: Access to Care and Quality of Care Measures Among Medicare Beneficiaries, by Program, 2022



Conclusion

In 2022, community-dwelling Medicare Advantage enrollees spent, on average, $3,486 less on out-of-pocket health care expenses than those in Fee-for-Service Medicare, a pattern consistent with data from 2020 and 2021. The spending differential between enrollees in Medicare Advantage and in Fee-for-Service Medicare continues to widen. Although over half of individuals in the Medicare Advantage program reported incomes under 200 percent of the FPL, among all Medicare enrollees, Medicare Advantage enrollees were 89 percent less likely to report experiencing cost burden from health care expenses compared to Fee-for-Service Medicare enrollees. Dual eligible individuals, who receive help with Medicare premiums or cost-sharing, are more likely to enroll in Medicare Advantage, which may contribute to the lower cost burden observed among Medicare Advantage enrollees. These spending differences persist across race, ethnicity, geography, and number of chronic conditions. Despite the higher spending in Fee-for-Service Medicare compared to Medicare Advantage, enrollees in both programs have similar levels of satisfaction with access to and quality of care received.

Methods

DATA SOURCE

ATI Advisory conducted this analysis using the 2020 to 2022 Medicare Current Beneficiary Survey (MCBS) and Cost Supplement files.

INCLUSION AND EXCLUSION CRITERIA

The analysis was filtered to community-dwelling Medicare beneficiaries. In 2022, 97 percent of Fee-for-Service Medicare enrollees and 98 percent of Medicare Advantage enrollees lived in the community.

In this analysis, Medicare Advantage enrollment is defined as at least one month of coverage under Medicare Advantage and related managed care types (including Medicare Advantage, Medicare-Medicaid Plans, Cost Plans, and Program of All-Inclusive Care for the Elderly [PACE]) during the study year using Centers for Medicare & Medicaid Services (CMS)-derived variables that describe Medicare managed care membership.

STATISTICAL SIGNIFICANCE AND WEIGHTING METHODOLOGY

Statistical significance was performed for figures and calculations of within-year comparisons between Medicare Advantage and Fee-for-Service Medicare at the five percent level (testing for a p-value less than 0.05). Asterisks (*) in figures mark statistically significant differences between individuals in Medicare Advantage and individuals in Fee-for-Service Medicare. Fay's method of Balanced Repeated Replication (BRR) was used for variance estimation using a shrinkage factor of 0.30, in line with MCBS complex survey design recommendations. Year-over-year changes within and between programs were not tested for significance and solely reflect observational differences between annual point estimates. This analysis is observational, and ATI made no adjustments for confounders throughout the comparisons in this report.

VARIABLE DEFINITIONS

Medicare-Only Enrollees: Individuals with Medicare who are not enrolled in Medicaid or the Medicare Savings Program.

Out-of-Pocket Spending: Out-of-pocket spending includes beneficiary spending on premiums for Medicare Advantage, Fee-for-Service Medicare, and other health insurance premiums, like Medigap plans or employer-sponsored insurance. Out-of-pocket spending also includes beneficiary spending toward the deductible and services that may not be covered by Medicare, for example, dental and vision. Out-of-pocket costs also include any beneficiary spending on office visits, inpatient care, outpatient care, prescription medications not fully covered by health insurance, and other health care expenses.

In the MCBS, health care costs are calculated from health care events, using receipts, explanations of benefits, and other resources to assess the full cost of services. For Fee-for-Service Medicare enrollees, the MCBS additionally uses Medicare claims to calculate health care costs. Further, the survey adjusts for likely underreporting of health care events among Medicare Advantage enrollees. For more details on how the MCBS collects beneficiary spending data, reference the data user guide.[14]

Income: Income is based on self-reported data collected by the MCBS. Data on all income sources including but not limited to income from employment, Social Security Income (SSI), and passive income are collated together into the "income" variable. Missing data may be supplemented/imputed using MCBS methodology.[15]

Cost Burden: ATI leverages income and spending data in the MCBS to calculate cost burden. This report defines the presence of "cost burden" as spending over 20 percent of one's income on health care, such as out-of-pocket costs and premiums based on a commonly used definition.[16]

Chronic Conditions: Chronic conditions are calculated as a count of positive responses to the MCBS survey question "Has a doctor ever told you that you have [condition]?" for the following twelve conditions: (1) Hypertension, (2) Hyperlipidemia, (3) CHF, (4) Other heart disease, (5) Stroke, (6) Cancer, (7) Arthritis, (8) Alzheimer's/Dementia, (9) Depression, (10) Osteoporosis, (11) Emphysema/asthma/COPD, and (12) Diabetes.

Race and Ethnicity: The MCBS codes race and ethnicity using the beneficiary race code historically used by the Social Security Administration and in CMS' enrollment database and applying the Research Triangle Institute (RTI) race code.[17]

Rural-Urban Geographic Categories: Geographic categories reflect ZIP-code level Rural-Urban Commuting Area (RUCA) codes. Metropolitan includes codes 1-3, micropolitan includes codes 4-6, and rural areas include codes 7-10 (inclusive of small towns and rural areas).

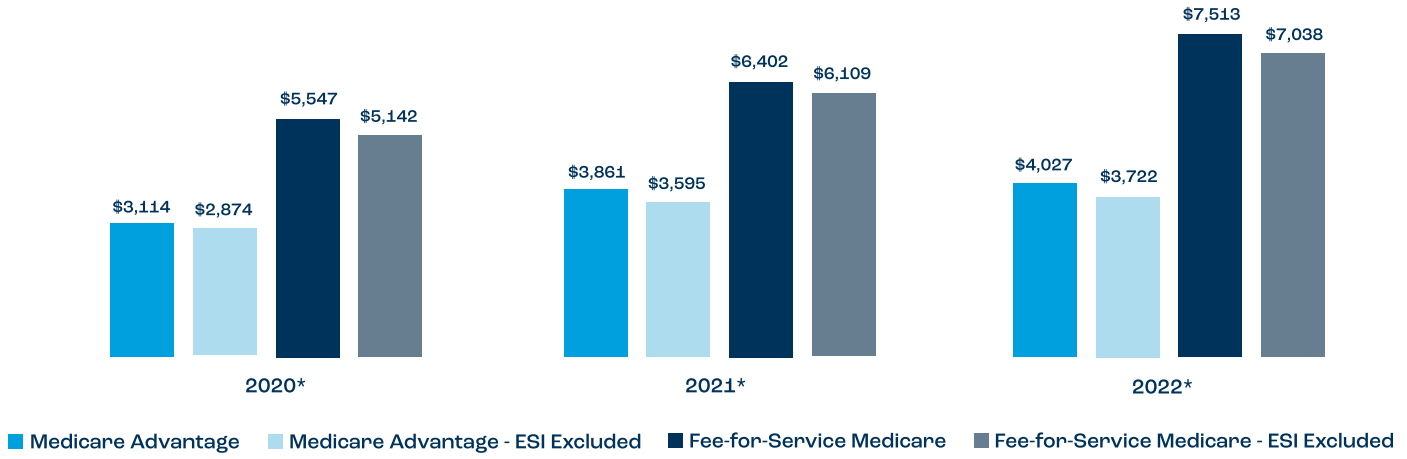
Appendix

This brief includes observational analysis of Medicare beneficiaries with various types of coverage in addition to Fee-for-Service Medicare and Medicare Advantage, including combinations of Medigap, veterans' health benefits, and ESI. ATI reviewed the distribution of out-of-pocket spending among these groups and identified concurrent ESI beneficiaries as having the potential to distort spending averages between Fee-for-Service Medicare and Medicare Advantage, influencing the main analysis. This appendix provides a sensitivity check by excluding ESI beneficiaries from the analyzed Fee-for-Service Medicare group and Medicare Advantage group.

In 2022, 36 percent of the Fee-for-Service Medicare population and 11 percent of the Medicare Advantage population were also enrolled in ESI. Fee-for-Service Medicare enrollees include individuals with Medicare-only, Medicare and Medigap, Medicare and Medicaid, and Medicare and ESI. Medicare Advantage enrollees include individuals with Medicare-only, Medicare and Medicaid, and Medicare and ESI.

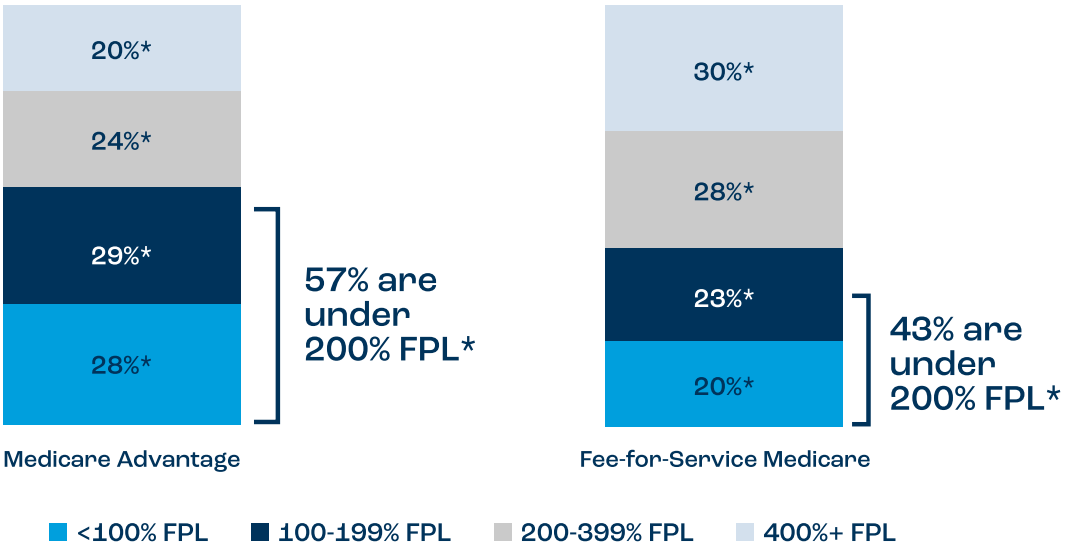
Excluding Medicare beneficiaries who are also enrolled in ESI in the analysis slightly decreases average out-of-pocket health care spending in both Medicare Advantage and Fee-for-Service Medicare.

Figure 15: Average Out-of-Pocket Health Care Spending Among Medicare Beneficiaries from 2020 to 2022, by Program – Excluding ESI



When Medicare beneficiaries with ESI are excluded, the portion of individuals who report an income under 200 percent FPL increases from 52 percent to 57 percent for Medicare Advantage and from 32 percent to 43 percent for Fee-for-Service Medicare, as shown in **Figures 1 and 16**.

Figure 16: Distribution of Medicare Beneficiaries by Income as a Percent of the Federal Poverty Level, 2022 – Excluding ESI



Endnotes & Citations

1. ATI Advisory Analysis of CMS Medicare Monthly Enrollment File for September 2024.
2. ATI Advisory Analysis of data from PY2024 and PY2025 Landscape Files. A plan is the combination of a Contract ID, Plan ID, and Segment ID. Excludes EGWPs, Cost, PACE, MMPs, and Sanctioned Plans. Analysis includes all 50 states, Washington D.C., and Puerto Rico.
3. "Compare Original Medicare & Medicare Advantage." *Medicare.gov.* https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage
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7. ATI Advisory Analysis of 2022 Master Beneficiary Summary File.
8. ATI Advisory Analysis of 2022 Master Beneficiary Summary File.
9. Community-dwelling individuals are defined as individuals who live in community settings, such as a home, rather than an institutional or facility settings, such as a nursing home or assisted living.
10. This analysis uses the most recent data available at the time of publication.
11. Based on the HHS 2022 Poverty Guidelines, the FPL for 2022 in 48 states and DC (excluding Alaska and Hawaii) was $13,590 for a one-person family/household.
12. Note: This report defines the presence of "cost burden" as spending over 20 percent of one's income on health care (out-of-pocket costs and premiums). Refer to Variable Definitions on pages 18-19 for more details.
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