



BETTER MEDICARE
ALLIANCE

STATE OF MEDICARE ADVANTAGE

2025 REPORT

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A Message from Our President and CEO



“Better Medicare Alliance remains committed to acting as a trusted resource for lawmakers and policymakers and a steadfast advocate working alongside BMA allies in Washington for every Medicare Advantage beneficiary.”

MARY BETH DONAHUE

Dear Friends of Better Medicare Alliance,

On behalf of our more than 225 ally organizations and hundreds of thousands beneficiary advocates, along with our dedicated board and staff, I am proud to present our 2025 State of Medicare Advantage Report.

Each year, this report offers the most comprehensive and up-to-date snapshot of Medicare Advantage – demographics, enrollment, benefits, cost savings, and outcomes. This year’s findings are clear: Medicare Advantage is delivering for beneficiaries and proving its value through high-quality care, lower costs, and supplemental benefits not offered in Fee-for-Service Medicare.

Today, **35.1 million Americans – more than half of the entire Medicare-eligible population – choose Medicare Advantage.** Enrollment has doubled in the past decade, rural participation has quadrupled, and more lower-income and minority Americans are choosing Medicare Advantage than ever before. These shifts reflect the program’s unmatched ability to deliver personalized, cost-effective care to a diverse population, often with better health outcomes than traditional Fee-for-Service Medicare. And beneficiaries themselves can see the program’s value: 95% of seniors report being satisfied with the quality of their health care in Medicare Advantage.

At the same time, Medicare Advantage remains the more affordable coverage option for an average senior, and the gap continues to grow.

According to the most recent data, beneficiaries in Medicare Advantage spend \$3,486 less each year on premiums and out-of-pocket expenses than those in Fee-for-Service, compared to \$2,541 the year prior. For seniors and people with disabilities managing tight budgets, these savings makes a real difference.

As beneficiaries receive the value of this progress, we know Medicare Advantage's continued strength and stability depends on bipartisan Congressional support and regulatory certainty. That's why Better Medicare Alliance remains committed to acting as a trusted resource for lawmakers and policymakers and a steadfast advocate working alongside BMA allies in Washington for every Medicare Advantage beneficiary.

This report reflects what can be achieved when allies, advocates, and policymakers work together. With continued partnership, we can ensure Medicare Advantage remains strong for today's seniors and future generations. Join us in this important work at BetterMedicareAlliance.org.

Mary Beth Donahue
President and CEO,
Better Medicare Alliance



Glossary

Frequently used words and phrases in this report include:

APM	Advanced Payment Model
CMS	Centers for Medicare & Medicaid Services
C-SNP	Chronic Special Needs Plan
D-SNP	Dual Eligible Special Needs Plan
EGWP	Employer Group Waiver Plan
ESRD	End Stage Renal Disease
FPL	Federal Poverty Level
FFS Medicare	Fee-for-Service Medicare
HMO	Health Maintenance Organization
I-SNP	Institutional Special Needs Plan
MA	Medicare Advantage
MA-PD Plan	Medicare Advantage Prescription Drug Plan
OOP	Out-of-Pocket
PMPM	Per Member Per Month
PPO	Preferred Provider Organization
SNP	Special Needs Plan
SSBCI	Special Supplemental Benefits for the Chronically Ill
VBID Model	Value-Based Insurance Design Model



State of Medicare Advantage 2025 Key Facts

35.1 MILLION

35.1 million seniors and people with disabilities choose Medicare Advantage. Almost 56% of the Medicare population chooses Medicare Advantage.¹

5.3M

There are 5.3 million full duals and 2.7 million partial duals enrolled in Medicare Advantage, making up 15.2% and 7.7% of the Medicare Advantage population respectively.²

2X

Enrollment in Medicare Advantage has doubled over the last decade.⁴

10%

Enrollment in Special Needs Plans increased 10% between 2024 and 2025.⁵

31%

of Medicare Advantage beneficiaries identify as Black, Latino, or Asian, compared to 18.8% in Fee-for-Service Medicare.³

42%

of the Medicare population in rural counties are enrolled in Medicare Advantage, almost four times the share in 2010.⁶

MEDICARE ADVANTAGE ACCESS IS NEARLY UNIVERSAL

99%

of beneficiaries have access to a Medicare Advantage plan.⁷

98%

of beneficiaries are enrolled in a Medicare Advantage plan that includes prescription drug coverage (MA-PD).⁹

99%

of beneficiaries have access to a \$0 premium MA-PD plan.⁸

97%

of individual plans offer a telehealth benefit.¹⁰

AFFORDABILITY AND VALUE

\$3,486

Medicare Advantage beneficiaries report spending, on average, \$3,486 less on out-of-pocket costs and premiums annually than those in Fee-for-Service Medicare.¹¹

\$17

The average Medicare Advantage monthly premium is \$17.00 in 2025.¹²

\$59.9 BILLION

Medicare Advantage provides \$59.9 billion annually in additional value to beneficiaries and the federal government.¹³

BETTER OUTCOMES

- Medicare Advantage beneficiaries with certain chronic conditions, including diabetes, hyperlipidemia, and hypertension, have **lower rates of inpatient utilization and emergency room visits** compared to Fee-for-Service beneficiaries.¹⁴
- Individuals in Fee-for-Service are 71% more likely to have preventable hospitalizations, have 126% higher 30-day readmissions, have 30% more hospital days, and 11% higher total costs compared to individuals in Medicare Advantage with similar risk levels.¹⁵
- Medicare Advantage beneficiaries with prediabetes who develop Type 2 diabetes are **diagnosed nearly five months earlier on average** than similar Fee-for-Service beneficiaries.¹⁶
- Medicare Advantage beneficiaries with chronic diabetes are **more likely** than Fee-for-Service beneficiaries **to receive preventative care,¹⁷ an eye exam, and statin therapy.¹⁸**
- Individuals in Medicare Advantage are **more than twice as likely to receive a colorectal cancer screening.¹⁹**

95% OF MEDICARE ADVANTAGE BENEFICIARIES
REPORT BEING SATISFIED WITH THEIR HEALTH
CARE QUALITY.²⁰



Medicare Advantage Enrolls More Than 35 Million Americans

In 2025, nearly 56% of Medicare beneficiaries choose Medicare Advantage. That's 35.1 million beneficiaries out of more than 67 million. In 2023, Medicare Advantage enrollment surpassed 50% and continues to grow.²¹

2025 Medicare Enrollment, By Program

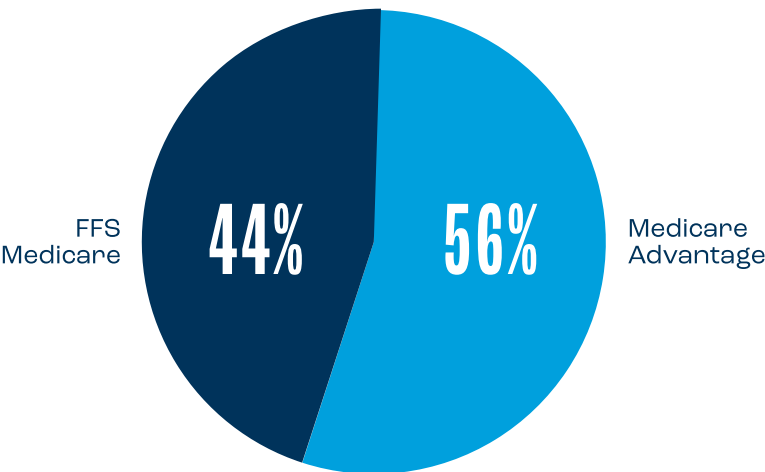


Figure 1 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2025.

Medicare Advantage Enrollment, 2014-2025

(as percent of total Medicare enrollment)

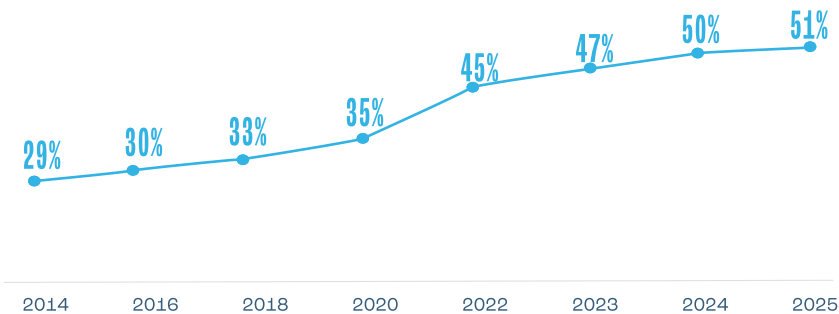


Figure 2 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, April 2014-2023, March 2025

Note: To enroll in Medicare Advantage, beneficiaries must be eligible for both Part A and Part B of Medicare. Enrollment as a percent of total Medicare enrollment is lower because it accounts for beneficiaries that are eligible for Part A or Part B.

SNAPSHOT OF THE MEDICARE POPULATION²²

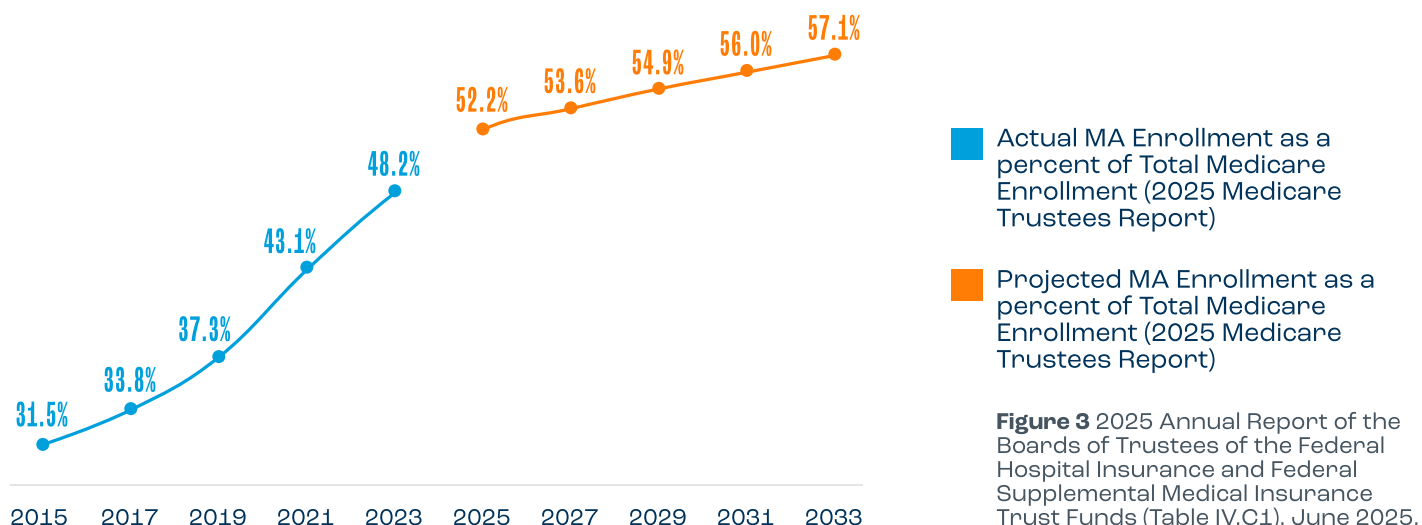
67.8 M
MILLION AMERICANS ENROLLED IN MEDICARE

60.7 M
MILLION ENROLLED DUE TO AGE (65+ YEARS OLD)

7.2 M
MILLION ENROLLED DUE TO DISABILITY

35.1 M
CHOOSE MEDICARE ADVANTAGE

Medicare Advantage Enrollment & Growth Projections, 2015-2033



98% OF MEDICARE ADVANTAGE BENEFICIARIES ARE ENROLLED IN A MA-PD PLAN²³

Most Medicare Advantage beneficiaries select Medicare Advantage Prescription Drug (MA-PD) plans, which include prescription drug coverage in a single plan.

There are a few different types of Medicare Advantage plans beneficiaries can choose from each year. Health maintenance organization (HMO) plans are the most popular among Medicare Advantage beneficiaries, with 19.4 million people enrolled; followed by local preferred provider organization (PPO) plans, the choice of 15 million beneficiaries.²⁴

- **HMOs** offer integrated health care, with a focus on prevention and wellness within a network of providers. These plans typically have lower premiums and out-of-pocket (OOP) costs
- **PPOs** offer more flexibility for beneficiaries than HMOs with a larger network of providers. However, premiums and OOP costs may be higher in exchange for additional flexibility

Medicare Advantage Enrollment, by Plan Type, 2025

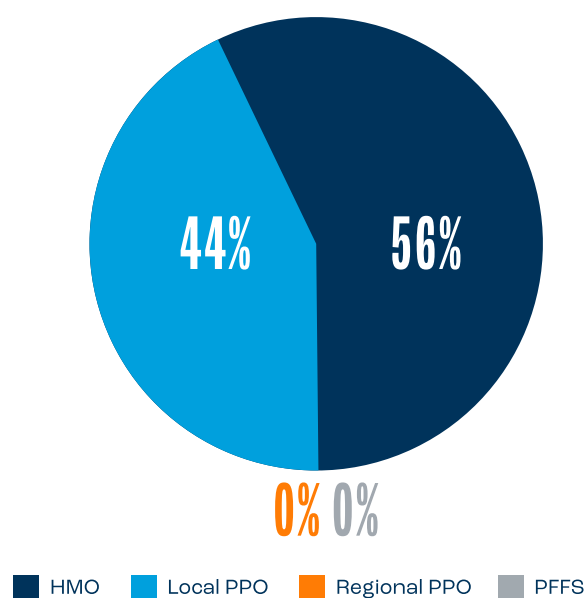


Figure 4 MedPAC, Health Care Spending and the Medicare Program: Medicare Advantage (Chart 9-5), July 2025
Note: Enrollment based on February 2025 numbers.



EMPLOYER GROUP WAIVER PLANS

EGWP Enrollment, 2017-2025

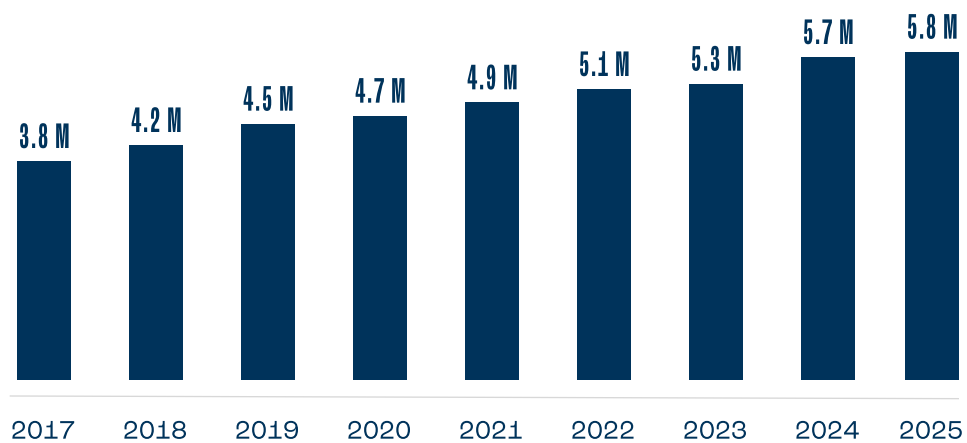


Figure 5 Analysis of the Centers for Medicare & Medicaid Services Monthly Contract Summary Reports, January 2017-2025.

Strong enrollment in employer retiree Medicare Advantage plans, known as Employer Group Waiver Plans (EGWPs), has also led to Medicare Advantage enrollment growth. Employers, including state and local governments and unions, choose EGWPs to provide affordable health care coverage to their retirees.

SPECIAL NEEDS PLANS

More Medicare Advantage beneficiaries are also enrolled in Special Needs Plans (SNPs), which focus on beneficiaries dually eligible for Medicare and Medicaid (D-SNP), beneficiaries with certain chronic conditions (C-SNP), or beneficiaries who require institutional level care (I-SNP).

SNP Enrollment, 2017-2025

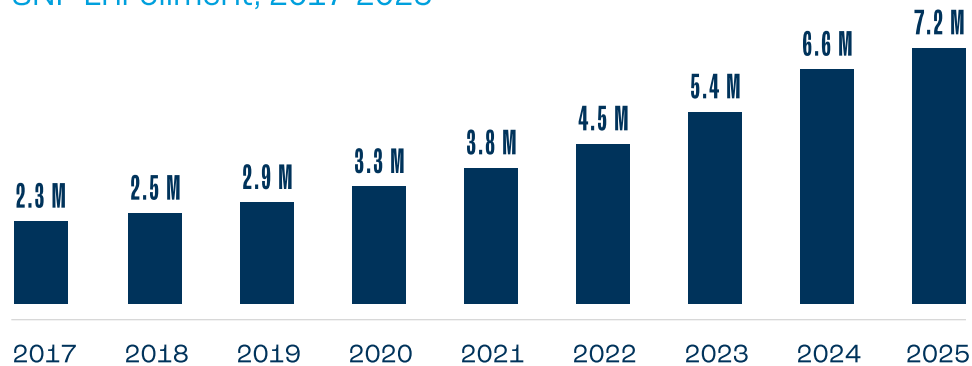
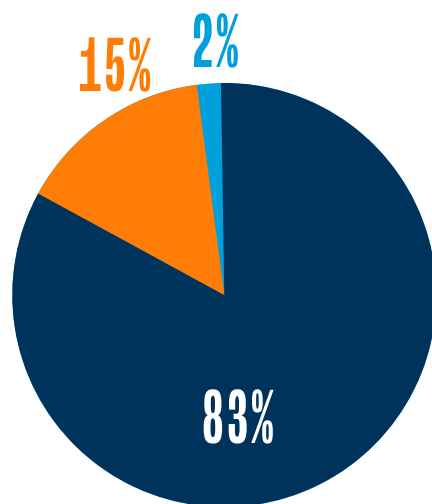


Figure 6 Analysis of the Centers for Medicare & Medicaid Services Monthly Contract Summary Reports, January 2017-2025.

SNP Enrollment By Type, 2025



Nearly all Medicare Advantage beneficiaries enrolled in an SNP are enrolled in a D-SNP.

■ D-SNP ■ C-SNP ■ I-SNP

Figure 7 Analysis of the Centers for Medicare & Medicaid Services SNP Comprehensive Report, January 2025.



END STAGE RENAL DISEASE

Since 2021, Medicare beneficiaries with End-Stage Renal Disease (ESRD) are eligible to enroll in Medicare Advantage. Prior to 2021, only beneficiaries already enrolled in Medicare Advantage when they developed ESRD were eligible and able to remain in Medicare Advantage.

- Once beneficiaries with ESRD were allowed to enroll in Medicare Advantage, within the first year Black, Latino, and dual-eligible beneficiaries accounted for the largest relative increase in Medicare Advantage beneficiaries with ESRD, increasing 72.8%, 44.8%, and 73.6% respectively.²⁵
- Asian American, Native American, and Latino beneficiaries are the fastest-growing segments of the ESRD population.²⁶
- As the share of Medicare Advantage beneficiaries with ESRD increases, the number of C-SNPs focused on beneficiaries with ESRD has also increased. Thirty-two plans offered ESRD-focused C-SNPs in 2024.²⁷

**47% OF BENEFICIARIES WITH ESRD
CHOOSE MEDICARE ADVANTAGE, UP
FROM 24.8% IN DECEMBER 2020²⁸**

Medicare Advantage Expands Access to Affordable Coverage for Beneficiaries

Medicare Advantage growth is driven by increased access to plans. The number of Medicare Advantage plans offered has more than doubled over the past decade; today 99.6% of beneficiaries have access to at least one Medicare Advantage plan.²⁹



3,719
plans offered in 2025³⁴



42
plans offered on average to beneficiaries³⁵



27
plans offered in rural communities on average, triple the number available in 2018³⁶



Access to Special Needs Plans grew 9% between February 2024 and February 2025, with 1,417 SNPs offered in 2025.³⁷

- SNP enrollment **increased 10%** between 2024 and 2025
- Beneficiaries enrolling in D-SNPs have more than **tripled** since 2015
- Beneficiaries enrolling in C-SNPs have steadily increased since 2014, with a **67% increase** between 2024 and 2025
- Beneficiaries enrolling in I-SNPs reached an all-time high in 2025

Medicare Advantage's model provides the flexibility to cover more services and benefits not available in Fee-for-Service Medicare and provides a maximum out-of-pocket spending limit for beneficiaries. Medicare Advantage beneficiaries choose plans based on premiums, enhanced benefits, provider networks, and plan quality rating, known as star ratings. Reduced beneficiary cost sharing is the most utilized enhanced, or supplemental, benefit in Medicare Advantage, affording access to many \$0 premium plan options. ^a

In 2025: ³⁸

67% of MA-PD Plans are a \$0 Premium Plan

99% have Access to a \$0 Premium MA-PD Plan

75% of Beneficiaries Enrolled in a \$0 Premium MA-PD Plan

12% of Medicare Advantage Plans Offer Part B Premium Reductions

Medicare Advantage access is generally consistent across urban, rural, and medically underserved communities, expanding the options across the U.S. for seniors and people with disabilities.

As a result, Medicare Advantage beneficiaries, particularly those who are lower-income and identify as a racial or ethnic minority, may experience **better access to care** than Fee-for-Service Medicare beneficiaries.³⁹



a. Like all Medicare beneficiaries, those in Medicare Advantage still pay the Part B premium each month, as determined annually by the Centers for Medicare & Medicaid Services. Medicare Advantage plans may reduce Part B premiums as well as the Medicare Advantage plan premium through supplemental benefits.

Medicare Advantage Serves Beneficiaries with Complex Care Needs

The Medicare Advantage population is increasingly diverse and more complex. Today's Medicare Advantage beneficiaries have higher rates of clinical and social risk factors than those in Fee-for-Service Medicare. More beneficiaries in Medicare Advantage are low-income, identify as a racial and ethnic minority, and have more chronic conditions.

Medicare Advantage is the preferred option for Black and Latino beneficiaries compared to Fee-for-Service Medicare. This is especially true in rural areas, where Medicare Advantage enrollees are nearly three times as likely to be Black and more likely to be Latino compared to Fee-for-Service Medicare.⁴⁰

Race And Ethnicity Of Medicare Beneficiaries, By Program

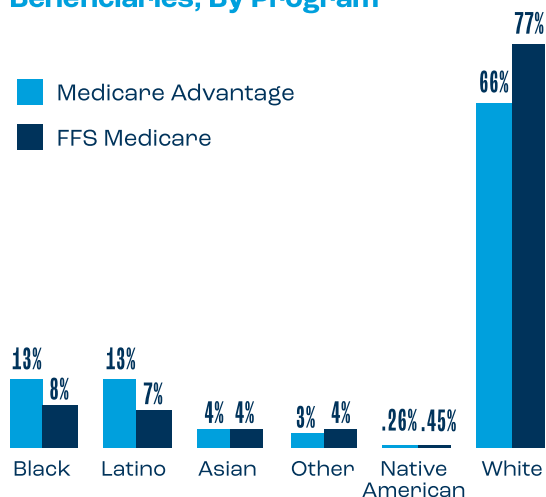


Figure 8 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2025.

*Note: Percentage totals may not sum to 100% due to rounding.

Percentage Of Medicare Beneficiaries Enrolled In Medicare Advantage, By Race Or Ethnicity

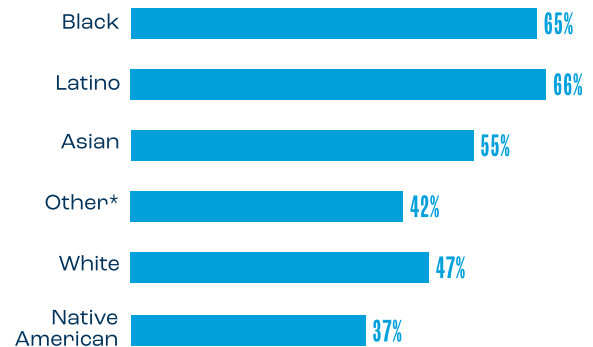


Figure 9 Analysis of the Centers for Medicare & Medicaid Services Monthly Enrollment Files, March 2025. *"Other" includes beneficiaries who identify as a race or ethnicity other than white, Black, Latino, Asian, or Native American.

Low-income Medicare beneficiaries are more likely to enroll in Medicare Advantage.^{43, b}

31.2% Percentage of Medicare Advantage enrollees who are Black, Latino, or Asian⁴¹

18.8% Percentage of Fee-for-Service Medicare enrollees who are Black, Latino, or Asian⁴²

52% of Medicare Advantage beneficiaries live below 200% of the federal poverty level.

32% of Fee-for-Service Medicare beneficiaries live below 200% of the federal poverty level.

b. In 2021, the federal poverty level (FPL) for one individual was \$12,880 per year for a household of one and \$17,420 for a household of two.

MEDICARE ADVANTAGE SUPPORTS DUAL ELIGIBLE BENEFICIARIES

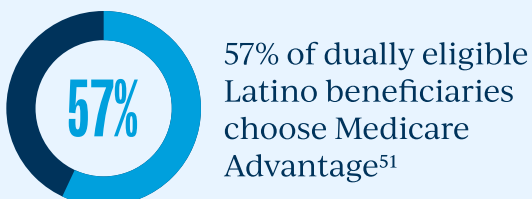
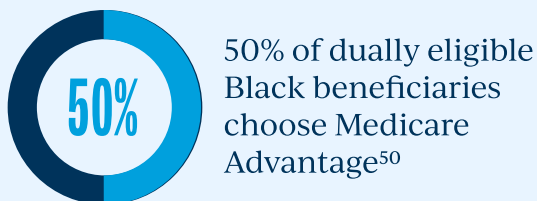
⊕ There are **12.1 million** people enrolled in both Medicare and Medicaid. Dual eligible beneficiaries tend to have the most complex medical, functional, and social needs within the Medicare population.⁴⁴

⊕ Over half of dual eligible individuals have a mental health health diagnosis, and this population is more likely to have multiple chronic conditions, including congestive heart failure, COPD, diabetes, and hypertension.⁴⁵

⊕ Most qualify for Medicare due to age; however, **37%** of dual eligible beneficiaries are under age 65 in 2023 and eligible due to a disability or End Stage Renal Disease (ESRD).⁴⁶

⊕ Among all Medicare beneficiaries, Black and Latino beneficiaries are more likely to be dually eligible for Medicaid, and dually eligible Black and Latino beneficiaries enroll in Medicare Advantage at higher rates.⁴⁹

⊕ Dual eligible beneficiaries are more likely to enroll in Medicare Advantage. Among all dual eligible beneficiaries, **62.5%** choose Medicare Advantage compared to 50% of non-dual eligible beneficiaries.⁴⁶ Broken down by eligibility, 76% of beneficiaries with partial dual eligibility and 58% of beneficiaries with full dual eligibility choose Medicare Advantage.⁴⁷



MEDICARE ADVANTAGE SERVES PEOPLE WITH HIGH SOCIAL RISK

Beneficiaries in Medicare Advantage have more social risk factors that are key drivers in health disparities.

>50% of all Medicare Advantage beneficiaries live on annual incomes of less than \$27,180.⁵²

16% of Medicare Advantage beneficiaries completed less than a high school degree compared to 9% of Fee-for-Service Medicare beneficiaries.⁵³

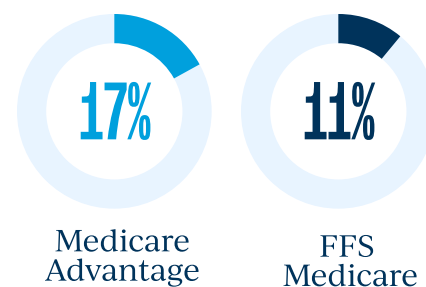
A higher proportion of Black and Latino Medicare Advantage beneficiaries report completing less than a high school degree compared to all Medicare Advantage beneficiaries as well as Black and Latino Fee-for-Service Medicare beneficiaries.⁵⁴

91% of Medicare Advantage beneficiaries own a vehicle compared to 95% in Fee-for-Service.⁵⁵

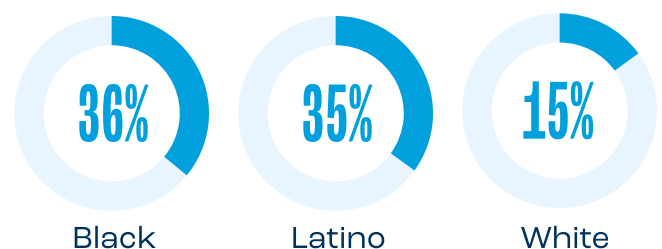
23% of Medicare Advantage beneficiaries rent as opposed to owning their home, compared to 17% of Fee-for-Service Medicare beneficiaries.⁵⁶

A greater percentage of Medicare Advantage beneficiaries live alone (45.1%) compared to 38% of Fee-for-Service beneficiaries.⁵⁷

A higher proportion of Medicare Advantage beneficiaries experience food insecurity, 17% compared to 11% of Fee-for-Service Medicare beneficiaries.⁵⁸



Food insecurity disproportionately impacts Black and Latino Medicare Advantage beneficiaries, likely due in part to longstanding, systemic barriers to food access – 36% of Black beneficiaries and 35% of Latino beneficiaries in Medicare Advantage report being food insecure compared to 15% of white beneficiaries.⁵⁹



Where Medicare Advantage beneficiaries live compared to Fee-for-Service Medicare beneficiaries is also changing and may impact beneficiary health.

19%

Medicare Advantage beneficiaries are **19% more likely** to live in socially vulnerable counties^c compared to Fee-for-Service Medicare beneficiaries.⁶⁰



Medicare Advantage enrollment in rural areas continues to grow.⁶³

14%

Race and ethnicity are a major indicator of whether a beneficiary lives in a socially vulnerable county, with beneficiaries of color enrolled in Medicare Advantage **14% more likely** to live in a socially vulnerable county compared to beneficiaries of color enrolled in Fee-for-Service Medicare.⁶¹

42%

In 2025, 42% of all eligible Medicare beneficiaries in rural counties choose Medicare Advantage in 2025, almost four times the share in 2010.⁶⁴

20%

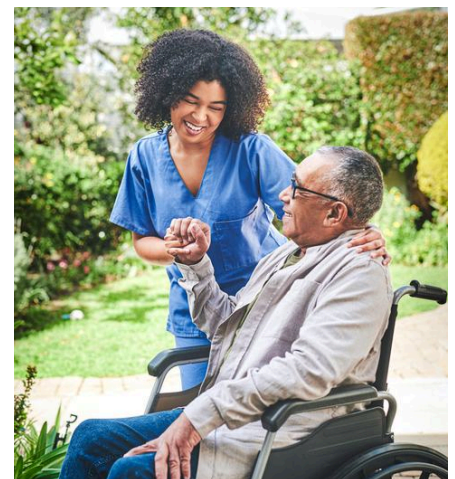
Medicare Advantage beneficiaries are **20% more likely** to live in counties at high risk for negative impacts of natural hazards, such as floods, wildfires, and droughts^d compared to Fee-for-Service Medicare beneficiaries.⁶²

1.8 MILLION

Medicare Advantage served 1.8 million beneficiaries living in rural areas in 2023.⁶⁵

c. The Social Vulnerability Index estimates the potential negative impact of external stressors, like natural or human-caused disasters, on communities.

d. The Natural Risk Index is defined as the potential for negative impacts as a result of a natural hazard.



Medicare Advantage delivers high-quality care to the higher share of beneficiaries who identify as a racial or ethnic minority.

Among Black and Latino beneficiaries, those in Medicare Advantage are more likely to report having a usual source of care than those in Fee-for-Service Medicare.⁶⁶

Black, Latino, and Asian American/Pacific Islander receive an Annual Wellness Visit (AWV) or Initial Preventive Physical Exam (IPPE) at higher rates than similar Fee-for-Service beneficiaries.⁶⁷

19% higher among Black beneficiaries

21% higher among Hispanic beneficiaries

9% higher among Asian American/Pacific Islander beneficiaries

Medicare Advantage beneficiaries have a primary care visit after a hospital discharge at higher rates than Fee-for-Service beneficiaries. Rates within 7 days of discharge are ⁶⁸

41% higher among Black beneficiaries

35% higher among Hispanic beneficiaries

29% higher among Asian American/Pacific Islander beneficiaries

Beneficiaries in Medicare Advantage have lower rates of readmission to the hospital within 30 days of an inpatient discharge compared to Fee-for-Service.⁶⁹

43% lower for Black beneficiaries

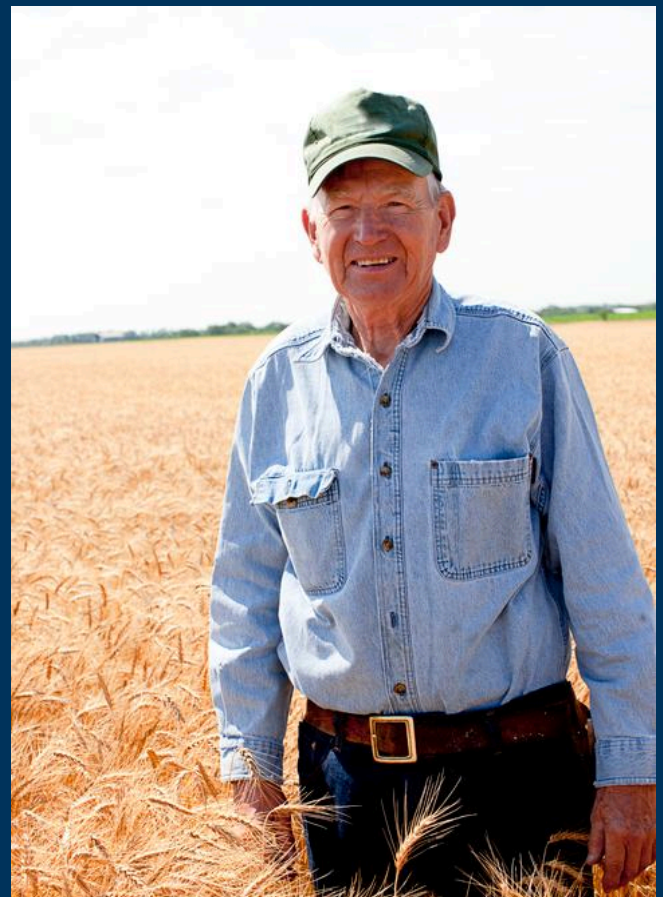
43% lower for Hispanic beneficiaries

38% lower for Asian American/Pacific Islander beneficiaries

This extends to beneficiaries living in rural areas, who may receive better access to care in Medicare Advantage.⁷⁰

MEDICARE ADVANTAGE BENEFICIARIES ARE MORE LIKELY THAN FEE-FOR-SERVICE MEDICARE ENROLLEES TO REPORT RECEIVING CERTAIN KEY PREVENTATIVE CARE SERVICES.

MEDICARE ADVANTAGE BENEFICIARIES ARE MORE LIKELY TO REPORT BEING SATISFIED WITH THE EASE OF GETTING TO THEIR DOCTOR THAN THOSE IN FEE-FOR-SERVICE MEDICARE.



Medicare Advantage is Affordable Health Care

Medicare Advantage provides critical cost protections for beneficiaries, including annual out-of-pocket (OOP) limits and more cost savings than Fee-for-Service Medicare. On average, Medicare Advantage beneficiaries spend less on OOP costs and premiums and are less burdened by health care costs.^e This is consistent across race and ethnicity.⁷¹

MEDICARE ADVANTAGE BENEFICIARIES SPEND \$3,486 LESS ON OOP COSTS AND PREMIUMS⁷²

MEDICARE ADVANTAGE ENROLLEES ARE 35% LESS LIKELY THAN FEE-FOR-SERVICE ENROLLEES TO EXPERIENCE COST BURDEN FROM HEALTH CARE EXPENDITURES⁷³

These cost savings and lower risk of cost burden are enjoyed by all beneficiaries, regardless of where they live. Fee-for-Service beneficiaries living in micropolitan and metropolitan areas spend more than double what Medicare Advantage beneficiaries do, and, in micropolitan areas, are twice as likely to experience cost burden.⁷⁴

For beneficiaries living in rural areas:⁷⁵

- The average Fee-for-Service Medicare beneficiary spends almost double what the average Medicare Advantage beneficiary does on premiums and OOP health care costs
- Medicare Advantage beneficiaries are close to half as likely to be burdened by health care costs compared to those in Fee-for-Service Medicare

Average Total Individual Health Care Spending (OOP & Premium) Among Medicare Beneficiaries, By Program, From 2020-2022

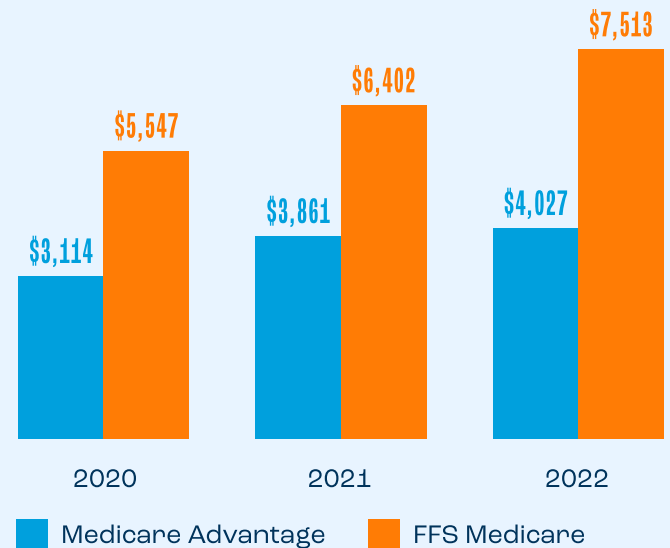


Figure 10 Better Medicare Alliance, Medicare Beneficiary Spending 2025, June 2025.

Average Total Individual Health Care Spending (OOP & Premium) Among Medicare Beneficiaries, By Race, Ethnicity & Program 2022

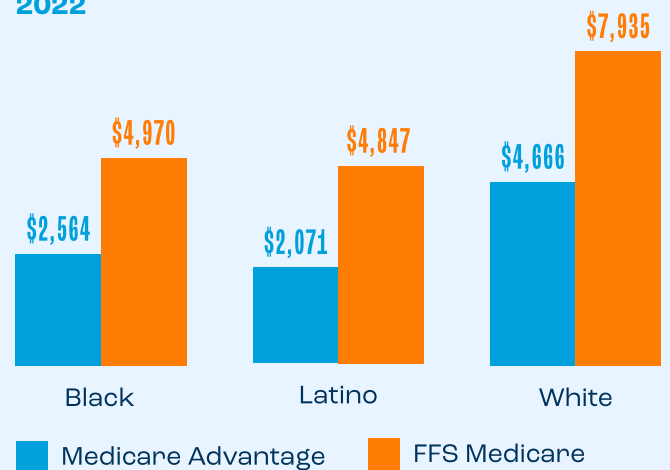


Figure 11 Better Medicare Alliance, Medicare Beneficiary Spending 2025, June 2025.

e. Cost burden is defined as spending over 20% of income on health care costs.

75% OF BENEFICIARIES ENROLLED IN
A \$0 PREMIUM MA-PD PLAN⁷⁶

\$17.00 – AVERAGE MONTHLY
PREMIUM FOR A MEDICARE
ADVANTAGE PLAN⁷⁷

Medicare Advantage is an affordable option for beneficiaries with chronic conditions. Medicare Advantage and Fee-for-Service Medicare have similar rates of beneficiaries with chronic conditions, with 67% and 63% of beneficiaries reporting three or more chronic conditions in the programs, respectively.⁷⁸

Average Total Individual Health Care Spending (OOP & Premium) Among Medicare Beneficiaries, By Number Of Chronic Conditions & Program, 2022

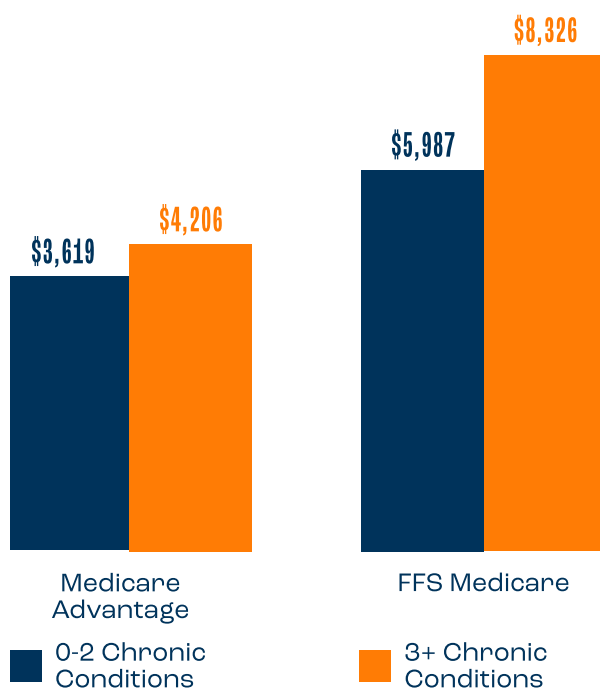


Figure 12 Better Medicare Alliance, Medicare Beneficiary Spending 2025, June 2025.

Medicare Advantage beneficiaries with chronic conditions show improved outcomes compared to beneficiaries in Fee-for-Service

- For beneficiaries with chronic diabetes, the average total spending per beneficiary, per year in Medicare Advantage is **20% lower** compared to similar Fee-for-Service Medicare beneficiaries before diagnosis.⁷⁹
- For beneficiaries with prediabetes, the average total spending per beneficiary, per year in Medicare Advantage is **10% lower** than similar Fee-for-Service Medicare beneficiaries before diagnosis and 13% lower in the two-year period following diagnosis.⁸⁰
- Among beneficiaries with hypertension, hyperlipidemia, and/or diabetes, total average spending across categories (e.g., acute inpatient, ambulatory outpatient, and prescription drugs) is lower for Medicare Advantage beneficiaries than those in Fee-for-Service Medicare with the same one or more chronic condition.⁸¹
- Among beneficiaries with a current or previous cancer diagnosis, Medicare Advantage beneficiaries **spend nearly 35% less on OOP costs** relative to Fee-for-Service Medicare beneficiaries.⁸²
- Among beneficiaries with a current or previous cancer diagnosis, Medicare Advantage beneficiaries are almost **35% less likely to be cost burdened** by health care expenses than beneficiaries in Fee-for-Service Medicare.⁸³

Medicare Advantage Provides More Value for Beneficiaries with Comprehensive Care

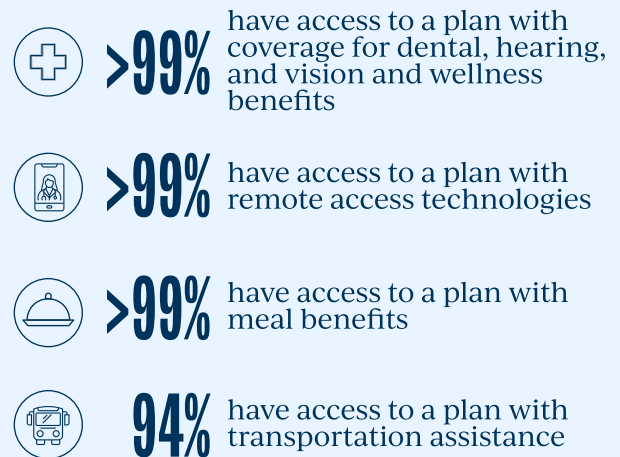
Through supplemental benefits, Medicare Advantage provides enhanced coverage of Medicare-covered benefits such as reduced cost sharing and lower premiums, while often providing benefits and services not covered by Medicare such as vision, dental, and hearing coverage. Benefits focus on beneficiary health and well-being, including offerings such as fitness benefits and access to healthy foods and meals. Most Medicare Advantage beneficiaries are offered supplemental benefits at no extra cost. These benefits promote better health for beneficiaries and deliver more value for the Medicare dollar. And they are nearly universal with more than 99% of Medicare Advantage plans offering at least one supplemental benefit.⁸⁴

Medicare Advantage benefits generally fall into two categories: primarily health related supplemental benefits and non-medical supplemental benefits, formally known as Special Supplemental Benefits for the Chronically Ill (SSBCI). Benefits within the SSBCI category typically address social needs, such as food, transportation, and housing and are limited to beneficiaries with certain qualifying chronic conditions.

MEDICARE ADVANTAGE DELIVERS GREATER VALUE AND ACHIEVES EFFICIENCIES IN DELIVERING MEDICARE-COVERED SERVICES

With lower cost sharing and supplemental benefits not available in Fee-for-Service Medicare, Medicare Advantage provides \$59.9 billion annually in additional value to beneficiaries and the federal government by redeploying savings from providing Medicare-covered services for less.⁸⁷ Medicare Advantage covers all Medicare-covered benefits like hospital and physician services for **\$51 less** per member per month (PMPM) than Fee-for-Service Medicare.⁸⁸ These savings benefit not only the Medicare Advantage population broadly but also beneficiaries with chronic conditions, such as diabetes, hypertension, and hyperlipidemia.⁸⁹

In 2025, nearly all beneficiaries live in a county where at least one Medicare Advantage plan available has some extra benefits not covered under Fee-for-Service:⁸⁵



Between 2024 and 2025:⁸⁶

- Plans offering **supports for caregivers** remained stable at 5%
- Plans offering **in-home support services** decreased from 9% to 6%
- Plans offering **bathroom safety devices** increased from 22% to 24%



DELIVERING COMPREHENSIVE CARE WITH SUPPLEMENTAL BENEFITS

Supplemental benefits enable providers and health plans to deliver comprehensive care and address the physical, behavioral, social, and environmental needs that affect beneficiary health and well-being. Recent legislative and regulatory changes now provide health plans the flexibility to offer additional non-medical supplemental benefits to certain beneficiaries. Supplemental benefits are critical in Medicare Advantage's approach to addressing social needs in the community and reducing health disparities among beneficiaries and within the broader health care system. The growth in offerings among food and nutrition benefits is just one example of how innovative benefits improve care for beneficiaries.

The Value-Based Insurance Design (VBID) model within the Innovation Center at the Centers for Medicare & Medicaid Services (CMS) is an additional pathway for Medicare Advantage plans to offer tailored supplemental benefits to improve health and wellbeing and advance health equity. In December 2024, CMS announced it would end the VBID model after CY 2025 due to high costs. However, the primary goals of the program were achieved: improved adherence to preventative care, increased use of essential services among beneficiaries with chronic conditions, and improved quality metrics.⁹⁰

Supplemental benefits under the VBID model are not required to be primarily health-related, so plans are able to include benefits such as food and produce, transportation for non-medical needs, and general supports for living.⁹¹ These differ from supplemental benefits that must be primarily health-related, such as in-home support services and home-based palliative care. Thanks to the flexibility of supplemental benefits offered by the VBID model, plans are able to provide beneficiaries with innovative, person-centered care. Supplemental benefits offered through the VBID model remove obstacles to health and health care, and health plan interest and investment has grown.⁹²

- 62 organizations are participating in the VBID model in 2025
- The number of beneficiaries projected to be offered benefits under the VBID model increased 100% between 2023 and 2024, reaching over 12.4 million beneficiaries last year

Medicare Advantage Delivers High-Quality Care

Medicare Advantage is leading the way in the transition from volume-based, fragmented care in Medicare to a more integrated, efficient, and outcomes-focused approach that improves health outcomes and satisfaction with care.

The transition to person-centered care permeates health care, with innovative collaborations among providers, payers, and community-based organizations coming together to deliver coordinated care focused on care teams and prevention. Across payers, Medicare Advantage leads in the percentage of payments tied to alternative payment models (APMs), which emphasize population health management and shared risk to align stakeholder goals, improved health outcomes for beneficiaries, and lower costs. The LAN’s recent APM Measurement Effort found 64.3% of payments in Medicare Advantage are tied to APMs, the highest across markets.⁹³

Medicare Advantage has a robust quality rating system known as the star rating system. Health plans are assessed on more than 30 measures across clinical and patient experience areas and receive a rating between one and five stars, with five being the highest performance. In 2025: ⁹⁴



3.92: Average Star Rating for an MA-PD Plan



Almost two in three beneficiaries enrolled in an MA-PD plan selected a four+ star plan

Access to care and satisfaction with care remain high for Medicare Advantage beneficiaries.⁹⁵





MEDICARE ADVANTAGE DELIVERS FOR BENEFICIARIES WITH CHRONIC CONDITIONS

Medicare beneficiaries report similar rates and types of chronic conditions whether enrolled in Medicare Advantage or Fee-for-Service Medicare. Many beneficiaries have more than one chronic condition, which typically occur together. For example, beneficiaries may have high blood pressure and high cholesterol, or high blood pressure and diabetes, or a combination of any other chronic conditions. Beneficiaries report three or more chronic conditions at high rates – 67% of Medicare Advantage beneficiaries and 63% of Fee-for-Service Medicare beneficiaries.⁹⁶ By centering coordinated and integrated care, Medicare Advantage is particularly well positioned to manage chronic conditions.

Research examining demographics, utilization, spending, and quality among Medicare Advantage and Fee-for-Service Medicare beneficiaries with certain chronic conditions, including diabetes, hyperlipidemia (high cholesterol), and hypertension (high blood pressure) finds: ⁹⁷

- Medicare Advantage beneficiaries have lower rates of inpatient utilization and emergency room visits, and higher rates of physician visits, across all chronic condition subgroups.
 - Medicare Advantage beneficiaries with the studied chronic conditions have lower health care utilization with fewer inpatient hospital stays compared to Fee-for-Service Medicare beneficiaries.
 - Medicare Advantage beneficiaries had 131-154 fewer visits to the emergency room per 1,000 beneficiaries compared to Fee-for-Service Medicare beneficiaries.
 - Medicare Advantage beneficiaries have a longer average length of inpatient stay compared to Fee-for-Service Medicare beneficiaries in each of the chronic condition subgroups, seven days in Medicare Advantage compared to five days in Fee-for-Service.
 - Medicare Advantage beneficiaries have slightly higher rates of physician office visits compared to Fee-for-Service Medicare beneficiaries, but Medicare Advantage beneficiaries have lower costs on average for physician tests and services.
 - The rate of rehospitalization within 30 days is 126% higher among Fee-for-Service Medicare beneficiaries compared to similar Medicare Advantage enrollees.
 - The rate of potentially avoidable hospitalization is 71% higher in Fee-for-Service Medicare compared to Medicare Advantage, when comparing match cohorts. Among individuals who were hospitalized for chronic conditions, the rate of potentially avoidable hospitalizations is 61% higher among Fee-for-Service enrollees compared to Medicare Advantage enrollees.¹⁰⁰
- Medicare Advantage beneficiaries, regardless of chronic condition, have lower overall health care spending than Fee-for-Service Medicare beneficiaries across all expenditure types assessed, including acute inpatient, ambulatory outpatient, prescription drug, and all other medical costs.
 - Total spending is consistently higher among Fee-for-Service Medicare beneficiaries, compared to Medicare Advantage beneficiaries.
 - Medicare Advantage enrollees spend on average \$3,486 less on out-of-pocket health care costs compared to Fee-for-Service Medicare enrollees.¹⁰¹
 - Medicare Advantage enrollees are 35% less likely than Fee-for-Service enrollees to experience cost burden from health care expenditures.¹⁰²

With diabetes on the rise in the U.S., there is more focus on understanding how Medicare Advantage delivers for beneficiaries with diabetes. A recent analysis examining Medicare Advantage and Fee-for-Service Medicare beneficiaries with prediabetes, incident diabetes, and chronic diabetes finds: ¹⁰³

5 MOS.

Medicare Advantage beneficiaries with prediabetes who develop type 2 diabetes are diagnosed, on average, 5 months earlier than similar Fee-for-Service Medicare beneficiaries.

46%

In the first 9 months after a type 2 diabetes diagnosis, 46% of Medicare Advantage beneficiaries fill insulin prescriptions compared to 35% of similar Fee-for-Service Medicare beneficiaries.



Among those with chronic diabetes, Medicare Advantage beneficiaries are more likely than Fee-for-Service Medicare beneficiaries to receive preventive care, including diabetes-related office visits and testing for kidney disease.



Medicare Advantage beneficiaries with prediabetes and diabetes have fewer emergency department visits and hospital admissions than similar Fee-for-Service Medicare beneficiaries.



Medicare Advantage beneficiaries are more likely to take prescribed diabetes pills or medicine compared to Fee-for-Service Medicare enrollees.



MEDICARE ADVANTAGE SUPPORTS PRIMARY AND PREVENTATIVE CARE

Primary and preventative care are at the center of Medicare Advantage, with early screenings and interventions reducing the burden of disease.¹⁰⁵

 **95%** of Medicare Advantage beneficiaries have a usual source of care.

 **72%** of Medicare Advantage beneficiaries received a flu vaccine in the past year.

 Medicare Advantage beneficiaries report completing annual wellness visits at higher rates than those in Fee-for-Service Medicare (64% vs. 56% for Fee-for-Service beneficiaries).¹⁰⁶

Medicare Advantage beneficiaries are **as or more likely than Fee-for-Service Medicare beneficiaries to have received key cancer screenings** within the past year, with higher screening rates among beneficiaries previously diagnosed with cancer.¹⁰⁷

Medicare Advantage beneficiaries who have never had a cancer diagnosis are **more likely to receive a mammogram** (to detect breast cancer) **or home fecal blood test** (to detect a range of colorectal diseases, including hemorrhoids, ulcers, and colorectal cancer) compared to similar Fee-for-Service Medicare beneficiaries.

Medicare Advantage beneficiaries who have a current or past cancer diagnosis are **more likely to receive a prostate specific antigen blood test** to help detect prostate cancer, compared to similar Fee-for-Service Medicare beneficiaries.

Medicare Advantage excels at connecting beneficiaries to providers, especially ones who meet beneficiaries' language needs. Language is critical to providing high-quality person-centered care, increasing trust and understanding between beneficiaries and their physicians: ¹⁰⁸

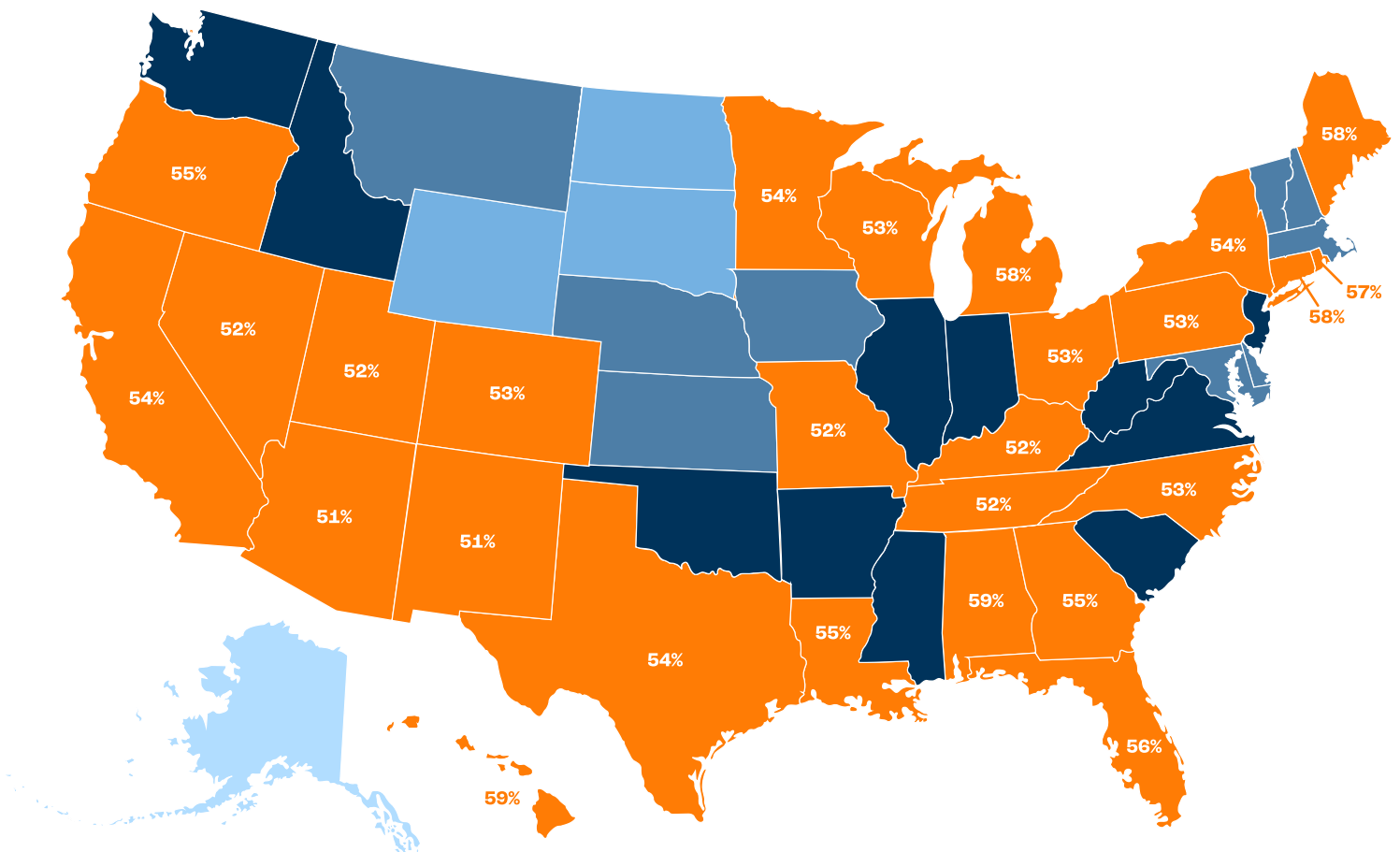
 Among Black and Latino beneficiaries, those in Medicare Advantage were more likely than those in Fee-for-Service Medicare to report having a usual source of care.

 For beneficiaries who spoke a language other than English at home, those in Medicare Advantage were more likely to report having a usual source of care that spoke the same language.

Medicare Advantage is on the Rise Nationwide

Medicare Advantage enrollment continues to grow in the top 10 states. Meanwhile, **more than half of states** now have Medicare Advantage enrollment over 50% of the Medicare-eligible population. Increasingly, Medicare Advantage is the preferred choice of seniors and people with disabilities across the country.

Medicare Advantage Enrollment Across The U.S., 2025¹⁰⁹



0% - 12%

12% - 24%

24% - 36%

36% - 50%

+50%

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