Medicare Beneficiaries
AT A GLANCE

WHO'S COVERED BY MEDICARE - 2020:

62.8M Americans are enrolled in Medicare

3.8M are new enrollees

WHO THEY ARE

13% are under age 65

11% are age 85 or older

50% are between 65 and 74

26% are between 75 and 84

83% live in an urban metro area

18% are also enrolled in Medicaid

60% are in the Medicare Fee-For-Service (FFS) program

40% are in the Medicare Advantage (MA) program

75% of Medicare beneficiaries also have Part D coverage

TYPE OF MEDICARE COVERAGE

USE OF MEDICARE SERVICES
AVERAGE TOTAL PAYMENTS (MEDICARE PAYMENTS + BENEFICIARY COST SHARE)\(^4\)

- **Inpatient Hospital Stay**
  - $15,882
  - (216 stays per 1,000 enrollees)

- **Doctor Visit**
  - $99
  - (12 visits per enrollee)

- **Outpatient Emergency Department Visit**
  - $1,119
  - (204 visits per 1,000 enrollees)

- **30-Day Prescription**
  - $75
  - (53 fills per enrollee)

CHRONIC CONDITION PREVALENCE\(^5\)

1. High Blood Pressure - 54%
2. High Cholesterol - 47%
3. Arthritis - 33%
4. Diabetes - 26%
5. Heart Disease - 26%
6. Kidney Disease - 25%
7. Depression - 18%
8. Heart Failure - 14%
9. Alzheimer’s/Dementia - 10%
10. COPD/Emphysema - 10%

OVERALL SATISFACTION RATES AND ACCESS TO CARE

- **General Care**
  - 96%

- **Out-of-Pocket Costs**
  - 87%

- **Ease of Access to Doctor**
  - 96%

- **Wait Time of Less than One Week for a Doctor’s Appointment**
  - 44%

USUAL SOURCE OF CARE\(^8\)

- **Doctor’s Office** - 67%
- **Medical Clinic** - 19%
- **Other Source\(^*\)** - 14%

\(^*\)Includes Other Clinic/Healthcare Center, Hospital-Outpatient, ED, Managed Care Center

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1. Based on the Medicare Current Beneficiary Survey data. The percentage reported for flu shot refers to the 2020-21 flu season.
2. Based on Part D Enrollment and Utilization
3. Based on Fee-For-Service Enrollment and Utilization
4. Based on Medicare Payments and Beneficiary Cost Share for Fee-For-Service Beneficiaries with Utilization
5. Based on Fee-For-Service beneficiaries
6. Excludes beneficiaries who reported “No Experience”
7. Among beneficiaries who reported an appointment (that was not a standing appointment) with a doctor within the past year
8. Among beneficiaries who reported having a usual source of care